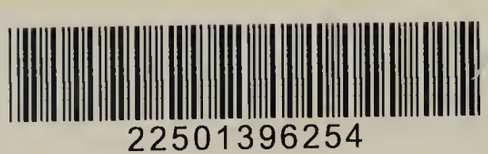
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ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE X.

TREATMENT.

In the consideration of the treatment of disease in the ear affecting the brain, I shall speak first of the acute and then of the chronic cases.

ACUTE DISEASE.

Acute inflammation of the mucous membrane of the tympanum may occur either where the membrana tympani is entire, or where it is absent from previous disease. As a general rule it is of a more formidable character when the membrana tympani is entire, than when it is absent. It is one of the diseases hitherto known under the general term otitis or earache; it is very common in children, but it rarely proceeds so far in them as to affect the brain or its membranes. When occurring in the adult it is generally of a much more serious character. It is often preceded by an ordinary catarrh, and the first symptom is a sense of uneasiness in the ear, which is increased to pain during pressure or movement, the act of deglutition, or the use of the pocket handkerchief. If the affection advances, the pain becomes so intense as to be hardly endurable; it extends to the mastoid process, and affects the whole side of the head, the neck, and the fauces. The power of hearing becomes greatly diminished, a variety of the most horrible sounds is experienced; sometimes they are described to be like the puffing and hissing of a steam engine, and these are varied by others, as if a series of explosions were taking place in the ear, and then again change to a ringing of bells. A symptom of this affection, which adds greatly to the suffering of the patient, is the impairment of the functions of the brain; sometimes it amounts only to a confusion of ideas, often it is accompanied by extreme fear and depression, so that patients are apt to have the worst forebodings as to the result of the attack; in other cases, delirium ensues, and in the most formidable cases death takes place from inflammation of the brain or its membranes. Upon examination the dermis of the meatus is not much more vascular than natural, the dermoid layer of the membrana tympani is not congested, it often shines more brightly than natural, and beyond it may sometimes be observed a red appearance produced by the congested state of the mucous membrane lining its inner surface. The various modes in which this affection terminates are the effusion of lymph, serum, pus, or mucus. Sometimes the secretion is so copious and so viscid, that it cannot escape through the Eustachian tube, ulceration of the membrana tympani follows, and the matter is discharged through the meatus externus. In some cases there is no indication of any secretion in the tympanic cavity, and the affection seems to terminate by resolution; in others, the dermoid meatus pours out a sympathetic discharge, without the presence of any orifice in the membrana tympani.

Severe cases of acute inflammation of the dermoid meatus are attended by symptoms very similar to those just enumerated. The meatus is, in addition, observed to be extremely vascular, and it is often greatly swollen. The pain is at first more external, and cerebral irritation is not manifested until it is evident that the brain or its membranes are affected; whereas, in the cases of inflammation of the tympanic mucous membrane it appears highly probable that the extension of the inflammation to the labyrinth is sufficient to produce very distressing cerebral symptoms without any affection of the brain.

Sometimes the mastoid cells appear to be more especially the seat of inflammation, the pain being referred almost wholly to that region; but whatever may be the seat of the inflammation, the treatment varies only in unimportant particulars.

The treatment should consist, in the first place, of the local abstraction of blood; when the meatus is affected, leeches should be applied principally to the margin of the orifice; cupping may be resorted to behind or below the ears, or at the nape of the neck. A powerful emetic may be administered, which frequently succeeds in arresting the progress of the disease; if requisite it is to be followed by full doses of mercury and opium. The patient should be kept perfectly quiet in bed in a dark room; the head is to be somewhat raised; the slightest noise should be avoided.

When the disease is not capable of being arrested the results take place which have already been described in speaking of its pathology, but fortunately cases are rare in which acute inflammation terminates fatally.

The following is a well-marked case of acute inflammation of the mucous membrane of the tympanum.

Acute inflammation of the mucous membrane of the tympanum; perforation of the membrana tympani.—C. C., aged 40, sent for me in November, 1852, on account of an attack of severe pain in the right ear. He stated that two days previously he had been exposed to a cold wind, which was followed towards night by pain in the ear. During the night the pain became much aggravated, and not only seemed to be in the ear, but it extended over the whole of the side of the head, and especially over the region of the mastoid process. This pain was accompanied by much constitutional disturbance, confusion in the head, and the most extraordinary noises. At the same moment, says the patient, "I seemed to be standing at the side of a steam engine, snorting, puffing, and hissing, and yet listening to the sound of a church bell tolling at a distance."

Upon examining the ear, the membranous meatus was observed to be red, the membrana tympani dull and opaque. The patient was very excitable; pulse quick; skin hot. I immediately ordered leeches to be applied below and at the back of the ear, to be followed with hot fomentations and poultices. Calomel and opium were administered. This treatment was continued during three days with the addition of a blister to the nape of the neck, and the symptoms gradually subsided. At the end of the third day, while the head was on the pillow, a feeling as if something had burst in the ear was experienced. This was followed by a discharge from the ear, and a considerable additional relief to the pain. Upon examining the ear a small orifice was detected in the lower part of the membrana tympani, through which viscid mucus escaped from the tympanum. There was also great dulness of hearing, which was the more distressing to the patient from his having lost the use of the other ear during childhood. I looked upon the perforation of the membrana tympani as a favourable symptom, inasmuch as it was not likely to be accompanied by the formation of membranous bands in the tympanic cavity. The inflammation slowly subsided, the aperture in the membrana tympani closed, and in the course of ten days the patient heard as well as he did previously to the attack. He has remained hearing well ever since.

In some cases of acute inflammation of the mucous membrane of the tympanum the pain in the ear is not so violent as in the case just detailed, but the symptoms of cerebral irritation are more distressing and continuous. One reason for the cases of less active inflammation being of a more chronic kind is, I believe, that there is a much smaller quantity of mucus secreted, and consequently the membrana tympani does not give way. The mucus therefore collects in the tympanic cavity, keeping up a constant slight irritation. In these more chronic cases the symptoms often disappear after a discharge from the ear; careful examination, however, shows that the discharge does not originate from the tympanic cavity, and there is no perforation of the membrana tympani. Its source is the dermoid meatus, and it is simply the result of the irritation of the tympanic mucous membrane.

The following case, which some of you have seen in the Hospital is illustrative of the above remarks:

Acute inflammation of the mucous membrane of the tympanum; prolonged pain in the head; discharge from the meatus.—Relief.

—M. A. K., aged 26, was admitted under my care in Beverley Ward on October 6, 1854.—History of case. About a month ago she complained of pain in the face and soreness of the throat, together with pain in the right side of the head. These symptoms were followed by deafness in the right ear. At the time of her admission she complained of pain and throbbing in the right ear, extending inwards down the throat. Upon examination the tongue was observed to be slightly furred, pul e84 and small. The surface of the meatus was red, and the vessels of the dermoid layer of the membrana tympani were distended. The crack of the nail was heard when made close to the ear. Air passed into the tympanic cavity. Leeches were ordered to be applied below the ear, and an evaporating lotion around it. October 12.—Pain much the same. To repeat the leeches and to take half a grain of the chloride of mercury, and a quarter of a grain of opium every night. October 16.—Pain somewhat diminished, but still much complained of deep in the ear. October 20.—To repeat the leeches. October 24.—Much better. Has had an abundant discharge from the ear, which was immediately followed by a cessation of the pain. Upon inspection it was seen that the discharge had issued from the surface of the meatus. There was no perforation of the membrana tympani. October 28.—The pain has wholly disappeared.

It is well known that the portio dura nerve passes through the aqueduct of Fallopius, along the upper and posterior wall of the tympanum; it not unfrequently happens that the inner osseous wall of this canal is incomplete, and that the mucous membrane of the tympanum is in contact with the outer surface of the nerve. In cases of acute inflammation of the tympanic mucous membrane, the nerve often becomes affected, either by the prolongation of the inflammation from the mucous membrane directly to the nerve or through the wall of the canal. In some of these cases the membrana tympani ulcerates, and there is a copious discharge from the tympanic cavity; in others it remains intact.

Acute inflammation of the mucous membrane of the tympanum; ulceration of the membrana tympani; paralysis of the portio dura nerve.—Cure.—E. J., aged 23, was admitted under my care at the St. George's and St. James's Dispensary on February 28th, 1843. He stated that three months previously he was suddenly seized with a violent attack of pain in the right ear, which extended over the side of the head. After the pain had lasted for about twenty-four hours he experienced a sensation as of something bursting in the ear. This was followed by an abundant thick discharge, having an offensive odour. During the attack of pain he had much giddiness, and he lost the use of the right side of the face, and he could not shut his right eye; his mouth was drawn to the left side. Upon examination an orifice was observed in the right membrana tympani, the mucous membrane of the tympanum was red and thick, and poured out a mucous discharge. He was ordered to apply a blister behind the ear. He was better, and had no return of the pain until March 11, when the pain suddenly reappeared, and became very violent; it was accompanied by a singing and by sensations of jumping and throbbing in the ear; the symptoms were much aggravated by coughing; the discharge was abundant; the mucous membrane of the tympanum was very red. Leeches were applied below the ear, it was often syringed with warm water, and after the pain was somewhat subdued a blister was used behind the ear. Calomel and opium were administered, until the gums were rendered tender. The symptoms gradually subsided. April 11.—Improved; now complains of but little pain. April 16.—The discharge is much diminished in quantity; the orifice in the membrana tympani is smaller. The singing noise is less loud. He cannot yet close the right eye, or use the mouth freely, but the power over the muscles of the face is certainly greater. Ordered to rub the ointment of tartarized antimony behind the ear. From this time the patient gradually improved, and on the 3rd of July the portio dura nerve had regained its power; the quantity of discharge much diminished.

The following case is of the same kind, but it occurred in a younger person:—

Acute inflammation of the mucous membrane of the right tympanum; great pain in the head; temporary paralysis of the right portio dura nerve.—Master S., aged 5 years, pale and weakly, was brought to me on the 10th of February, 1850. The history of the case was that three months previously the right ear had been pulled rather violently. Fourteen days since he complained of pain deep in the right ear, which in two days was followed by discharge and relief. Lately he has suffered from pain on the right side of the head, so that he constantly presses it with his hand; and for a week he had paralysis of the right side of the face, but he perfectly recovered. To-day he again complains of pain in the ear. Upon examination of the right ear the surface of the meatus was observed to be red and swollen, and denuded of epidermis, and covered by a thick white discharge; the membrana tympani was in the same state, and bulged outwards. The application of leeches below the ear, the use of warm fomentations, and the administration of tonic medicines, speedily reduced the pain in the ear and head, and he was sent to the sea-side. On March 7th, about a month after I had first seen him, I found that the matter had made its way through a small orifice in the lower part of the membrana tympani.

In some cases the portio dura nerve becomes affected when the patient is being healed for secondary syphilis. Two instances of the kind have occurred to me. In one the patient was a man, aged twenty-three, who stated that six months previous to his consulting me he had complained of pain in left ear for two or three days, when he suddenly lost the use of the left side of the face, and he found that he could not close the left eye. He was somewhat relieved by the frequent application of leeches below the ear, but he has since complained of a constant hissing sound in the ear, accompanied by deafness. Upon examination the left membrana tympani was rather opaque, although its surface was smooth. Upon swallowing with closed nostrils, and upon forcing the air it passed freely into the right tympanic cavity, but it did not enter so freely into the left. The patient was treated with small doses of iodide of potassium, and by the application of the ointment of tartarized antimony behind the ear. His treatment was continued during six weeks, at which time there was scarcely any trace of the paralysis of the muscles of the face, the hissing sound was much diminished, but the deafness remained as before.

CHRONIC DISEASE.

I have already stated it to be my opinion, founded upon a consideration of several of the cases already adduced, that when a disease of the brain originates in a chronic affection of the ear, that the cause of the prolongation to the brain may be traced to the want of a free egress for the matter.

The modes in which this matter may be confined are various. In the case of the external meatus the tumefied walls, together with the peculiar valvular disposition, as seen in infants, is a sufficient barrier to the free egress of the secretion; in the tympanic cavity the matter is usually confined by the membrana tympani, a part or the whole of which acts as a barrier to its escape; sometimes, however, the hypertrophy of the mucous membrane is itself sufficient to shut up the secretion in parts internal to it, and sometimes it would appear that the thick accumulated matter itself may prevent the egress of that which is beyond it. In the case of the mastoid cells it appears that the matter may be retained by the peculiar position of its horizontal portion, the floor of which is often below that of the orifice into the tympanum, or it may occupy the vertical portion of the cells which is quite below the part leading into the tympanum. The rules to be laid down in the treatment of chronic catarrh of the dermoid meatus, the mucous membrane of the tympanum, and of mastoid cells, are as follow:—

1. By attention to the general health to attempt to diminish the catarrh.
2. To secure, if possible, a free exit for the secreted matter.
3. By keeping up an external discharge, to cause that within the ear to be absorbed, and to arrest further secretion and the diseased action.

General treatment.—With regard to general measures the same observations will apply to the diseases of each of the different parts of the ear. As it appears probable that the usual predisposing cause of the disease in the ear is a scrofulous diathesis, every means should be taken to invigorate the health. Abundant exercise in the open air, especially in the country or by the seaside, simple, nutritious, but not stimulating diet, and mild tonic medicine are to be specially recommended. Great care should be taken that the patient sleeps in a well-ventilated room, in a bed without curtains, the head being kept high and cool, and above the bed-clothes. Everything which is liable to excite must be sedulously avoided; rough play, in which the head is apt to receive a

blow, should not be resorted to. From whatever source the discharge comes it is desirable that, when practicable, the membrane giving origin to it should be washed frequently with tepid water; hence the use of the syringe is of great importance(a). When there is congestion the application of one or two leeches is desirable, and sometimes gentle counter-irritation should be resorted to. This may be effected by a liniment to be rubbed over and around the ears and down the spine. Gentle astringents may also be used. Whatever may be the source of the discharge, as a general rule, its continuance for some months after the exciting cause is symptomatic of a scrofulous or otherwise unhealthy diathesis, and, in spite of every effort, the hypertrophied membrane is but very slowly affected, and consequently the discharge is generally of long duration. It is important, however, that the Medical man, knowing the exact nature of the disease and its peculiarly chronic character, should inform the parents or friends of the patient that any attempt to stop the discharge by powerful astringents or otherwise than by gentle means may be attended by serious consequences, as the production of acute inflammation. Here, perhaps, I may say a few words upon the subject so frequently adverted to, respecting the danger of stopping a discharge from the ear. The supposed danger attendant upon the arrest of the discharge by local applications, seems to have originated in the knowledge of the fact, that one of the most common symptoms in the early stages of acute inflammation of the ear, following upon a chronic disease, is the cessation of the discharge which previously, and often for many years, had been constant. There can be no doubt but that in these cases the cessation of the discharge was one of the effects and not one of the causes of the inflammation; other symptoms of inflammatory action may usually be observed before the discharge disappears. In cases where strong astringents have been employed in order to arrest a discharge from the ear, the symptoms that had followed are not dependent upon the cessation of the discharge, (for, indeed, the discharge sometimes does not diminish,) but upon the inflammation caused by the irritant.

To sum up what has been said respecting the general treatment of cases where there is simple chronic catarrh from the dermoid meatus, membrana tympani, or the tympanic mucous membrane, with free egress for the matter:—When there are symptoms of congestion, to apply one or two leeches near the part affected; to syringe the ear frequently with an abundant supply of warm water; to use mild astringent lotions, and to endeavour to improve the health by every means possible to the patient. In face of all these measures the Medical man may expect to see the disease make very slow progress towards amelioration, but he must be content, feeling assured that its advance inwards towards the bone and the brain is averted.

I shall now proceed to speak of the treatment of the disease in the three divisions of the ear, viz., the external meatus, tympanic cavity, and mastoid cells.

CHRONIC DISEASE OF THE MEATUS EXTERNUS.

In cases of catarrh of the dermoid meatus, there is very frequently some source of irritation of the tympanic mucous membrane, of which the catarrh from the external meatus is but a symptom. Thus it is not uncommon to find obstruction of the Eustachian tube, even at the faucial orifice, attended by catarrhal inflammation, and even by polypus in the meatus; both of these secondary affections wholly disappear upon the removal of the primary disease. Cases of simple catarrh of the dermoid meatus do, however, occasionally occur; one of these, which terminated fatally, has been already cited; as a general rule, they may be distinguished from the secondary cases by the absence of all appearance of disease in the tympanic cavity, by the power of hearing being but slightly affected, and the healthy state of the membrana tympani, excepting an increased vascularity of its dermoid layer, which sometimes occurs. Primary catarrh from the dermoid meatus usually occurs in children who suffer from debility; the dermis, instead of secreting its epidermis, pours out a watery fluid, composed of serum, in which float epidermoid cells, in different stages of development. This discharge has often an extremely offensive odour, which generally depends, not upon the presence of dead bone, but upon a deranged action of the ceruminous glands. The discharge from the meatus, in cases of chronic catarrh, differs from that arising in the same affection of the tympanum, by not being adhesive; when mixed with water, it gives it a general milky aspect, and no flocculent masses of mucus are seen suspended in it. This affection usually subsides under the use of a syringe and tepid water, tonic medicine and the ordinary plans for strengthening the constitution of the patient. When the patient's health is much deranged, it may take some months to effect a cure; but during the whole of this period, daily syringing must be practised. Cases of catarrh of the dermoid meatus, if neglected, may advance to ulceration, the bone may become diseased, and a small osseous lamina may eventually be discharged; but the soft meatus is usually ulcerated, from the pressure of dead bone from the mastoid cells, which makes its egress through the orifice of the meatus.

I will cite the notes of a single case of disease in this part of the ear.

Chronic catarrh of the meatus externus after scarlet fever, accompanied by pains in the head.

E. D., aged 7, was admitted under my care at the St. George's and St. James's Dispensary, on the 24th of February, 1845. At three years of age, he had an attack of scarlet fever, which was followed by ear-ache and discharge from each ear. After each attack of pain, there has been a discharge. At present, and for the last two years, has complained of pain at the back part of the head. Upon examination, the membranous meatus of each ear was found to be red, much thicker than natural, and it poured out a milky secretion. Each membrana tympani was opaque, its dermoid layer being thick and vascular. The treatment consisted in the frequent use of the syringe and warm water, the application of a leech now and then to the margin of the orifice of the meatus, and the administration of tonic medicines. This plan was pursued during ten weeks, at the end of which time the hearing was greatly improved, and the symptoms of pain in the head had disappeared.

There is another kind of affection of the external meatus, producing considerable cerebral derangement, although it entirely differs in its nature and in its effects from the class of cases hitherto brought forward. I cannot pass it over in this place.

The symptoms of pressure on the brain are familiar to most Surgeons, but I do not think it is generally known that pressure upon the contents of the labyrinth is productive of somewhat analogous symptoms, though in a less marked form.

The modes in which pressure is exerted upon the labyrinth, through the agency of the meatus, are the presence in the latter of a collection of cerumen or epidermis, or the existence of osseous tumours. A collection of cerumen in the external meatus not unfrequently extends inwards, as far as the outer surface of the membrana tympani, upon which it exercises considerable pressure. By this pressure, not only is the membrana tympani, but the malleus is also forced inwards, causing a movement in the same direction of the long process of the incus and the stapes. The base of the latter bone is thus pressed in towards the cavity of the vestibule, and the contents of the latter are compressed. In some cases of this nature, I have known constant giddiness to occur; in others, a confusion of ideas and an inability to read or write; while in others, there has been a continual feeling of pressure and weight over the brain. In many instances, the entire area of the meatus is not filled by the cerumen, and, consequently, the patient is not deaf; it sometimes happens that he does not complain of any unpleasant sensation in his ears, and the cause of the head symptoms is not suspected. I have known patients suffering from the affection now under consideration, who have been treated for cerebral congestion, have been cupped, leeched, and blistered, have taken calomel and purgatives, and placed on spare diet, but, I need not say, without any benefit. It is scarcely requisite for me to add, that the only treatment capable of affording relief is the removal of the cerumen or epidermis by means of the syringe. Immediately upon its removal the symptoms disappear.

A Collection of Cerumen in the External Meatus; Giddi-

(a) Many of the syringes in common use are very inefficient, as they do not send the water into the ear with sufficient force to remove the discharge. The best and most simple for patients to use is the four-ounce vulcanized india-rubber bottle. The ivory nozzle should be made so as to allow of being easily removed; when the syringe is to be filled the nozzle should be taken out, and the fluid to be injected should be poured into the bottle, or it may be allowed to fill itself, the air having previously been expelled by pressing the sides together.

ness, and other symptoms of cerebral irritation, cured at once by the use of the syringe.—L. S. M., Esq., aged 43, consulted me in November, 1845. He stated that five or six years previously he had an attack of deafness in the left ear, attended with a considerable amount of singing noise; since that time he has felt at times deaf in a morning, but he has usually recovered his hearing during the day; at times, after blowing the nose, has been deaf for a short time. Eleven months ago, after going into the open air from a warm room, singing suddenly came on in the right ear, and it has remained ever since. Lately he has had a sensation of weight at the top of the head, and frequent attacks of giddiness, which have caused him great alarm. While walking in the street, he has observed himself now and then to make "a lurch." Upon inspecting the ears, each meatus was found to be nearly full of hardened cerumen. It was carefully removed by means of the syringe. The symptoms immediately disappeared, and he had no recurrence of them. Another patient, an artist, who suffered in the same way, was so giddy, that he was obliged to lean on the railings, and rest on his way to my house. He was unable to discern the features of his "sitter" for more than a minute at a time, and had the greatest difficulty in writing an ordinary note. He was also cured at once by the removal of cerumen from each ear. A third patient was by the same means cured of a constant pain and numbness in the head; in a fourth the pain had extended down the back. The following case is also interesting:—

Confusion in the head; giddiness; inability to walk straight, caused by a collection of cerumen.—Mrs. R., aged 45, consulted me in April, 1845. She stated that, four months previously, she first began to experience noises in the ears, which were followed by a considerable amount of deafness. These symptoms lasted seven weeks, and then disappeared for three weeks, at the expiration of which time they came on again, accompanied by a sense of confusion in the head. This, at times, was so bad, that not unfrequently for a few seconds she could not tell where she was; she has, at times, been so giddy, that she has reeled and fallen in the street, and at other times she has not been able to retain her hold of things, so that they have fallen from her hands. Upon examination, a large compact mass of cerumen was found in each ear; after some syringing this was removed, and the operation was followed by the entire disappearance of all the symptoms. In some cases the hard mass of cerumen has pressed against the outer surface of the membrana tympani with sufficient force to cause inflammation of its substance, and of the mucous membrane of the tympanum. In such case the application of leeches is required before the head-symptoms entirely disappear; in other cases they subside but gradually, although, as a general rule, they disappear at once upon the removal of the cerumen.

There is an affection of the bony external meatus which produces symptoms very analogous to those above described, and in a very similar manner. I allude to the presence of osseous tumours in the meatus. This affection is of no uncommon occurrence. The tumours may be developed in any portion of the tube, but the part from which they most commonly originate is about the middle third of the passage. Occasionally the posterior wall affords the point of origin to the tumour, and then it not unfrequently resembles a slight bulging of the wall. In some instances a tumour is developed from the anterior and posterior walls of the meatus, and the two protuberances meet at their centre, leaving a small orifice above and below. In other cases the tumours shut up the whole of the meatus, with the exception of so very small an orifice that the epidermis secreted internal to it cannot escape outwards, but gradually collects, fills the space between the tumours and the membrana tympani, and causes pressure upon the latter membrane and the chain of ossicles. In this way the contents of the vestibule are subject to compression, and symptoms occur similar to those above described, as existing in cases of hardened cerumen.

The following case is illustrative of the subject:

Osseous tumour in the external meatus, causing a collection of epidermis and serious cerebral symptoms; cure.—J. J. S, Esq., aged 56, consulted me on the 27th of April, 1850. He stated that, when a boy, he had a discharge from the right ear, since which period he has been deaf at times, and has been subject to a noise in the ear, together with a feeling of pressure on the head. Two months ago, he complained of an attack of toothache, during which the deafness was partially relieved. Lately the deafness has become worse and it has been accompanied by a feeling of pressure in the ears; he has also complained of frequent attacks of giddiness and confusion in the head. Upon examination of the right ear, the meatus about its middle was seen to be occupied by a bony tumour, which fills the whole of the tube, with the exception of a small space, about ¾ quarters of a line in diameter, situated at its superior part. This space was seen to be closed by a white substance, which, upon being touched by the probe, proved to be of considerable density. As it appeared probable that part, at least, of the symptoms above detailed depended upon the collection of epidermis behind the bony tumours, and its pressure upon the membrana tympani, it was thought desirable to attempt its removal; small portions were picked away by means of the point of a probe, and the syringe was used; it was, however, so hard, that only very minute particles could be detached. A solution of carbonate of soda was ordered to be applied constantly for some days, at the end of which time a further quantity was removed, and its removal was attended by a diminution of the symptoms. By pursuing this plan, the whole of the matter beyond the tumours, and which was found to be epidermis, was removed, and the patient not only heard better, but the unpleasant symptoms of giddiness and cerebral irritation entirely disappeared. Judging from the large quantity of epidermis removed, in comparison with the small space between the tumour and the membrana tympani, that substance must have been greatly compressed, the membrana tympani must have been subject to great pressure. In the year 1852, and again in the present year, the same gentleman again consulted me, on account of similar symptoms; they were wholly removed by the use of the syringe.

In my next Lecture, I shall speak of the treatment of chronic disease occurring in the tympanic cavity.

ORIGINAL COMMUNICATIONS.

CASE OF VALVULAR DISEASE AND FATTY DEGENERATION OF THE HEART,

WITH SOME

PRACTICAL REMARKS ON CARDIAC DISEASES.

By ROBERT HUNTER SEMPLE, M.D.

Member of the Royal College of Physicians; Physician to the Northern Dispensary.

Mr. J. R., a Medical gentleman, exhibited from his earliest youth a marked tendency to obesity, which increased with advancing years. He died on the 26th of April of the present year, at the age of 71. My own professional acquaintance with him did not commence until about four years before his death, and then I attended him in conjunction with others; but, as the symptoms presented during life, and the appearances found after death, afford some interesting points for commentary, I am induced to give a brief history of the case, together with some remarks on cardiac disease in general.

This gentleman, who was a person of very acute and vigorous intellect, suffered, at frequent intervals, from a variety of uneasy symptoms, which he referred to his digestive system; but the only serious illness which he seems to have experienced was in the year 1843, when he was attacked with a dangerous illness, which appeared to be, and no doubt was, entirely due to excessive plethora; for he was exceedingly fat, was consequently slow in his bodily movements, and ate well, although within the limits of moderation. The alarming symptoms at that time were extreme fulness of the vessels, strong pulse, a bloated appearance of countenance, and shortness of breath; but there were no signs of local inflammation or of organic disease. Dr. Tweedie, who attended him for many years, ordered a copious bleeding, which was followed by decided and permanent relief of all the symptoms. He now, however, adopted a very rigorous system of diet and purgation; and although he had never been intemperate and was not fond of wine, he restricted himself to a certain weighed portion of food every day, and gave up the use of wine and other fermented liquors entirely. He also caused himself to be weighed periodically, and kept an accurate

daily table of his ingesta, and an occasional record of his own diminution in bulk. By these means he reduced his bulk by several stone, but he always retained his corpulent appearance up to the time of his death.

At the period when I became professionally acquainted with him, he complained of a great variety of anomalous ailments, as pain in the epigastrium and right hypochondrium after food; great flatulence; sleepless nights, and depression of spirits; these symptoms were often relieved by slight attacks of gout in one of his toes, and then he became very cheerful, and felt quite well. He had applied to various distinguished members of the Profession, who had recommended palliatives, but were unable to discover any well-marked indication of disease. In consequence of the acuteness of his perceptions and his knowledge of medicine, he almost disbelieved the opinions of his Medical friends; and conceiving that his sufferings must arise from some latent though serious malady, he often requested me to examine carefully the state of his chest and abdomen, together with the chemical and microscopical characters of his blood and urine. I could, at first, find absolutely nothing; and felt quite convinced that the opinions given as to the integrity of all his organs were correct. The pulse was generally 84, but it sometimes rose to 90, or even 100, under temporary causes of excitement; it was often intermittent, but this peculiarity had been observed by him occasionally through life; his tongue was clean and moist, but rather redder than in the natural state, and cracked; he never suffered from vomiting, and the motions which he passed were copious, and natural in colour and consistence. His respiration was natural, 16 in the minute, and the functions of the heart, when I first examined that organ, were quite healthily performed. The liver did not project beyond the edge of the ribs, and there was no tenderness, hardness, or tumefaction (except from flatulence) in any part of the abdomen. The urine was carefully examined, but exhibited no morbid indication whatever, although he informed me that some years previously he had suffered from oxaluria. The blood, when examined microscopically, exhibited in its serum a vast multitude of oil-globules, but contained abundance of blood-corpuscles. About a year before his death he experienced an attack of bronchitis, attended with great congestion, for which he was bled, and again with speedy and permanent relief; and about this period it was discovered, in consultation with a distinguished authority on cardiac disease, that a slight murmur existed over the situation of the aortic valves. He was made acquainted with this fact, which gave him great uneasiness. The subject of fatty degeneration of the heart having lately attracted much attention, he naturally suspected that he might be subject to that affection, and feared that it might prove rapidly or suddenly fatal. But no symptom whatever of fatty degeneration of the heart could ever be detected.

I frequently examined the region of the heart by auscultation. The impulse of the organ was normal; the sounds over the mitral valves were healthy; the first sound over the aortic valves was accompanied by a soft murmur, the second sound over this region was natural, unaccompanied by any murmur. I considered that there was degeneration of the aortic valves. Except the murmur heard over the region of the aortic valves, there was no indication whatever, during life, of any cardiac affection.

On the 16th of April of the present year he was seized with influenza, which passed into bronchitis, and he died on the 26th of April. During this last illness no other symptoms but those of bronchitis were manifested; there was no dropsy, not much dyspnœa, no irregularity of the pulse, and no hæmoptysis. In fact, he seemed rather to sink from old age and infirmity than even from bronchitis.

At the post-mortem examination the following appearances were observed:—There was a layer of fat over the trunk, varying from two-and-a-half inches over the hypogastrium to a thickness of one and two inches over other parts. When the sternum was removed, and the heart and lungs observed *in situ*, no particular appearance was seen, except a large quantity of fat about the pericardium; but there were about two or three ounces of fluid within the pericardium. The heart was very fat and large, but not disproportionate to the size of the body; it measured six inches in length by five-and-a-half in breadth. The right ventricle and auricle and the tricuspid and pulmonary valves were healthy; the muscular structure of the left ventricle was well developed; the mitral valves were somewhat contracted, and contained a mass of ossification of about the size of a pea. The aortic valves were ossified, and when viewed from the aorta appeared to stretch completely across the vessel; when water was poured down upon the valves it was retained for some time, but then it passed through, showing that the valves were tolerably competent to close the passage. On further examination of the aortic valves, they were found to be extensively ossified; a thick patch of bone, rough and undulated, being found in each sinus, projecting inwards to the concavity, and outwards from the convexity, of the sinus. The lungs exhibited traces of bronchitis and emphysema; the liver was cirrhosed, the kidneys were congested, but showed no organic disease; some small crystals of oxalate of lime were discovered in them. The stomach and intestines were all healthy.

The muscular fibres of the heart, which exhibited no morbid appearance to the naked eye, were examined by the microscope, separately by myself and by two practised microscopical observers; we all concurred in discovering fatty degeneration of the heart, numerous minute oil-globules being discovered in the muscular tissue, and the transverse striæ of the fibres being in many cases obliterated, and their place filled with oil-globules. The pancreas, which appeared fatty to the naked eye, presented, under the microscope, an immense multitude of oil-globules.

In this case there can be no doubt that very serious disease of the heart existed, and had probably existed for a long period before death. Yet it is a very curious circumstance, that, although fatty degeneration was naturally suspected, no symptom which could be referred to that lesion was ever detected during life, nor could it be said that death was accelerated by this circumstance. We are naturally led to ask whether, although the microscopical appearances of fatty degeneration are well marked and now well known, it is, after all, a matter of great pathological importance. When persons have died suddenly, and no obvious cause of death has been discovered, the microscopical evidence of fatty degeneration has often been adduced to account for the catastrophe; but I doubt very much whether the death is really due to this cause. I apprehend that the examination of many hearts of persons who have died of other than cardiac disease would prove the existence of fatty degeneration of that organ, while, on the other hand, no trace of such a lesion can be discovered in many cases of sudden death. The existence of fatty degeneration of muscles, consisting in the development of minute oil-globules in their fibrillæ, is, no doubt, one of the most interesting discoveries of modern days; but the connexion of this degeneration with the functions of the heart, and the symptoms which indicate it during life, are subjects which still require a careful investigation.

The disease of the mitral and aortic valves, in connexion with the carefully observed symptoms during life, affords also matter for attentive consideration. It will be observed that although the mitral valves were contracted and presented a considerable mass of ossific matter, yet no physical symptoms of this lesion existed during life. But this is not a matter of great astonishment if we reflect upon the circumstances which give rise to a mitral murmur. This sound is usually due to regurgitation of blood from the left ventricle into the left auricle, but if there be a competent channel for the blood, and if the valves are sufficiently elastic to close upon the circulating fluid, there will be no regurgitation and consequently no murmur, even although there may be an ossific deposit upon one of the valves. That there was no mitral murmur in the present instance I am perfectly sure, from repeated observation during life. With regard to the aortic valves there was undoubtedly a soft murmur heard during life invariably accompanying the systole. This murmur was never absent on any occasion when I examined the chest by auscultation, for about a year before death; but before that period I could distinguish no aortic murmur. This aortic sound was no doubt due to obstructive disease of the aortic valves, and it was regarded in this light during life, but I have no doubt that the ossific deposit existed long before the murmur was audible, because from the great mass of disease occupying all the valves, the deposit must have been going on for several years before death. There was no second or regurgitant murmur over the aortic valves, and this circumstance may be explained by the fact, that notwithstanding the

xtensive disease, the valves were yet almost sufficiently competent to close the arterial channel after death, and therefore they were at least equally competent during life, and would consequently produce no aortic regurgitant murmur.

I think that I am justified in drawing the following conclusions from this case.

1. The presence of ossific or cartilaginous matter upon the mitral valves, if not very considerable, does not necessarily give rise to obstruction or regurgitation of the blood-current, and therefore may be unaccompanied by murmur, and consequently may remain undetected during life.

2. The presence of a small amount of ossific or cartilaginous matter upon the aortic valves may be undetected during life, and it may give rise to an obstructive murmur only when the growth is very considerable.

3. The regurgitant aortic murmur may be absent, even although a very great amount of ossific or cartilaginous matter may exist upon the aortic valves, because these valves may still retain the power of closing sufficiently.

In conclusion, I have a few remarks to offer upon some points in the physical history and the moral management of cases of cardiac disease, especially as affecting the valves.

The physical causes of valvular disease of the heart may be divided into two classes: the first class is caused by rheumatic affections, which may and often do produce valvular disease at very early periods of life; the second is caused by the natural degenerescence of the arterial system which develops itself with increasing years, and from which the arteries of old persons are seldom entirely free.

With regard to the moral management of such cases, I am strongly of opinion that too much importance ought not to be attached to the presence of cardiac murmurs in forming a prognosis. In a paper which I communicated to the Medical Society of London in the year 1850, I ventured to broach the somewhat heretical doctrine that disease of the heart, even affecting the valves, was not so certainly or prematurely fatal as was generally supposed, and among other cases which I adduced was the instance of an old woman who died of mere old age at the age of eighty-three, and in whom I was fully aware of the existence of extensive valvular disease for ten years before death. If, therefore, we should detect a valvular murmur in one of our patients, I do not see the necessity of at once proclaiming the fact, inasmuch as the fatal news communicated to the sufferer might tend to hasten the very event which it should be our duty to avert; and inasmuch, also, as valvular disease may proceed to a very great extent without materially shortening the period of human life, or causing much suffering. I cannot forget the instance of an estimable member of our own Profession, who, having been informed of the existence of a slight valvular murmur in his heart, poisoned himself immediately after receiving the melancholy intelligence. In the case which is the subject of the present paper, the patient had in some manner become acquainted with the fact of the existence of a slight valvular murmur; and as he was much given to hypochondriasis, and would lie awake for nights together brooding over his own symptoms, I am aware that the knowledge of this murmur gave him very great and perhaps unnecessary uneasiness. I frequently endeavoured to comfort him by assuring him that the murmur was due to arterial degeneration, from which few persons of his years were exempt, and that the disease was not incompatible with the continuation of life or the enjoyment of moderate health. In effect, although labouring under fatty degeneration and valvular disease of the heart, which had probably existed for many years, he never suffered from any of the rational symptoms which are usually said to indicate those affections, and he died at a good old age, from an attack of bronchitis following a cold.

ON DERANGEMENT AND LOSS OF SIGHT IN WOMEN DURING SUCKLING.

By R. TAYLOR, M.D., M.R.C.S.
Surgeon to the Central London Ophthalmic Hospital.

The reduction of the vital and physical powers, and the unhealthy state of the blood, induced by excessive secretion, are liable to be followed by impairment or loss of vision; and this is the case whether the discharge be unnatural, as diarrhœa, leucorrhœa, etc., or merely one of the natural secretions increased in quantity, so as to act as a drain on the system. Nursing women are especially liable to be attacked by this form of blindness. Judging from the number of cases which are yearly seen at this Hospital, the disease is one of frequent occurrence in the metropolis; and, as the exciting cause is in universal operation, it is probably not more rare in other localities. I am, therefore, desirous of calling attention to its distinctive characteristics, and the more so, because when recognized in its earlier stages, it appears to be very amenable to treatment, whereas, when neglected or improperly treated, it not unfrequently terminates in total blindness of one or both eyes.

What is popularly termed "weakness of the eyes," in other words, inflammation of the palpebral conjunctiva, with slight intolerance of light, is the first symptom, and one which is very common, even with robust women, after eight or nine months' suckling of a strong child. In the majority of instances, it goes no further, and when the infant is weaned, the eyes recover their strength. In other cases, however, the sight itself is affected, and a thin grey mist appears to intervene between the eye and the object of vision; this may be permanent, or it may disappear on lying down, or after taking a full meal, or any stimulant. Gradually the dimness increases until the outlines only of large objects can be distinguished, and, finally, even the perception of light from darkness is lost. In some instances, the last stages of the disease are sudden; the patient retires to rest with a certain amount of vision, and awakes in total darkness. Occasionally, there are variously-formed luminous or coloured spectra; more commonly, the obscurity is caused by a mist of gradually increasing density. I have seen very few cases in which the eyes have suffered simultaneously to an equal degree; generally, one is much in advance of the other, so far as the disease is concerned; thus, with one eye a moderate-sized print may be read, while the other is completely obscured. Persistance in the exciting cause, however, and still more, injudicious treatment, rapidly brings them both to the same condition.

Most frequently there are not any objective symptoms, with the exception of a certain amount of congestion of the palpebræ, and sometimes, also, of the ocular conjunctiva; occasionally, but by no means invariably, there is some sluggishness of the pupil. In exceptional cases, of which I have seen but few, there has been manifest inflammation of the whole eyeball, as indicated by a zone of distended vessels around the cornea, a discoloured iris, a distorted pupil, and an effusion of soft, greyish-coloured lymph between the pupillary margin of the iris and the anterior capsule of the lens. I have never seen the cornea in any measure affected, though, from Dr. Mackenzie's description, phlyctenulæ and ulceration appear to be frequent complications of the disease as it occurs in Glasgow. When there are outward evidences of ophthalmitis, there is always more or less pain, sometimes very severe. In cases where there are not any objective symptoms, there is seldom more than occasional deep-seated, dull aching, or there may be complete absence of any uneasy sensation.

The disease attacks women at all periods of life during lactation. As might be expected, it occurs most frequently in weak, ill-nourished, or strumous subjects; but it may be induced even in those who are naturally of the most robust constitution, by "undue lactation," as it is termed, or, in other words, by the practice which is almost universally prevalent among the lower orders of the metropolis, of keeping the infant almost continually at the breast, by night as well as by day. At this Hospital, the majority of patients have been women from 20 to 30 years of age; the oldest that has come under my care has been 42. Some had suckled their children for two or three months only, others for upwards of a year; all had done so in the injudicious manner above described, and all presented the ordinary symptoms of anæmia in a marked degree.

In the above description, it is evident that several varieties, or rather degrees, of disease have been included, and the distinction must be carefully made in attempting to form any opinion as to their pathology. In one class of cases it is obvious, from the external appearances, that all the tissues of the eyeball are involved in inflammation; in a second, there is not any reason to suppose that inflammation is present, even in the slightest degree; the vision is impaired or improved according as the patient is exhausted or stimulated—in the erect

or the recumbent posture. This condition is very commonly seen in patients suffering from hæmorrhage, whether sudden and profuse, or in smaller quantity and long continued, and is unquestionably due to the deficiency of blood thus occasioned. A certain supply of healthy blood is as necessary to the eye as to any other organ of the body, in order that its functions may be duly performed—in fact, the portion of blood which is, for the time being, co-operating with the retina and other tissues in affecting vision, is as much entitled to be described as one of the ocular tissues as any of the others; it differs chiefly in being more rapidly changed. In the disease in question, the blood is not only diminished in quantity, but impaired in quality; and the eye consequently suffers in common with every other organ of the body.

In a third class of cases, the vision is not subject to such fluctuations, but is permanently impaired, often to a very great extent; while at the same time there are not any objective symptoms to guide us in forming our opinion as to the condition of the retina. In many, probably in most of such cases, there can be little doubt as to the correctness of Dr. Mackenzie's assertion, that "the most momentous part of the disease is really a chronic inflammatory state of the retina." (On Diseases of the Eye. Ed. 4, p. 577.) This is confirmed by the permanence of the blindness in neglected cases, and by the gradual manner in which it yields to a system of treatment based upon this view of its pathology. But this explanation is not admissible in every instance; the unvarying nature of the blindness, even when it has continued for many days, is not of itself sufficient evidence to warrant us in concluding that the retina is inflamed; for we find by experience, that such cases frequently recover rapidly and completely, even from the most total darkness, under a system of tonic treatment alone—a result which our present pathological and therapeutical knowledge would forbid us to expect, were the blindness due to inflammatory deposit. I have a patient at present under my care in whom the recovery from total darkness in one eye, to perfect vision, was complete in ten days; a violent attack of diarrhœa then brought on a relapse, so that she could not, with the eye in question, decipher the largest type; she has now, after the lapse of a week, very nearly recovered, under the use of tonic medicines alone, and without any local applications, such as leeches, blisters, or lotions.

A satisfactory explanation of such cases, which are otherwise very puzzling, has, I think, been recently discovered by means of the ophthalmoscope. It has been found by those who have employed this instrument extensively, that, independently of inflammatory action, an effusion of fluid may take place between the choroid and the retina, perhaps œdema of the latter tissue itself, by which it is raised above its ordinary level, forming a projecting ring around the entrance of the optic nerve, and thus undergoing an amount of compression quite sufficient to account for any degree of disturbance of its functions, even were its proper tissue unimplicated in the fluid effusion. I am not aware that this condition has been witnessed in patients labouring under the peculiar form of disease at present in question, but it has been chiefly seen under precisely analogous circumstances, namely, in anæmic and chlorotic females, the subjects of impaired vision. It is, therefore, not unreasonable to assume that women exhausted and anæmiated by prolonged or excessive lactation, may suffer in a similar manner; it is well known that they are especially liable to œdematous swelling in various parts of the body, where its presence is visible, as in the ankles, the eyelids, or even in the subconjunctival cellular tissue; analogy, therefore, supported by the practical results of treatment, warrants us, in the mean time, in assuming that fluid and non-inflammatory effusion may equally occur between the choroid and the retina, or even interstitially into the texture of the latter tissue itself. Pending further investigation, however, the question must be regarded as still *sub judice*.

Fortunately no such uncertainty exists as to treatment. The exciting cause of the disease is manifest, and this being removed, its effects will, in the great majority of instances, yield to very simple remedies.

In all but the slightest cases the child should be immediately weaned, or, at the utmost, should not be put to the breast more than twice in the twenty-four hours; and this concession can be made with safety to those patients only whose resolution can be depended on. After many trials I find that in hospital practice "there is no medium between excess and total abstinence," as the cries of the infant when first deprived of its accustomed nutriment, and the dread of rapidly recurring pregnancy, are temptations which few among the more uneducated classes can resist until structural changes have taken place which are too frequently irremediable. In all cases, therefore, where the dimness of vision is permanent the infant should be immediately weaned; and even in slighter cases this measure may be recommended.

The exhausted and anæmic condition of the patient naturally indicates the employment of a stimulating plan of treatment, and the administration of iron in one or other of its various preparations. The details will occur to every one who has had any experience in the management of the diseases of exhaustion, in whatever form. I may briefly mention the method which I have found most successful in the cases which have come under my care.

As a rule I have found ammonia the most generally useful of stimulating medicines, and this may be given either along with iron, as with the ammonio-citrate, or it may be given with a vegetable tonic some time before the meals, the iron being taken while digestion is in progress. The sulphate of iron, with or without quinine, and the muriated tincture, alone or combined with tincture of hyoscyamus, I have also found to be very efficacious remedies; but I do not believe that any importance is to be attached to particular combinations or formulæ; if the tonic principle of treatment be effectually carried out, the results will be satisfactory whatever variations may occur in the details of individual practice. Thus, for instance, I have met with several cases in which iron, in whatever form, could not be borne, and in which the patients recovered completely, though perhaps more slowly, under the use of vegetable tonics, with ammonia or the mineral acids.

It is almost superfluous to observe that, in connexion with the medicinal measures, the diet of the patient should be liberal and nourishing; and I have never seen any bad results from the moderate use of malt liquors, by those who have been accustomed to take them daily, while in health. Further, leucorrhœa, which is a very frequent accompaniment of this form of impaired vision, and which contributes much to maintain and increase the general debility, should be arrested as rapidly as possible by appropriate remedies. In the form in which it generally occurs, simple astringent injections will, in most instances, be sufficient.

The plan of treatment thus suggested will be found to be rapidly successful in the majority of cases in which there are not any objective symptoms, such as discoloration of the iris, etc. But where such symptoms are present, or, in their absence, where no improvement is evident after a few days' trial of this method, it will be necessary to give mercury. Too much caution, however, cannot be observed in using this powerful remedy; as the debilitated condition of the patient, and the impoverished state of the blood, seem to render the system peculiarly susceptible to its poisonous and depressing effects; and if such are allowed to take place, much injury will be the result. The safest plan is to select the mercurial which is considered as mildest in its effects, and to give it in frequent and very small doses, carefully watching the condition of the gums, and suspending or diminishing the dose as soon as they present the appearance characteristic of its constitutional action. Beyond the faintest indication of such action, I do not believe that it is desirable or even safe to go; ulceration of the gums, hyperæmia of the salivary glands, or profuse salivation, cannot be expected to work out any good result in patients already deficient in red blood. And bearing in mind this deficiency, the administration of mercury should not be allowed to interfere with the vigorous prosecution of the tonic plan already commenced, and especially with the use of iron, in every instance in which it can be borne.

I have never applied leeches or blisters in such cases, and have never had cause to regret the omission, as the patients have recovered perfectly without them, and their pallid appearance has always appeared to indicate the necessity for the increase, not for the diminution of the quantity of blood in the system. Nor can local applications, in the form of lotions, be expected to be of advantage in a disease of purely constitutional origin, except in those cases where there is evident congestion of the conjunctiva, when some weak astringent collyrium may be used, or in those in which the iris is implicated, in which belladonna will be of service in preventing new adhesions to the capsule of the lens, and in relieving pain, if such be present.

Guildford-street, Russell-square, June 20th, 1855.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

DIURETICS IN RENAL DROPSY.

The question as to whether diuretics should be employed in the treatment of those cases of dropsy which from the condition of the urine are known to depend upon diseased kidney, is one of great practical importance. Our readers may be glad to know the opinion of so excellent a physician as Dr. Burrows respecting it. A few days ago, Dr. Burrows, at the bedside of a patient who was recovering from a very severe renal dropsy, made the following remarks :—"I wish, gentlemen, that you should notice the treatment which has been here pursued. I well recollect that long ago it used to be Dr. Latham's observation that this form of dropsy was often very efficiently treated by the tartrate of potash. That salt was indeed his favourite remedy. Then came the addition to our pathological knowledge, and the announcement of the fact that the disease was essentially one of renal disorganization. From this it was thought to follow clearly that whatever stimulated or irritated the kidney must do harm. Diuretics consequently fell into almost universal disuse. Latterly, however, some of us are again coming back to the old practice ; we find that no other remedies effect so much for the relief of the patient as diuretics, and we therefore prescribe the latter. The matter is one of experience, and my own is to the effect that the kidneys, though in a state of chronic disease, obey diuretics well, and that no inconveniences are produced." The prescription which the patient in this case had been taking was as follows :—℞ Potassæ tartrat. ʒss., spirit. æther. nitr. ʒss., aquæ piment. ʒj. Ft. haust. ter die. The case was, of course, one of chronic dropsy, and the diagnosis as to its renal cause had depended upon the absence of cardiac disease, and the presence of a large quanty of albumen in the urine.

TORMENTILLA AS AN ASTRINGENT.

The decoction of tormentilla, a remedy in not very general use, is, we observe, a great favourite with Mr. Hilton, of Guy's Hospital. It is employed in cases of piles, passive hæmorrhages, diarrhœa, etc., as a tonic and astringent. A few weeks ago, Mr. Hilton ordered it (in doses of an ounce and a half every three hours) to a patient in whom hæmorrhage from the bowel had occurred four days after an operation for hernia, and took the opportunity of observing to his class that it was one of the mast efficient vegetable astringents that he knew.

NITRIC ACID AND SULPHUR AS AN ESCHAROTIC.

Mr. Cock has recently been employing in some cases under his care in Guy's Hospital, as an escharotic, a compound of nitric acid and sulphur. A paste is made by mixing the strongest nitric acid with sublimated sulphur, until of a proper consistence. This paste is applied to the diseased surface, the surrounding parts having been protected by plaster, as when chloride of zinc is used. The mixture does not run about. It appears to give less pain than the nitric acid alone, and acts longer, producing more of eschar. In one case Mr. Cock employed it to remove a prominent mass of granulations in fungous testis, and it succeeded well. A cure, however, did not result, as a subsequent attack of inflammation aggravated the condition. We understood Mr. Cock that the formula had been suggested to him by Sir Benjamin C. Brodie.

EXTERNAL USE OF COD-LIVER OIL IN SKIN DISEASES.

The reader may find in the *Medical Times and Gazette* for January 3, 1853, page 23, a short notice of the employment of Cod-liver oil in certain forms of skin disease, more especially in Eczema. The remedy was then new in this country, and the trials on which our observations were founded had been made in St. Bartholomew's Hospital, by Mr. Paget, to whom it had been recommended by Professor Malmsten, of Stockholm. Since then the oil has, we believe, been extensively used in England, and with much the same favourable results which Mr. Paget obtained from it. We refer to the matter again, in order to allude to a paper, recently published by Professor Malmsten himself in a Berlin Medical Journal (a), on the various uses of the fish oils, and more especially on their external employment against intractable skin diseases. The practice of the Swedish Physician appears to have been most successful ; and amongst the cases narrated as having been cured are examples of chronic and impetignoid eczema, impetigo, psoriasis, chronic pityriasis, and prurigo formicans. The plan adopted differs somewhat from what we have seen followed in this country. Instead of using the oil merely as an ordinary liniment, the affected parts are directed to be kept constantly soaked with it. If the whole skin be affected, the patient is made to lie in bed ; all his body and bed linen being saturated with the oil. This system is continued until the skin is restored to health, the patient being allowed an alkaline bath once a week, but no other washing or change of clothes being permitted. To most people the disagreeable nature of such a measure will constitute an almost insuperable objection to its use. We must remember, however, that Professor Malmsten assures us that he has cured, by its help, cases of the most obdurate and distressing kind. The treatment does not appear to have required, as a rule, more than about two weeks ; and is said to have shown a wonderful influence in restoring flaccidity, clearness, and healthy colour to the diseased integument. The majority of cases of prurigo formicans baffle, we suspect, the skill of all our English Dermatologists ; and in these the patients would generally be found willing to accept a cure by any possible method, without regard to its disagreeableness. Although this author incurs a little suspicion from the rather indiscriminate recommendation of his remedy, yet, on the whole, we think he well supports his assertions. Speaking generally of his facts, they appear to us to bear out the conclusions which we expressed in the former report on this subject, and which we will again quote :—"The class of cases for which the oil seems most applicable is that of chronic eczematous eruptions, unattended by acute inflammation or general pyrexia. In abating the troublesome itching, which frequently accompanies this disease, especially in old people, it has manifested powers superior to those of any other application with which we are acquainted."

THE LONDON HOSPITAL.

RETENTION AND EXTRAVASATION OF URINE IN A CHILD.—DEATH.—AUTOPSY.

[Under the care of Mr. WARD.]

The following case is, from its rarity and from the difficulties which attended the investigation of its cause, one of considerable importance, and well worthy of attention.

J. W., aged 4, was admitted on December 9, 1854, at five in the evening. His scrotum was swollen as large as a fist, and was tense, smooth, and glistening. There was considerable bulging of the perinæum in front of the anus, and some fulness on either side in the lower part of the abdominal wall. The prepuce had a peculiarly distended and twisted appearance, in consequence of the great distension of its cellular tissue. No history of urethral disease, injury, or obstruction, could be obtained from the father of the boy, who accompanied him to the Hospital. All that could be ascertained was, that swelling of the scrotum, and retention of urine, had been gradually coming on for three days past, during the last thirty-six hours of which time the retention had been complete. On placing the hand on the abdomen, the bladder was found to be full, reaching nearly to the umbilicus.

The child having been placed in the position for lithotomy, Mr. Ward made a free incision into the perinæum, in the median line, and six or seven others in different parts of the scrotum. The prepuce having next been slit up, in order to expose the concealed glans, a catheter (No. 5) was without much difficulty passed into the bladder, and the urine drawn off. Fomentations were ordered to be applied to the abdomen, and wine was allowed, as the child was much depressed.

On the following day little or no urine had escaped, either by the urethra, or the perinæal incision. A flexible catheter was now introduced, and retained, the urine being allowed to flow every three or four hours. From the want of power with

(a) Oleum Jecoris Aselli als ortlich wirkendes Heilmittel. Allgemein medicinische central Zeitung. November 29, and December 9, 1854.

which the stream flowed it was judged that the bladder must be partially paralyzed from the distension which it had undergone. On the morning of the fourth day the catheter was removed. At this time the child was in a very feeble condition and the lines of incision were sloughy. Some portions of sloughed cellular tissue were taken away.

On the fifth day a small gangrenous spot had appeared in the middle of the left groin, the integument of both hypogastric regions, but more especially of the left, having on the day previous assumed an erysipelatous appearance. Urine now flowed freely by the natural passage, without the use of the catheter.

The sloughing in the left groin extended, and on the 10th day had formed a large transverse wound, the borders and surface of which were still gangrenous. The child was now fast sinking, and death took place on the morning of the next day. At the autopsy it was found that there was a ragged opening in the floor of the urethra, about an inch and a-half from the meatus, through which the end of the catheter passed out into the scrotum. The portion of the urethra in which this opening was formed, was isolated from the corpora cavenosa, and looked dark and sloughy; beyond it no walls of the urethra could be found anterior to the membranous tract. The floor of the membranous tract itself had sloughed away. The cellular tissue of the abdominal wall on the left side from the sloughing wound in the groin, as high up as the axilla, was infiltrated with pus.

The conditions thus found remarkably resembled those which are usual in the adult after death from urinary infiltration. The destruction of the urethra by sloughing had indeed been more extensive than is often seen, and was such as might have been supposed likely to have rendered catheterism during life impossible. During the last week of life the child's state had been very similar to that of a patient suffering from pyæmia, as he had a sunken aspect, a yellowish tinge of the skin, and a peculiar odour of the breath. The suspicion that such was the case was to a certain extent confirmed by the infiltration of pus in the abdominal wall, subsequently discovered. As to the original cause of the disease, we are still left in uncertainty. The impaction of a calculus is by far the commonest cause of urinary retention in children, but here there was no evidence that this had occurred. It is possible, however, that a small stone might have been expelled in the commencement of the attack unnoticed by the child's friends. If we might suppose such an occurrence to have taken place, and the urethra to have been lacerated during the escape of the stone, the whole course of the after symptoms might be readily accounted for.

WESTMINSTER HOSPITAL.

CASE OF EXTRAVASATION OF URINE.

(Under the care of Mr. HOLT.)

The particulars of the following case, together with the remarks made by Mr. Holt upon it, are from the notes taken by Mr. Legge, the House-Surgeon to the Hospital :—

Wm. Smith, aged 50, navigator, was admitted into the Westminster Hospital, under the care of Mr. Holt, March 1st, 1855, suffering from retention of urine.

He has a stricture of twenty years' standing, and, during a lengthened attendance as an out-patient, a No. 4 catheter has been occasionally passed, with considerable difficulty.

On his admission Mr. Holt introduced a No. 3 catheter, and emptied the bladder; the patient being in a very weak and feverish state. Five days after admission (during which time No. 4 had been passed) a swelling, which had previously existed at the root of the penis, was observed to be much enlarged, hard, painful, and accompanied by general redness, and, as it interfered with micturition, the catheter was passed night and morning.

March 7th.—The patient had passed a restless night; and, when the House-Surgeon attempted to introduce the catheter, it was arrested at the swelling previously mentioned. On removing the stillete about two ounces of highly offensive urine, mixed with pus, escaped; the tongue is dry and brown, pulse feeble, countenance anxious and pinched, penis and scrotum much swollen, and a deep red blush extending over the lower portion of the abdomen. Under these circumstances Mr. Holt was sent for, and pronounced extravasation of urine to have taken place. Free incisions were made on either side of the root of the penis and along the scrotum, when a considerable quantity of urine escaped; a small gum-elastic catheter was attempted, but could not be passed. He was ordered beef-tea two pints, and brandy twelve ounces.

4.30 p.m.—Mr. Holt again visited the patient, and finding him in a very low, half-comatose condition, the urine evidently not having free exit, and it being impossible to introduce a catheter, determined on opening the urethra behind the stricture. The patient was brought to the edge of the bed, and placed in position for lithotomy, his limbs being steadied by assistants. Mr. Holt then, with great precision, sank his knife in the median line of the perinæum, just anterior to the bulb, and, cutting upwards, as he withdrew it urine freely followed. The man afterwards expressed himself as much relieved.

March 9th.—The redness of the abdomen has subsided; the parts generally are less swollen, but the lower portion of the scrotum is gangrenous; the urine passed freely through the opening in the perinæum. In the evening the House Surgeon found copious hæmorrhage proceeding from one of the incisions at the root of the penis on the left side; the blood appeared to well up from a considerable depth, and no bleeding vessel was within view; the patient quite blanched from loss of blood; the wound was plugged with lint, and a compress applied.

From this date the man sank into a low, half-comatose condition, accompanied by profuse diarrhœa; but upon the separation of the sloughs, sixteen days after admission, leaving the testes cleanly dissected out, he began to rally, and was ordered a pint of porter in addition to his brandy and beef-tea; he improved rapidly, and on the 4th of April began to walk about the ward; he is now on full diet, two pints of beef-tea, two pints of porter, and four ounces of brandy. Incisions all healed, except the one in perinæo, from which his urine passes freely.

April 13th.—The House-Surgeon was called up during the night, and found the patient suffering from retention of urine. No. 1 silver catheter was passed down to and firmly grasped by the stricture, but would not enter the bladder; and, as force was not advisable, the opening in the perinæum was enlarged by a fine gum catheter, and the urine drawn off. On the 20th he passed his water by the urethra, in a small stream, for the first time since March 5th, and the next day Mr. Holt succeeded in getting No. 1 silver catheter into the bladder.

This fistulous opening in the perinæum has now (May 27th) healed, and he is at present under treatment for the stricture solely.

Mr. Holt, in his Clinical Lecture upon this case, drew the attention of his class, among other important points, to the different causes of infiltration of urine, as in some degree affecting the special treatment with reference to opening the urethra behind its ruptured or ulcerated part. He recommended that in long-continued and obstinate strictures, where the diameter of the urethra was reduced to a mere thread, and where no catheter could be introduced, an opening should *always* be made in the healthy, or rather, dilated portion, behind the stricture, so that by securing a ready outlet for the contents of the bladder, further infiltration might be avoided. This somewhat difficult operation will be generally successfully effected if a sharp-pointed bistoury be thrust, from half to three quarters of an inch in front of the anus, (the back of the knife being turned towards the rectum,) into the urethra, and a small incision, of about half an inch in extent made forwards or towards the penis, the thighs being so held that the urethra accurately corresponds to the mesian line. He reminded the students that this procedure was only necessary where the implicated portion of the urethra could not be included in the tegumental incision, and that neither operation would preclude the necessary incisions into the infiltrated areolar tissues, but the chances of recovery were augmented by securing a ready passage for the urine.

He also drew particular attention to the necessity of administering large quantities of diffusible stimuli, as in these, as well as in most forms of gangrene produced by specific causes, great support is necessary. He illustrated his remarks by a reference to fourteen most severe cases of Hospital gangrene, where from twelve to sixteen ounces of brandy were daily administered with the most marked success, all the patients having recovered, although the severity of two cases necessitated amputation.

ST. MARY'S HOSPITAL.

HYSTERICAL AFFECTION OF THE HIP-JOINT.

[Under the care of Mr. COULSON.]

The following case, the subject of which was a patient under the care of Mr. Coulson at St. Mary's Hospital, presents a tolerably well-marked instance of that affection which is occasionally so troublesome to the Surgeon, known under the name of hysterical joint, supposing at least that the diagnosis made in this case was, as there is reason to believe, correct. This affection is not so frequently, perhaps, met with in Hospital practice as in private, females belonging to the richer and consequently the more idle portions of the community being most liable to it, in common with the other affections incidental to hysterical subjects. There does not seem to be a great amount of difficulty in diagnosticating the presence of hysterical affection of a joint, if the history be duly inquired into, and the condition of the joint and limb affected carefully scrutinized. The symptoms, as is well known, are severe pain in the joint, now and then a slight puffy swelling around, together with evidence of hysteria, etc. The character of the pain is important. It is more severe than in inflammatory affections. Pressure on the joint is productive of pain when made at almost any point, and the pain produced is even greater when slight pressure is made than when a greater degree of force is used. Now it often happens that in true inflammatory disease of a joint it is found necessary to examine carefully before the Surgeon finds a spot which is painful on pressure, this observation being of course intended to apply to inflammatory affections of a chronic nature, with which alone the hysterical condition is liable to be confounded. The course of the affection is peculiar, and a very important point in the diagnosis. The joint affected remains in much the same condition for a considerable time. Months and even years may elapse without any change occurring for the worse. This is hardly possible in the case of a joint in which true disease is progressively extending. One additional point observed by Mr. Coulson some time since is the fact that the limb affected is liable to frequent alternations of heat and cold, this change of temperature being not only obvious to the patient but to the observer also. In the case about to be detailed this circumstance was noticed, and together with it a condition pointed out by Sir B. Brodie, viz., a loss of sensibility of the skin covering a portion of the leg. These elements for the diagnosis of hysterical joint are of value, for their recognition may prove of great service in elucidating the nature of a case involved by particular causes in obscurity. It is singular enough that the joints most frequently presenting the hysterical affection should be also those in which chronic, inflammatory, and other affections are most commonly observed.

M. A. Q., aged 24, single, by occupation a cook, was admitted into St. Mary's Hospital October 6, 1854. Her previous health is described as good, on the whole. Five years ago she had a fall, which injured the right knee to a slight extent, but of this she soon recovered, and felt no further unpleasant effects. Six weeks before her admission into the Hospital she had an attack of cholera. The catamenia commenced at a late period, at the age of 21, and have never been very regular, the period often passing by without its occurrence. Her family are tolerably healthy: one sister died of consumption. The patient is a healthy-looking young woman.

The patient ascribes her complaint to the fall on the right knee five years ago. She fancies that the right hip has been larger than the other for the last twelve months. Four months ago the right knee was swollen and painful, and leeches were applied.

Present state.—She is able to walk, but walks lame, and the motion of the right leg and knee gives great pain, the pain commencing at the knee, and extending up to the hip-joint. The knee is not at all swollen, but tender on pressure; there is no apparent enlargement of the parts around the hip-joint; pressure is painful all over it. There is pretty constant pain in the hip-joint, and this has been present for the last three weeks. She complains of a want of feeling at the inner ankle and over the foot, on the dorsum as well as the sole. The parts thus insensible to touch are also colder to the feel than the corresponding surfaces of the other leg. This insensibility and lowering of temperature are evanescent, coming suddenly, lasting a few minutes, and then disappearing as suddenly as it came. There is no distortion, lengthening or shortening of the limb.

A belladonna plaster was applied round the hip-joint, and an ounce of quinine mixture prescribed thrice a-day.

October 9th.—The pain was more severe, and three grains of Dover's powder were added to each dose of the mixture. On the 11th the quinine mixture was omitted, and a combination of tincture of iron and hyoscyamus substituted.

October 16th.—The hysterical and nervous condition of the patient being more completely recognized, a draught of tincture of valerian, with tincture of hyoscyamus and camphor mixture, was ordered three times a-day.

October 19th.—The knee is now the most painful part. The condition of the leg remains much the same. The alternate elevation and depression of temperature of the affected limb is still observed. A belladonna plaster to be applied to the knee.

During the remainder of the patient's stay in the Hospital matters progressively assumed a more favourable aspect. The medicines given were occasionally changed, but for the most part consisted of the remedies usually found most advantageous in hysterical cases. The patient was discharged from the Hospital November 10th, at which time she was able to walk quite readily; there was no lameness, no distortion of the limb, but the patient seemed to have a too great tendency to make much of trifling ailments.

CONCUSSION OF THE BRAIN.—SCALP WOUND.

[Under the care of Mr. COULSON.]

Concussion of the brain, where complicated with injury of the scalp, is more serious than without such an injury. All injuries received about the head are looked upon by the Surgeon as requiring more than common attention, and very properly so, inasmuch as the most serious results often follow what, at first sight, appeared a trifling injury. The reverse is often also observed. A great amount of force may be used, such as would be considered sufficient to do irreparable mischief, and yet the patient escapes with, perhaps, only the inconvenience of losing all power of perception for a few hours, or even without that. Then, again, these latter cases are too often deceptive. The patient apparently recovers from the effects of the accident, and some days after is seized with symptoms indicating the existence of a state of things in the meninges of the brain which may prove fatal in a very short space of time.

In the case about to be related the patient suffered from concussion, combined with severe injury of the scalp; but no unpleasant effects followed.

George H., aged 50, a carter, residing in the country, was admitted into St. Mary's Hospital, under the care of Mr. Coulson, September 19, 1854. To-day, while loading a cart of hay, he fell forwards from the cart to the ground. The head came in contact with the ground, which was hard, and composed of flints. He recollects nothing further.

On admission some hours after the accident, the patient was sensible. There was great sickness, and he complained a good deal of pain in the head and neck. On examining the head there was found to be a wound one inch and a half in length, half-way between the right ear and the middle of the head. The wound was of an irregular shape, and the scalp around it much contused. There was no bleeding from the ears or nose, and no paralysis of the limbs. No fracture of the skull was detected.

He was ordered to take two grains of calomel, with seven of colocynth pill at once, and a mixture containing a little tincture of hyoscyamus, carbonate of ammonia and camphor mixture, every four hours. This mixture was prescribed with the view of producing reaction, the skin being cold, and the pulse very weak; the wound in the scalp to be covered with wet lint.

September 20th.—No sleep; great restlessness. Patient complains of great pain in the head and neck. The right pupil is slightly larger than the left, but both are tolerably active. Pulse 80. Tongue covered with thin white fur, protruded straight.

Ordered ten leeches to the right temple and behind the ear. The head to be shaved.

21st.—Very little sleep. Pain in head relieved. Tongue protruded slowly, but in middle line. When told to whistle, cannot bring the lips together quite closely. The scalp-wound is looking pretty well.

23rd.—Pain in head worse again to-day. Patient feels much inclined to sleep.

27th.—No sleep last night.

30th.—Pain still present on right side of the head. The patient is now able to sit up.

October 3rd.—Complains of giddiness when walking. The pain is removed, and felt now at the back of the head. Scalp-wound healed.

12th.—Discharged cured.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE INFIRMARY, BOLTON-LE-MOORS.

LACERATED HAND.—GANGRENE.—ARREST OF THE GANGRENE.—AMPUTATION.—RECOVERY.

(Case communicated by Mr. HAWKES, House-Surgeon.)

In our Statistical Report for May last was a case of amputation of the thigh, the particulars of which are briefly as follows: A child, aged 3, was admitted into the London Hospital on account of a lacerated leg. The injury to the soft parts was severe, but looking at the health of the patient and the powers of reparation usually shown at that early age, Mr. Adams, under whose care it was, determined to try to save the foot. On the third, after the accident, however, gangrene had made its appearance and threatened to invade the whole foot. It was now evident, that nothing but removal of the part would save the child's life; and, without waiting for any line of demarcation, Mr. Adams at once determined on amputation. The father of the child, however, resolutely refused to permit the operation; and under these circumstances an opportunity was afforded of observing the course which events would take if uninterfered with. The gangrene extended, and day by day the child's powers failed more and more under the depressing influence of the local disease. Soon it became plain, even to the relations of the patient, that death would certainly ensue if nothing were done, and now, after the lapse of four precious days, they gave permission for the limb to be removed. Although the case had now become all but hopeless, Mr. Adams still believed it his duty to give the child the chance, and amputation through the leg was accordingly performed one week after the injury. The result proved that the child's powers had been too far depressed to rally; it survived to the fourth day, and then died. There had not been the slightest attempt at union, or any reparative process in the stump. It is needless to add, that all forms of stimulants, nutrients suitable under the circumstances, had been most perseveringly tried.

We quote the above case because it is à propos to the one which is to follow, both bearing on that most important question—When should amputation be performed in cases of traumatic gangrene? The rule on which most of our Hospital Surgeons in London act in these cases may, we believe, be expressed as follows:—In all cases in which the gangrene is essentially and solely the result of injury, and the patient's constitution believed to be sound, the part should be removed at once, without waiting for a line of demarcation. If, however, the injury have not been sufficiently severe to account for the extent of gangrene which has followed it, there is reason to suspect that the vital powers are at fault, then it is wise to delay amputation until, by the formation of a line of demarcation, a spontaneous tendency to arrest has been shown. In the first instance, immediate amputation will rid the system of the irritation attendant on a dying part; in the second, there would be reason to expect the shock of the operation would still further reduce the patient's powers, and that as gangrene had, without adequate local cause, followed the original injury, so it would probably attack the stump.

Some exceptions to these rules undoubtedly exist, and they occur especially in cases in which the hand or the foot has been the injured part. In certain instances, it may be doubtful whether the whole of the part will be involved in the threatened death, and as it is universally admitted, that almost any part of the hand or foot is preferable to certain loss, the Surgeon will have to balance the risk to life involved in the attempt against the chance of saving a portion. That risk differs most greatly in the case of the hand and the foot. If the hand be crushed, provided only that the patient appear fairly healthy, the Surgeon is justified in attempting to save in almost any case in which there is the best chance of preserving a useful portion. The risk to life is very small indeed. Tetanus kept out of view, the writer does not recollect to have ever seen a young patient die from the consequences of an injury to the hand, or lower part of forearm; and he has seen numbers of hands left to Nature, and ultimately saved, in fact, which looked at the time of admission very hopeless. With the foot it is far otherwise, since the system always feels the influence of injuries to the lower extremity with tenfold the force that it does those of the upper. Hence, no doubt, an explanation of the great difference in result between the case just alluded to and the one which is to follow. Even in the foot, however, very good results occasionally repay the Surgeon who puts faith in Nature: and, lest the narrative just given should seem to impress its moral too strongly, we will, before proceeding to Mr. Hawkes' case, briefly refer to a third, which throws its weight into the opposite scale. We were present in the admission-room of the London Hospital one afternoon, about two years ago, when a healthy-looking girl, aged about 10, was brought in, having just had her right foot severely crushed by a cogged wheel. Several of the toes were hanging by shreds; the whole foot was much contused; the tendons were exposed in several places, and large flaps of skin had been torn up. It did not appear that any of the tarsal or metatarsal bones were broken; but such was the extent of injury to the soft parts that, after a careful examination, it was determined to perform at once a Chopart's amputation. The girl was taken into the operating theatre, and placed under the influence of chloroform; the knife was in the operator's hand, when a second consultation took place. The result of this was, to determine to try to save the foot, and to remove the already detached toes. Water dressing, and afterwards poultices, were employed. During the week following, rather extensive sloughing of the injured skin took place, and the aspect of things was nowise promising. The child's constitution, however, did not suffer, and after a time the healing processes were set up in good earnest. Between two and three months after the accident, the child left the Hospital with a foot, as far as purposes of progression were concerned, perfect in every respect. We will now pass to the case which has suggested the above remarks.

A healthy lad, aged 10, was admitted into the Bolton-le-Moor's Infirmary, on account of severe laceration of the soft parts of the right hand. The thumb was partially detached near the upper end of the metacarpal bone. A wide rent in the integument and fascia extended obliquely across the palm, and the laceration was continued to the forearm. Though the lips of the wound were retracted and gaping, there was no hæmorrhage, and it seemed possible that the deep arteries may have escaped injury. The edges of the wound were evenly approximated; two or three interrupted sutures applied; a compress, dipped in cold water, placed on the palm, with strapping, and a bandage firmly carried over all. The hand, secured on a straight splint, and the boy removed to bed. Twelve hours after, when visited, the thumb was found cold, the rest of the hand warm. The wound was dressed with strips of plaister, the compress removed, and splint and roller applied as before; the thumb to be wrapped in cotton wool. Twenty-four hours after this, the integuments of the palm were flaccid and discoloured; a thin sanious fluid, with bubbles of gas, escaping on pressure being made, which caused considerable pain. Thumb dark and livid, cold and insensible; the two first fingers threaten to assume the same conditions. Ordered to wrap up the entire limb in folds of cotton wool. Twelve hours from this time, the dark hue of mortification had already spread over half the palm; the thumb and two fingers were cold, livid, and without sensation. The aspect of the case was becoming every hour more serious, for since the last visit, the lad had lost, in a great measure, his previous healthy look, and was now pale and restless, pulse small and frequent, the smell from the mortifying parts particularly offensive. I now advised amputation of the forearm, close to its carpal end, having previously hoped that the removal of a portion of the hand alone would be sufficient; but this step was now out of the question. One of the other Surgeons considered that the removal of the hand in its present state would be attended by serious consequences to the patient, inasmuch as the integu-

ment on the inner side of the forearm had assumed a red, angry blush, and gave to the touch a peculiar sensation of induration. He could call to mind a case in the practice of another Medical man, where amputation under similar circumstances had been followed by gangrene. So the hand and arm were wrapped in a large linseed poultice, and this plan of treatment was continued for forty-eight hours, when I removed the thumb and two fingers; as by their presence they merely added to the offensive smell and discharge. Ordered cerat. resinæ per diem; cataplasm. lini. per noctem. Thus the surface was cleaned, and florid granulations freely sprouted. It was, however, considered desirable that the hand should be removed, and this was accordingly done close to the carpus, the flaps uniting by healthy granulations. The patient was eventually discharged cured. I have not alluded to the medicines prescribed, as they consisted of the usual most approved forms; the tincture and compound decoction of cinchona three times a day, with sedatives, etc. There is no doubt that the hand, or a portion of it, should have been removed at the first. It may be open to question, how far the delay was justifiable after gangrene had set in, and whether, if had been taken off just then, the case would have terminated so well.

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Medical Times & Gazette.

SATURDAY, JULY 7.

THE PUBLIC HEALTH BILL.

Among the witnesses who have volunteered their evidence before the Parliamentary Committee on Public Health and Nuisances' Removal, the most remarkable is that of the Medical gentleman who enjoys the honour of standing up as the scientific champion of the Trade Nuisances, which we believe every other scientific man condemns. If Dr. Snow were not alone in his glory, the offensive trades by which people are now disgusted and sickened would flourish as in the palmy days which preceded all the new-fangled notions by which the repose of nuisance-mongers has been disturbed. To do justice to Dr. Snow we must allow him to give his theory in his own words, and he says: "I have paid a great deal of attention to epidemic diseases, more particularly to Cholera, and in fact to the public health in general; and I have arrived at the conclusion, with regard to what are called offensive trades, that many of them really do not assist in the propagation of epidemic diseases, and that in fact they are not injurious to the public health." The author of this discovery was the proper person to be invited to give evidence on behalf of the manufacturers whose interests are threatened by the Nuisances' Removal Act.

Public opinion and the results of scientific inquiry have, during the last few years, been so much in favour of the doctrine that foul and loathsome smells are indicative of unhealthy conditions, that a scientific man who stoutly maintains a different notion is sure to receive the attention due to a *rara avis in terris*. To avoid all misapprehension of the opinions which are recorded in the evidence of this distinguished witness in favour of all kinds of foul effluvia produced by offensive trades, it may be as well to give one or two further quotations from the Blue Book, in which that evidence is recorded:—"In London, in any trade I am acquainted with, I do not believe that any decomposing vegetable or animal matters produce disease." "Taking the case of a bone-boiling establishment or a knacker's yard; assuming that there is a large number of horses in a state of decomposition, from which of course there would be very offensive effluvia, as far as the sense of smell is concerned," Dr. Snow does not believe there would be anything prejudicial to the health of the inhabitants around.

It must have been a source of great satisfaction to "the manufacturers whose interests are threatened by the Nuisances' Removal Act," to secure the assistance of any Medical man who would tell the Parliamentary Committee that measures necessary to protect the public health would not interfere with their useful trades. There are, however, two or three considerations which we think must tend to prevent this evidence from accomplishing the beneficial results for which it was given.

First of all, the learned Doctor is under the influence of a theory of his own, which necessarily unfits him for estimating at their proper value the facts which sustain the generally-received doctrine on the propagation of Cholera and other epidemics. His theory is thus expressed:—"I consider the cause of Cholera is always Cholera; that each case always depends on a previous one." How far this dogma can be reconciled with sound philosophy, with common sense, or with the known history of the epidemic, from its origin in Hindostan in 1817, it is not our province to inquire; we wish only to remark, that a man who has entrenched himself in such a position is not prepared to surrender to the force of testimony or even of his own observation. Simple facts are things of very little significance with eternal Series people, whose dogmas Dr. Snow has attempted to introduce into medical science. The propounder of this theory was the best witness to select in favour of filthy and disgusting trades, and necessarily the last man whose opinion should be taken as to the cause of an epidemic which his philosophy tells him is its own cause.

Again, it should be noticed that Dr. Snow had, previous to giving his evidence before the Committee, very earnestly directed his attention to the hypothesis, that Cholera is caused by something which passes from the mucous membrane of the alimentary canal of one patient to that of another, and that the *materies morbi*, being thus introduced rapidly, spreads and multiplies. This notion, if correct, would not necessarily give us the only method in which Cholera can be introduced and extended, and, as has been formerly observed, "it does not describe the 'something' which carries the Cholera from one person to another;" nor does it go to the origin of the epidemic *ab extra*, and so, confessedly, does not comprehend the whole subject. If Dr. Snow were quite correct in saying that water, into which the excreta of Cholera patients have found their way, is a medium by which it is extensively propagated, he would still have to guard against the error into which we are all in danger of falling—that of allowing one known scientific law to push out every other.

A non-medical member of the Parliamentary Committee, by an ingenious question, has afforded Dr. Snow an oppor-

tunity of discovering a fatal defect in his hypothesis, and one which we hope he has since had the good sense to improve. Mr. Langton asked, "Is it not possible that the same poisonous qualities which affect the water may be floating in the air?" "That (replies Dr. Snow) is possible; but I believe that the poison of Cholera is either swallowed in water, or got directly from some other person in the family or in the room; I believe it is quite an exception for it to be conveyed in the air; though, if the matter gets dry, it may be wafted a short distance."

It is not necessary that we should remind this intelligent witness that a scientific law admits of no exception, and that his own words show that the subtle poison of Cholera may be conveyed in the air as well as in water. He tells the Committee, that putrid fever and typhus hang about places where there are open sewers "sometimes," and that fatal effects are known to be produced "at the moment" by breathing air which is tainted by decomposing matter.

We have made the above remarks with considerable pain, because we at once admit Dr. Snow's great abilities, and the patience which he has exhibited in tracing the origin of epidemic diseases. But we cannot forbear regretting that Dr. Snow should, on hypothetical grounds, give evidence in favour of the continuance of what most Medical men regard as abominable nuisances, likely to prove detrimental to the public health.

THE LONDON SCHOOLS OF MEDICINE.

Can it be seriously considered necessary, as some of our friends have intimated to us, to write a formal vindication of the London School of Medicine and Surgery? Must we coolly analyse and refute the pettish and splenetic ebullitions of a Northern Professor, to which a contemporary has given currency? Is it necessary to show that London Surgery is not undergoing a process of retrograde metamorphosis—(we thank the gentle pedant who invented the term, and pray the reader duly to lengthen the ω)—that London Surgeons do not spitefully resist improved modes of operation, nor obstinately perform them in such a way as to make a "miserable travesty of Surgery that would be ludicrous if not so tragical?" Is it necessary to show that what is not badly called Conservative Surgery is not, so far as practised in London, a "claptrap,"—that the most eminent Surgeons in London are not habitually guilty of bad faith and bad practice,—that Sir B. Brodie, Cæsar Hawkins, Benjamin Travers, and Bransby Cooper, neither have, nor had, the unhappy trick of condemning simple polypi of the nose as malignant tumours;—and lastly, as the inference from all this, that it is not yet necessary for patients from all parts of the earth who really desire to get an accurate diagnosis of their complaints, and a reasonable chance of recovery, to travel three or four thousand miles, to visit Chiron at Modern Athens? Stay, however, we see one more chance for the poor sufferer. "There were *once*," says the clinical egotist, "good *provincial* Surgeons in England—Alanson of Liverpool, White of Manchester, Gooch of Norwich, Hey of Leeds, and Wilmer of Coventry;" and, indeed, there are several good provincial Surgeons now; but as for poor London! bigotry, blindness, stupidity, malice, claptrap, falsehood, and peculation are the chief qualifications of her Surgeons, who (worst crime of all) won't even learn when Mr. Syme is so willing to teach them.

Now, is it really necessary that we should gravely refute these ebullitions of wounded vanity, and diseased self-consequence? Ought we not rather to appeal to Mr. Syme's friends, if he has any, to take care of him, and prevent the hasty or ill-tempered words, which ought to be forgotten as soon as uttered from being converted by the printer into standing monuments of a most lamentable egotism? Ought Mr. Syme's friends—his colleagues, if he has no friends—to allow his surgical reputation, and the moral character of their school, to be marred by such a blot as has defaced it through the publication of these most unhappy clinical lectures?

Yet if we must,—and we as journalists are bound to cater for our readers, according to their appetites—we do not hesitate to accept the challenge on behalf of our Metropolitan brethren. But, first of all, we crave permission to say a very few words on the peculiarities of Metropolitan practice in general, and that of London in particular.

That there may be jealousies between the Practitioners of the Metropolis and those of the Provinces, it were absurd to deny; just as there are jealousies between the Practitioners of the larger and smaller country towns, and between these latter and those of villages. The causes of such feelings are easily made manifest, and we believe that the best way to mitigate, and even extinguish them altogether, is to analyse them with fairness and good temper, and to see how far they are the results of circumstances, and not of mere human infirmity.

Now it is undeniable that the larger the community, the greater will be the number of persons exercising the healing art. Out of the larger number, there will be, of course, a greater choice of men, possessing a greater diversity of faculties. Hence, although it would be very absurd and untrue to state that any Metropolitan Practitioner, as such, is better than any Provincial one, or that (except for one circumstance) the Metropolitan as a body are better than the Provincial as a body, yet certainly there is always a fair presumption that a better man *may* be found amongst the members of a large city, than the gentlemen who divide among them the practice of a smaller district; or, if not a better man *in toto*, yet perhaps one possessing in a highly-developed state, some one particular set of faculties, or the particular line of experience, in which these gentlemen, though perhaps better men on the whole, may happen to be accidentally deficient. Hence, there will be a constantly ascending scale of reference for consultation;—from the quiet village of Toller Porcorum to the market-town of Shaftesbury; from Shaftesbury to the county-town of Salisbury; and from Salisbury to London. Moreover, it is only in the larger communities that the ambitious men, who desire to shine as writers or teachers or to carry on original investigations, can resort to libraries and museums, and be conversant, like the Athenians of old, with the public discussions of societies, and enjoy the opportunity λέγειν τι κ'ακόυειν καινότερον, not to mention the wider field of practice and the readier access to emolument and distinction. Hence, a preponderance of men of talent in large cities; hence the attractions of London, which have sufficed to draw such men as Charles Bell, Liston, Fergusson, and Syme, even from the academic haunts of Edinburgh. So that, besides the advantages which Metropolitan Practitioners enjoy of having brought as it were into one focus, the greater variety of cases which have baffled their provincial brethren, they have likewise all the advantages which clever men acquire by intercourse with each other; their mistakes corrected, experience disseminated, liberality of feeling encouraged. And we believe that London Practitioners as a body are liberal, and inclined to give every man and every school its fair meed of praise: and, in any comparison of themselves with their Provincial brethren, they recollect, as they are bound to do, that they must not misjudge them because of their failures or mistakes; but must give them credit for the numberless successful cases which are not brought up for consultation, as well as for the few unsuccessful ones that are. The Consulting Practitioner has, in respect

of diagnosis, great advantages over those who have had the charge of the case beforehand. He sees it at a later period, when time has developed more prominent symptoms; and has the benefit—by the method of exclusion, of knowing, at least, what plan of treatment has failed. Having this vantage ground, we consider that any man is utterly deficient in the higher department of morals who does not make due allowances for the causes of error which may have misled others, or who attempts to raise his own reputation on the ruin of theirs. Any parade of the unsuccessful cases of others is a breach of confidence, and a violation of the courtesies due to the Profession as a whole.

So, then, there are diversities in the position and duties of the Metropolitan and Provincial Practitioner, which, if fairly looked at, not only do not forbid, but intensely demand the greatest conceivable mutual esteem and good feeling. For our own parts, we heartily respect and admire the first-class Provincial Practitioner. There is not so fine a specimen of the genus *homo*,—variety *Medical man*. All his faculties, physical and mental, are well developed; his experience is most abundant and diversified; day and night he must be prepared to meet any emergency in any conceivable professional department: *he* cannot say, "I do not treat that class of cases; go to Dr. ——, the Specialist;" but he must treat all cases, and do all operations: and right well he does them. For our own parts, if we had to undertake some long pilgrimage to New Zealand, or to the Crimea,

> "Sive per Syrtes iter æstuosas,
> Seu per inhospitalem Caucasum;"

and had power to choose any professional attendant or companion, we should select a thoroughly good General Practitioner from the country, even though, in some details of practice, he might be inferior to some Metropolitan Physician or Surgeon.

Heartily, then, do we concur in Mr. Syme's eulogy of the General Practitioners of England; and so long as Surgery flourishes, may the names of Gooch, Hey, White, Alanson, and Wilmer, not be forgotten. Yet we are bound to recollect that, after the time when, even in the hands of these gentlemen, Chirurgery was still, in principle, a handicraft, and not a science; when Benjamin Gooch advised his pupils always to have the "advice and assistance of the regular *Physician*," if it could be had; and when the Physician was summoned "to throw in the cortex," or administer any other internal medicine, there arose one John Hunter, a Scotsman by birth, who was attracted to London by the hope of fame or opportunity of emolument, and who matured in London those immortal labours, which from that day made Surgery a science. It was a London Surgeon, John Abernethy, who made familiar that which is even now scarcely enough received as an invariable truth—the "Constitutional Origin and Treatment of Local Disease." It was in London that Astley Cooper elaborated his capital works on Dislocations and Fractures, and on Hernia; that Aston Key acquired that admirable dexterity that made him the first of living operators. But we feel almost ashamed to have to write such a vindication. Is it necessary to show that London has produced, and does produce great men? Whilst we allow freely to every other place its due share of reputation—whilst we admit that Dublin shines in its great Midwifery School, in the labours of Stokes and Graves in physic, in Macartney's *opus magnum* on Inflammation, and in the improved treatment of aneurism; whilst we recognise the reputation of Bristol and Norwich for their successful lithotomists; whilst we admit the merits of the rising Provincial Schools in the great Northern cities, Manchester, Newcastle, Liverpool, Leeds; whilst we gratefully record the past and present celebrities of Edinburgh; whils we thankfully accept the contributions of the great Continental schools; the physiology, tenotomy, and alkaloids, which have been derived from Germany, and the auscultation and lithotrity from Paris; yet surely not even the most ignorant nor the most bigoted can require us to produce formal proof of the contributions of London to the highest departments of Medical Science. From the days when Harvey discovered the circulation, when Glisson, Wharton, Lower, Willis, Tyson, and other members of the London College of Physicians, made those investigations and discoveries which anatomists have marked indelibly in their nomenclature down to the present time, is it fair to say that London has not furnished a succession of men esteemed, not merely for their skill towards their patients, but for their integrity, good faith, and good feeling, when appealed to in consultations by their fellow Practitioners?

Be it observed, that London differs widely from most other great cities. It was the residence of the Court, the seat of law, government, commerce, and fashion; but, till within our generation, could not boast of being the seat of letters. No ancient University attracted students to its gates. It was not like many cities, where Universities, and Colleges, and Professorships, were endowed, and pupils came in consequence; on the contrary, it was the spontaneous afflux of pupils, eager to avail themselves of the practical opportunities which her charitable institutions afforded, and of the instruction which her esteemed Practitioners had accumulated, that caused Colleges to be appended to Hospitals, and invested the private lecturer with the dignity of public Professor.

But our space warns us that we must defer our consideration of the present advantages of the London Schools till next week.

THE WEEK.

We are happy to learn that Mr. T. O. Duke, late Medical Officer of the Lambeth Workhouse, against whom an action was brought by the Master of that establishment, has been presented by his friends with a purse containing a sum sufficient to defray all the law costs incurred at the trial. The particulars of this case are no doubt fresh in the memory of our readers, and we rejoice to find that Mr. Duke's humane treatment of the sick poor confided to his charge, has been recognized in the liberal manner in which his friends have come forward to indemnify him from pecuniary loss in a transaction which reflects only credit upon himself, and disgrace upon his persecutors. We learn that the sum subscribed was more than sufficient for the purpose intended, and that the remaining sum was spent in the purchase of a handsome Family Bible, which was presented to Mr. Duke, accompanied by an appropriate address.

One of the most astounding charges ever made was that which in the Central Criminal Court, on Wednesday last, resulted in the conviction of Sarah Sturgiss for the manslaughter of her illegitimate child. The indictment was for murder, and the evidence went to show, that the method of executing her purpose selected by the prisoner had been that by starvation. The verdict given proves that the Jury considered the charge borne out to a considerable extent. Now, under what circumstances does the reader suppose that this deed, so abhorrent to every human feeling, had been perpetrated? Death by starvation is a gradual thing, it will require a period of some days at least for its completion, and meanwhile there would be indications apparent to everyone of what was going on. It is not to be effected in the darkness of a night, or in an hour of planned seclusion. One would expect to hear of its being attempted only under the most peculiar circumstances—in a lone house, inhabited solely

by the wretch and the victim, or in some dark cellar to which no visitor had entrance. Not so, however, in the present instance; Sarah Sturgiss is accused of having planned, partially divulged, and finally executed her crime of protracted horrors in the "Mother's Ward" of an English workhouse, surrounded by fellow-inmates, under the care of an appointed Nurse, and liable to the inspection of a Matron, a Superintendent, and a visiting Surgeon! Not the least surprising part of the case is, that the charge is supported solely by the self-inculpating evidence of the officials concerned. It may be well for the present to forbear any comments, and to avoid even making the names more public than they already are. Some explanation, other than what came out at the trial, can surely be afforded.

A gentleman named R. H. Perrott, describing himself as a Surgeon in practice, and a "Doctor of Medicine at Guy's," figured in the police reports of Thursday, charged with being drunk, with furious driving, with cruelty to his horse, and an assault on a gentleman who remonstrated. As usual in these cases, the name is not to be found in our Directories. One of the qualifications claimed is, of course, a purely imaginary one.

The letter of M. R. C. S., in Thursday's *Times*, will excite feelings of disappointment and general indignation. The offer of the writer, although holding an Army appointment, to allow his name to be given to the Authorities, or to any one desiring to inquire further, is a guarantee that his complaints are well grounded. After all the revelations which have been made, the promises of improvement which have been extracted, and the ample means for their realization which have been allowed, the statements made by this gentleman are almost beyond belief. It would appear that the sufferers in the recent attack on the Malakoff were, during their first forty-eight hours of sojourn in the Camp Hospitals, all but destitute of necessaries. The attack was a pre-arranged one, yet the provisions made for the casualties sure to result seem to have been absolutely nil. All familiar with the present organization of the Medico-military department will be prepared to emphasize the complaints made by M. R. C. S. against "the system." It cannot be believed, however, that any system, however bad, would necessitate such results as those alluded to; and the case certainly constitutes one which claims the immediate attention of those in authority.

Rumours are getting abroad that it is intended greatly to increase the Hospital accommodation at Smyrna. Overjoyed with the circumstance that during a four months' trial there has been no clearing of the wards by Plague, nor, indeed, any very violent outbreak of epidemic disease; forgetful of the fact that the summer and autumn have yet to be tried; regardless of accumulated experience as to the unhealthiness of the place, the Government, it is asserted, are about to erect a large and expensive establishment, as additional to those already there. There were good reasons for choosing the Smyrna Hospital in the first instance, but there are none for now enlarging it. At the time it was selected the knowledge possessed by Government respecting suitable sites was not what it now is, (or, if it is not, ought to be,) and the necessity for a ready-constructed building, which was then urgent, does not now exist. Smyrna is too far from the seat of war; it is notoriously unhealthy; it is under a civil government so wretched, that it would appear that the greater part of the present Medical Staff have had a narrow escape of being kidnapped. It is to be earnestly hoped that the intention of extending its Hospital may be forthwith abandoned.

Much interest has been excited during the last fortnight in Medical circles in town by a man who has been visiting the different Hospitals, in whom a congenital cleft of the sternum allows of the exposure of the heart. The cleft is a longitudinal one extending down the length of the bone, and though when quiet the thoracic viscera are well protected, yet by throwing his arms back the man has the power of removing all bony covering from the heart and neighbouring parts. He has been examined by most of the men of note in Germany and in France, and, during his present visit to London by many of our own authorities. Respecting the heart's functions and their attendant phenomena nothing has as yet been added to our knowledge by the unusual facilities, for investigation, here afforded. The man is, however, well worth seeing, and those who have the opportunity for examining will do ill to let it pass. We understand that he intends shortly to visit Edinburgh and Dublin.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 1.—Shakspeare and Syphilis.

To the Editor of the Medical Times and Gazette.

Sir,—The following allusion to the constitutional symptoms of venereal disease occurs in Timon of Athens, Act. iv. Scene 3.

Timon addressing the whores bids them

> "Consumption sow
> In hollow bones of man; strike their sharp shins,
> And ma men's spurring. Crack the lawyer's voice
> That he may never more false title plead
> Nor sound his quillets shrilly: hoar the flamen
> That scolds against the quality of flesh
> And not believes himself; down with the nose
> Down with it flat; take the bridge quite away,
> .....; make curl'd pate ruffians bald."

We have here mentioned, 1st, the syphilitic cachexia; 2nd, nodes on the tibia; 3rd, sore throat and laryngitis; 4th, scaly eruptions; 5th, loss of nasal bones, and consequent falling in; 6th, loss of hair. The enumeration is a most remarkable evidence of Shakspere's universal knowledge, and I doubt extremely whether so full a one could be found in the works of any medical writer of the same age. Thinking that it might perhaps interest some of your readers, and having never hitherto seen the passage brought into the notice it deserves, I send it for insertion in your Notes and Queries.

I am, etc. M. D.

No. 2.—Cholera and the Jews.

Sir,—The immunity of the Jews from Cholera having been often and strongly asserted, I am induced to send you the following fact:—A Jewess, resident in Goodman's-fields, whom I am now attending, tells me that she lost her mother and two sisters from that disease, and that she has known of many instances, proving that her race enjoys no exemption from its ravages. My range of personal experience among Jews is not very large, but, from what I have learned in answer to questions, I am led to believe that the popular notion referred to is without any good foundation. I am, etc. L. A. C.

No 3.—The Kreuznach Waters.

An obstetric Physician presents his compliments to the Editor of the *Medical Times and Gazette*, and would be glad if he can give him information as to whether the bittern of the Kreuznach waters can be obtained in England; and if so, where?

No. 4.—Hernia in Infants.

Sir,—Would any of your experienced readers inform me how early it is usually advisable to let an infant with congenital hernia begin to wear a truss; also, what is the best means of mitigating the evil in the meanwhile? The question is a very simple one, and I should have been ashamed to trouble your columns with it, but that the matter is passed by in utter silence in all the surgical manuals on my shelves.

I am, etc. Secundum Artem.

REVIEWS.

Elements of Psychological Medicine: being an Introduction to the Practical Study of Insanity. By Daniel Noble, M.D., Visiting Physician to the Clifton-hall Retreat. Second Edition. Pp. 356. London. 1855.

When the first edition of this work appeared about two years since, we expressed a favourable opinion of its merits, and gave an analytical view of its contents. In the present edition, Dr. Noble has materially improved the book, which now assumes the form of a systematic treatise, instead of being, as it was originally, a series of lectures. In our former notice we thought that Dr. Noble might have advantageously extended his observations upon the questions of the Diagnosis, Prognosis, and Etiology of Insanity, and we are gratified to find that he has now done so, and that these important subjects are developed at considerable length in separate chapters. In discussing the causation of Insanity, Dr. Noble introduces many cogent arguments to prove that morbid elements in the blood may be concerned in producing derangement of the intellect, although this truth cannot be manifested by material evidences; and he justly attaches importance to many purely psychical agencies as causes of mental maladies. The treatment of Insanity, founded upon the principles of Etiology, Diagnosis, and Prognosis, previously laid down, is sound and judicious. It is divided into the Physical and the Moral Treatment; and, in relation to the former, Dr. Noble very justly insists that the duty of the Physician is not so much to prescribe drugs and depletion, which are not always, or even generally necessary, as to watch the moral phases of the patient's malady. The moral treatment, therefore, is justly considered as the more important of the two, and the observations upon this part of the subject are drawn from a large amount of personal experience combined with much judicious reading. We regret that our space prevents us from quoting at length the precepts laid down by Dr. Noble on this subject; and we feel, that in so important a malady as insanity, requiring such varied and often anomalous treatment, an attempt to give a brief sketch of remedial measures might tend to mislead. We can only state, that the important questions of restraint or non-restraint, of removal to an Asylum or remaining at home, of opposing delusions or of apparently yielding to them, and many other delicate and difficult problems in the treatment of insanity, are discussed by Dr. Noble with care, judgment, and impartiality.

We consider Dr. Noble's work as one of the best of its kind; it is free from prejudice and dogmatism; its precepts are drawn from an attentive observation and collation of facts, and its careful perusal must clear away many of the difficulties which necessarily present themselves to those who are called upon to treat the diseases of the mind.

Ninth Report of the Commissioners in Lunacy to the Lord Chancellor. Printed by order of the House of Commons. Pp. 79. 1855.

Among other commendable features in the Reports presented by the Commissioners in Lunacy, we cannot but allude to the urgency with which they constantly insist upon the necessity of giving paramount control to the Medical officers of Lunatic Asylums. In the present Report this recommendation is repeated in the strongest terms, and cases of mismanagement are recorded in certain instances, in which the absence of authority on the part of the Medical officer appears to have been attended with the worst results. But not only do the Commissioners advocate the principle of giving more authority to the Medical Superintendents, but they also insist very strongly upon the necessity of giving them adequate remuneration for the important and responsible duties which they are called upon to fulfil. The Commissioners, as in previous Reports, entirely object to the practice of sending Pauper Lunatics to private Asylums, and express a hope that the whole of these patients will, at no distant period, be placed in County Asylums.

Among the most important subjects treated in this Report, are the repeated recommendations of the Commissioners to the Governors of St. Luke's Hospital to improve the condition of that establishment, by divesting it of its present gloomy appearance, by providing objects of amusement for the patients, by allowing the inmates to take walks out of the building under certain necessary restrictions, and by removing altogether the present site of the Hospital. These recommendations, as we recently stated, have been only partially adopted.

Another circumstance deserving of notice is the investigation which was undertaken by the Commissioners into the management of the Norfolk County Asylum, in which, it will be recollected, Dr. Foote was shamefully ill-used, and from which he was at last expelled for attempting to introduce improvements into its internal management. The Commissioners condemn the present system pursued at that Asylum, in which, contrary to modern practice, the Medical Officer is subordinate to lay authorities, and in which he is miserably underpaid.

The Commissioners also remark, with just severity, upon the deficient accommodation afforded to Lunatic Soldiers at Fort Pitt, Chatham. It is represented that these unfortunate persons are placed in a part of the building which is "gloomy, damp, badly ventilated, poorly furnished, and in other respects very unfit for the reception and accommodation of lunatics." It appears that a recommendation to improve this place was made to the Government in 1853, but that no attention was paid to the remonstrance, and that at the next visit the Lunatic Department was found pretty much in the same state. The Commissioners, however, conclude this part of the Report by stating their belief that no further delays will take place, and that effective remedies will be applied to the defects indicated.

The Medical Profession in its Relations to Society and the State. An Oration delivered on the Eighty-second Anniversary of the Medical Society of London. By J. F. Clarke, Esq., late Vice-President of the Society. Pp. 24. London. 1855.

We have read Mr. Clarke's Oration with great pleasure. It contains an animated and vigorous exposure of the anomalous position in which our Profession stands at the present day; great in numbers, elevated in intellect, and second to no calling in public utility, it is deprived of its just share of consideration by the want of union within its own ranks. The various questions which now occupy the Medical world are discussed with great clearness, and altogether we consider Mr. Clarke's Oration as highly creditable both to himself and to the Medical Society of London, of which he is one of the oldest and most valued members.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE ABORTION OF THE VARIOLA PUSTULE.

[By Professor DELIOUX.

In this paper M. Delioux speaks strongly in favour of the early employment of abortive applications. Mercurial ointment should be freely smeared twice a-day over the whole face and upper part of the neck, its application to the latter part acting advantageously upon the accompanying inflammation of the pharynx or larynx. The old need not be washed off before the new is applied, and in this way a layer is kept constantly on. It must be continued until the eruption is found to consist of merely hard, dry, papular tumours. Salivation must be guarded against; but it must be distinguished from the increased secretion of saliva often met with in variola.

Although entertaining a high opinion of this application, the author has found patients object much to its use in consequence of its appearance, and its spoiling the linen; and for such he has during the last two years employed collodion with great success. The pain, some declare to be the consequence of its employment, he believes arises from its being used alone; but if Trousseau's Elastic Collodion be selected, all inconvenience is avoided. This is formed of collodion 30 parts, Venice turpentine 1½, and castor oil ½ a part. When applied at an early stage it imparts a sense of coolness to the part; but if the pustules are ulcerated it causes pain for a few minutes. The contraction produced by the drying of the collodion causes some uneasiness, but rarely any pain,

and the patient soon gets accustomed to it. Whenever any cracks in or detachment of the collodion are perceived, these must be repaired, and a new layer passed over the whole face—so that more or less collodion may require to be applied three or four times a-day. Perseverance is required, but the result is highly satisfactory; for, wherever the collodion has remained applied, the pustules become flattened and effaced, and the skin so regains its normal appearance that at the end of convalescence the existence of such an affection could not be suspected. Even, when from later application, and occasionally in early, abortion does not occur, the cicatrices are still far more favourable and superficial than they would have been had the eruption been left to itself. If a layer of pus collects under it the collodion should be pricked with a needle to allow of its being gently pressed out. In the Paris hospitals from 30 to 40 centigrammes of corrosive sublimate are added to every 30 grammes of the elastic collodion, and it is said with excellent results; but of this mixture M. Delioux has had no experience.—

Bulletin de Thérapeutique, Tome XLVIII. 287.

ON PULTACEOUS CHANCRE.

By M. ROBERT.

M. Robert observes that pseudo-membranous or diphtheric chancre is found in persons of quite opposite temperament and constitution. Some are robust, offering all the attributes of the sanguineous temperament, while others are weak and lymphatic, and of a chlorotic colour. In the first of these, the circumference of the chancre is red, and presents here and there turgescent prominences, from which, on the least touch, arterial-like blood gushes forth. In the others the sore is flabby, exhibiting only a few vesicular granulations, from which pale blood, as in the anæmic, escapes. In both, however, there is deposited a more or less thick and adherent pseudo-membrane, composed of the same elements, and soluble in ammonia. The deposition of this plastic substance may be explained by the supposition that there is a change in the normal proportions of the fibrin and globules of the blood. In the feeble such excess is relative, from a diminution in the quantity of globules, while in the robust the quantity of fibrin becomes absolutely greater.

Treatment must be directed against the radical cause of the deposition, and not to mere local effects. M. Robert has almost always found these membranes reproduced when their removal has been accomplished by caustic or other local means. The indication is to re-establish the equilibrium between the elements of the blood, and, if we only administer iron and tonics indiscriminately, although in one class of cases we may do great good, in the other we shall induce inflammatory gangrene. The excess of fibrin is best influenced by the employment of bicarbonate of soda, which may be given in doses of ʒjss per diem, the sore being dressed with a solution, containing ten per cent.—*L' Union Médicale.* No. 54.

ON EXCITING THE MOVEMENTS OF SPERMATOZOA.

By Dr. MOLESCHOTT.

In 1851, Dr. Moleschott employed the phosphate of soda with great success in exciting the movements of spermatozoa taken from oxen that had been slaughtered several hours. Since then he has been trying various experiments, to ascertain the effects of the phosphate as compared with other substances. The results are :—1. A solution of five per cent. of phosphate or carbonate of soda is the best, as by this the movements of the spermatozoa may be excited from two to four days after the death of the animal. 2. Chloride of sodium and sulphate of soda exert less influence. The first of these requires also more dilution, one per cent. being the best proportion. 3. The salts of potass are very inferior in this power to those of soda. 4. The same solutions which will excite movements of the spermatozoa taken from the ox, repress such movements in those of the rana esculenta.—*Wien Wochensehrift.* No. 18.

ON THE TREATMENT OF VARIOLA.

By M. PIORRY.

M. Piorry has read an elaborate essay to the *Académie* on "the treatment of the pathological conditions observed in variela," which led to a prolonged discussion upon medical doctrines in general, and M. Piorry's nomenclature in particular. Into this we shall not enter, but will extract from his paper all that has a practical bearing.

As we are quite ignorant of the nature or composition of the special virus of variola (variose), we have no specific for the preservation of those exposed to its influence, and abundance of aqueous drinks are all that can be prescribed; this constituting the proper medication in most cases of toxæmia, or alteration of the blood by poison, when we are unacquainted with agents fitted to destroy the deleterious substance. The use of such is encouraged by the results of recent experiments, showing that when variolous matter is diluted with milk, it produces effects analogous to those observed after vaccination. This is the treatment indicated also in combating the first effects of variose, viz., the production of an alteration in the blood (variosæmia) as evidenced by the general symptoms prior to the appearance of the eruption. If symptoms referable to the head or chest become very intense, bleeding may be required. The special phlegmon of the skin (variodermitis) is the first effect of variosæmia, and M. Piorry reviews the different means that have been employed to assure the *abortion* of the eruption on the face. After several years' experience he prefers the following :—Veal fat, purified beef marrow, and Cacao butter are mixed in equal parts, adding sometimes a little starch to increase the consistency. He has tried collodion, but finds it annoying to the patient. The pustules in the vicinity of the eyes and at the orifice of the nares must be separately cauterized with nitrate of silver. It is of great consequence to maintain the nasal aperture free, for when it is obstructed the respiration is embarrassed, and the patient keeps his mouth open. The secretions on the tongue become thickened and putrified, and the septic emanations, absorbed by the lungs, may exert an injurious effect upon the progress of the disease. During the early period of the eruption, and when the patient seems to snffer much, advantage results from placing him in a tepid bath, or applying wet compresses, protected by oiled silk. In M. Piorry's view, the pustules should be treated as small abscesses, and opened as soon as filled with pus. The painfulness of subjacent parts is allayed, and tumefaction diminished. After moistening the epidermis by a prolonged bath, the pustules should be ruptured by a rough towel; this not causing pain, provided it be delayed until the pustules have reached maturity. When the eruption is confluent, a turbid serosity replacing the pus, and the pustules being united together over a broad, unequal surface, covered by a thickened epidermis, a large blister should be applied. This causes an abundant effusion of serum that raises the epidermis, and favours the exhalation of the fluid the pustules contain. The blistering-plaister must be very soft, as it penetrates the epidermis with difficulty. The raw surface must be dressed as any other wound, and the pus removed as it forms. To prevent the formation of a mask, any crusts that exist must be well moistened with very soapy water, two hours sometimes being required to effect their detachment. Not only must this mask be prevented forming, owing to the discomfort and obstruction of respiration it causes; but after the cicatrization of the pustules, the crusts must be removed from all parts of the body by prolonged and repeated tepid baths. It is by these crusts, too, the disease is especially communicated, and if left on, they may continue to be detached for weeks, to the great danger of all touching the patient. Practitioners, after touching a small-pox patient, should always wash their hands in very soapy water before going to another.

The consecutive subcutaneous abscesses which sometimes form after the fall, or during the presence of the crusts, should be freely opened, and if there is much detachment around them, an iodine injection should be thrown in, or the thinned integument covering the abscess should be excised. The co-existent affection of the mouth and pharynx vary much in different cases, and is by no means proportionate to the condition of the skin. When severe, the movements of the tongue are impaired, deglutition is rendered difficult, and the saliva is enormously increased in quantity. Sometimes a portion of this, rendered spumous by the passage of air through it, penetrates into the larynx and bronchi, and induces asphyxia. Superficial cauterization night and morning constitutes the best treatment. The most alarming symptoms are induced by the affection of the laryngo-bronchial membrane. It shows itself in the form of minute, rounded, non-umbilicated pustules, from six to eight of which may occupy the cordæ vocales. The symptoms caused by this phlegmasia are not always violent or continuous, hoarseness of the voice being the most important. However slight the disease of the

skin may be, we must always expect a fatal termination when a, *hoarseness* that did not exist prior to the variola, comes on. Expectoration becomes difficult, and the frothy pharyngeal and laryngeal fluids unexpelled, lead to asphyxia. M. Piorry believes that tracheotomy should at once be resorted to as soon as the dyspnœa and difficulty of expectoration become considerable. The headache and stupor characterizing the cerebral affection at the commencement of variola, rarely continue after the eruption has appeared; but at a later period other symptoms, due to a consecutive encephalæmia, are observed. This arises from the eruption attacking the head and circumference of the orbits, and is analogous to the head-affection in facial erysipelas. These symptoms call for the abortion of the pustules, or their evacuation, if already filled with pus, and especially for blisters to the face and eye-lids. Bleeding is rarely advisable.—*Bulletin de l'Académie*, Tome XX. p. 478.

ON THE ELIMINATION OF FROST-BITTEN PARTS.

By M. BAUDENS.

As the result of his observation of the numerous examples of frost-bitten feet, he has had the opportunity of watching among the soldiers returned from the Crimea, M. Baudens arrives at the conclusions—The surgeon should abstain, and consign exclusively to the reparatory efforts of nature the care of eliminating the parts that have mortified, as a consequence of congelation. Nature traces the line of demarcation between the living and dead parts far better than the hand of the surgeon, and especially at the price of far less sacrifices. The rules of art indicate certain places of election for amputation that often entail the sacrifice of portion of limbs capable of preservation; but nature, essentially conservative, removes nothing but that which absolutely cannot live. The portion of bone to be eliminated becomes dry, black, and projecting. The soft parts which remain at its base swell, become covered with granulations, and gain upon the bone. This soon comes away of its own accord, whether separated in its continuity by the process of necrosis, or in its contiguity by the destruction of its connexions. After its fall a deep cavity remains, which is rapidly filled up with granulations, and the stump, thus well cushioned by the soft parts, is placed in the most favourable condition.

Gazette Médicale. No. 20.

PROVINCIAL CORRESPONDENCE

SCOTLAND.

Edinburgh, July 2, 1855.

The exhaustion of summer weather, and the general stagnation of all business consequent thereon, have rendered my communications less frequent of late; and one meeting of the

MEDICO-CHIRURGICAL SOCIETY

has occurred since my last communication, the proceedings at which have not been reported. It took place on the 6th ultimo. Dr. Broadbent, Resident House-Surgeon in the Edinburgh Hospital under Professor Syme, exhibited, at the request of that gentleman, a young man from one of the Hebrides, who had suffered for ten years from

TUBERCULAR LEPROSY.

Small raised points like pins'-heads, unaccompanied by pain, appeared first beneath the skin on the right thigh, at first single, afterwards confluent; from the right it extended to the left thigh, and thereafter to the arms and back of the legs. Eventually the face became affected, the nose thickened, the palate and fauces studded with tubercles, rendering the throat sore and deglutition painful. The patient had just been treated with some local mineral waters, and thereafter with iodide of iron internally, and the local external application of iodine, under which treatment the existing crops had diminished, but fresh ones appeared.

When admitted into the Hospital (Edinburgh), the following appearances were chiefly noted: general emaciation; front and lower parts of thigh covered with tubercles, less marked on arms, forearms, and legs; face large and distorted, as if by a number of fatty tumours; the skin exhibiting a dirty, cheesy colour, changing to blue in cold weather; nose flattened and enlarged; palate and fauces studded with tubercles; voice unchanged; pain on deglutition only when hot liquids are swallowed; remarkable absence of hair over the whole body (except on the scalp), almost none on the pubes; sexual desire not absent; urine natural; some nocturnal perspirations; no hereditary taint could be traced, the rest of the family were healthy, their circumstances were good, and their diet nutritious. He had never himself seen the disease in any other person. Mr. Syme prescribed 10 drops of Donovan's triple solution three times a day.

Dr. Otto Spiegelberg, at present on a visit to Professor Simpson, had seen several cases of the disease in Vienna. Professor Helva regarded a certain melancholy, or sorrow, as one of the earliest signs of the disease. The same gentleman had found whole villages in Norway and Sweden full of patients labouring under the disease. The Government had found it necessary to separate the infected. The only treatment adopted was, the administration of iron and a nutritious diet. All the patients he (Dr. Spiegelberg) had seen, died eventually from tubercular disease of the lungs.

Professor Simpson had seen the previous day a similar case—the first that had ever come under his notice. The lady was about 16 years of age, her father and mother were English; she had been born in Jamaica. This lady had passed some portion of her life in a convent in the Himalaya Mountains, but had never seen the disease there. In her case a symptom of leprosy, mentioned by Barnard Gordon, was present—the disappearance of the muscles between the thumb and forefinger. Professor Simpson showed that leprosy was evidently on the increase in several European countries. In Norway, with a population less than Scotland, 2000 were returned as labouring under leprosy. In Canada two hospitals had been opened for their reception. In Palestine leper villages were still to be seen. Dr. Simpson had little doubt of its contagious character in the early stages.

The remainder of the discussion turned on the question of the identity of the leprosy at present seen, with that described in Scripture.

The next paper, by Dr. Warburton Begbie, narrated the

TERMINATION OF A CASE OF RHEUMATISM AND CHOREA,

formerly submitted to the Society. The child had been affected with rheumatism and chorea in the summer of 1852, a severe attack of rheumatic fever having commenced on the 5th of June, 1852. No cardiac murmur could be detected till the 20th of July, when she was labouring under aggravated chorea. When examined on the 17th of November, 1852, she was found quite free from all nervous affection, but a murmur was distinctly heard over the whole cardiac region, most distinct towards the apex, and not propagated in the cervical vessels. Palpitation was at times severe. In the following spring, while growing, palpitation increased, and she became pale, but was relieved by iron and henbane. She went on tolerably well till August 1854, when she contracted a severe cold, which was followed by swelling of the feet. She came under regular treatment in October last. She had then considerable œdema of both feet and ankles, and slight puffiness of face. The action of the heart irregular. Pulse varied and irregular. Distinct murmur accompanying first sound, heard most distinctly at apex. She died on the 27th. Dissection revealed a considerable quantity of serum in the pleural left cavity. No trace of pericarditis. Heart large, more from dilatation of its cavities than from hypertrophy, though the walls of both ventricles, especially the left, were a little thickened. Aortic valves rough, centre one somewhat shortened. Mitral valves greatly thickened, and evidence of old fibrinous deposit. Both lungs œdematous, otherwise healthy. In remarking on the case Dr. Begbie showed the connexion which existed between the rheumatism and chorea. This case was one, among many others, which showed that rheumatic pericarditis was not, as Dr. Bright supposed, the affection with which chorea was most apt to be associated. He dwelt on the occurrence of the cardiac murmur simultaneously with the nervous affection, nor were we entitled to assume that the murmurs met with in choreaic patients are only anæmic, as Drs. Addison and Babington detected organic murmurs in many patients.

Dr. W. T. Gairdner next submitted to the Society two cases: one which had occurred to himself, the other to Dr. Kilgom, of Aberdeen, in which there had been established a

COMMUNICATION BETWEEN THE STOMACH AND COLON.

This seemed a rare occurrence, as Dr. Gairdner had only been able to meet with three other recorded cases of it. Dr. Gairdner was inclined to think that fæcal vomiting would be found in those cases in which the pyloric orifice was free, and in which the stomach was not overloaded by its own proper contents, while vomiting of food was to be expected under the opposite condition.

The same author then made some verbal remarks on

THE DIFFUSION OF CHOLERA IN THE REMOTER DISTRICTS OF SCOTLAND;

but, apparently, more with the view to request information from those who could give it, than to furnish it himself, as the information he had as yet collected was of the most meagre character. Thereafter the proceedings for the Session were closed by a short Address from the President.

OPHTHALMIC WARDS IN THE ROYAL INFIRMARY.

The Managers of the Infirmary having resolved to establish Ophthalmic Wards, several able candidates have offered themselves: among these, Mr. Walker, Dr. Hamilton, Dr. Benjamin Bell, and Mr. Struthers. The first two of these gentlemen have long confined themselves exclusively to oculistic practice, the third has made it a special object of study, while Mr. Struthers, who is the Lecturer on Anatomy at the College of Surgeons' Medical School, has for some time lectured on the Surgery of the eye. At present he holds the appointment of one of the Surgeons to the Infirmary, which, by an absurd regulation of the managers, is incompatible with attendance on the ophthalmic wards, so that, in order to become a candidate for the new appointment, it will be necessary for him to resign that which he already holds. This reference to our great Medical Institution reminds me of certain ridiculous proceedings in regard to

CLINICAL TEACHING IN THE ROYAL INFIRMARY.

In the University there is no special Clinical Professor, but four of the Medical Professors take charge in turn of the Clinical Wards, and lecture on Clinical Medicine. One of the other Physicians is also entitled to lecture in connexion with the Extra-Academical School, and usually this duty has been discharged by the Senior Physician. An arrangement has, however, been made, by which the two Physicians senior to himself have allowed Dr. M. T. Gairdner to deliver the course next winter. This has had a painful effect on the too sensitive Professor of Physiology, who seems to consider himself, *par excellence*, THE Professor of Clinical Medicine, and has excited no little amusement by his somewhat peculiar efforts in order to prevent the carrying out of the arrangement.

DINNER TO DR. SELLER.

The old associates of Dr. Seller in the management of the *Edinburgh Medical Journal*, now conjoined with the *Monthly*, are busily employed getting up a dinner to him, which, we understand, is very popular with the Profession at large.

SCOTTISH CURATIVE MESMERIC ASSOCIATION.

As we have hitherto done no small disservice to this incarnation of quackery and vulgar imposture, by duly chronicling its proceedings, we this week present your readers with a specimen of the tomfoolery in which this would-be scientific association, headed by the University Professor of Chemistry, indulges. We take the extract from one of the Edinburgh newspapers, in which it has evidently been inserted by authority:—

"SCOTTISH CURATIVE MESMERIC ASSOCIATION.

"The friends of Curative Mesmerism held a social meeting last evening, in the Calton Convening Hall. In the absence of Professor Gregory, from indisposition, Andrew Stein, Esq., W.S., occupied the chair. After tea, the chairman congratulated the association on the encouraging hopes which the present position of curative mesmerism was calculated to inspire. Mr. Jackson followed, and remarked that this was the first time that mesmerism appeared to be in a fair way of leaving the recesses of learned castes, and becoming the possession of the people at large. Messrs. Davey and Jackson then instituted a number of experiments on various persons in the mesmeric condition. Mr. Alex. John Ellis, B.A., made some observations on the practical character of the association, and contended that it would be as absurd to reject the electric telegraph because we were ignorant of the fundamental laws of its operation, as to reject curative mesmerism because we had not yet discovered the laws which regulate it. A variety of musical pieces were sung during the evening by a party under the direction of Mr. George Dowie, and the meeting separated shortly after ten o'clock."

GENERAL CORRESPONDENCE.

PORRIGO *v.* ECZEMA.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have inclosed for your perusal a few cases which have come under my observation, also the deductions which I have made in reference to the diseases commented on. In the Nursery to which I was attached for some time, I had a wide field for experiment, having from one hundred to one hundred and fifty children under my charge. The cases are inclosed; if you consider them worthy of a place in your Journal, they are at your service to publish. I am, etc.

BENJAMIN GODFREY, M.D., M.R.C.S.L., etc.
Late Surgeon to the Enfield Nursery.

Carlton-house, Enfield.

In the treatment of various diseases of the skin of children, the Practitioner is never more puzzled than he is with the above disorders. Eczema and porrigo simulate each other, and often render the diagnosis difficult, and the treatment uncertain. It is not my intention to define the exact outward appearances which these diseases present, for that is ably described by many of our medical writers. It is absolutely necessary for us to arrive at the right conclusion, whether porrigo or eczema exists in the patient we may have to examine; for the two diseases require entirely different treatment. Porrigo is to be cured by outward remedies; eczema by internal.

Porrigo of the scalp, or porrigo favosa, is supposed to be the product of direct or indirect contagion. I have seen it develop itself without the slightest trace of contagion. I have seen the scratch of a cat produce a porrigo; a latch of a door, or a burn produce the same, in fact any irritant applied to the surface of an enfeebled child, will call out the pustulæ tendency of the system, and produce porrigo.

Several cases have come under my care where purulent scabies has caused porrigo; one case in particular I will mention. A child had scabies on the legs, hands, and stomach, it scratched the irritated pustules, and then rubbed its head,—porrigo was the result. Some years ago, I had a child under my care, who had fallen on the fire; a slight burn on the arm was the result; this speedily healed, and a porrigo appeared on the scalp. A child had a fall, and bruised its leg, a slight purulent discharge occurred, some of the matter was conveyed to the nose, and the head probably scratched,—a porrigo on the head and nose was produced. In these cases it really was no coincidence, but, I believe, absolute contact of matter from the wound to the head, and thus producing disease. How often have Medical men seen vaccination produce porrigo; many, to their cost, have been unjustly blamed for using supposed diseased matter, whereas the cause was in the child, conveying matter from part to part. Another case I might mention. A child had herpes labialis; the child was seen by its parents to pick its lip repeatedly, and then scratch its head,—in a week from that time porrigo was produced; this porrigo certainly had more the appearance of porrigo-impetiginoides, of some writers, but, nevertheless, true porrigo. It may not be out of place if I should cursorily endeavour to delineate the outlines of the two diseases.

Porrigo first makes its appearance by a slight redness on the skin, which increases day by day until, in the course of a few days, a distinct pustule, or cluster of pustules, makes its appearance. They are small white or yellow umbilicated elevations, which discharge a thick purulent fluid, which speedily concretes, and forms a crust.

Eczema, in the first stage, resembles porrigo in its general appearance, but unlike porrigo, it appears often in a night,

generally in a day or two at most, and then discharges a thin serous fluid, not so quickly coagulating, but more irritating. The colour of the elevation does not guide us in the diagnosis. Often the matter of eczema is as yellow as that of porrigo. In eczma the vesicles appear as if they had just arisen from the surface, acuminated and glistening.

Porrigo is to be cured by external remedies.—In the first stage no ointment is so good as the simple mercurial ointment. In the second stage, where inflammation is less and a scab has formed, the crust is to be removed with a quill or a paper-knife, and the nitrate of mercury ointment applied to the raw surface night and morning. It is in vain to apply any unguent to the incrustation, for that would be in vain; every particle must be removed, before any remedy can be applied.

Internally.—Cod-liver oil three times a-day, and a simple rhubarb powder once or twice a-week. A simple rhubarb powder should always be given before cod-liver oil is administered, as it prepares the stomach to receive it kindly.

Eczema is to be cured by internal remedies. The unguents used for the cure of porrigo are not only useless, but injurious. They irritate, and often cause excessive pain. Iron is the remedy which in no case have I ever found fail. The tincture of muriate of iron from ten to twenty minims three times a-day, according to the age of the child, is the best preparation for this disease. The affected part should be daily washed with oatmeal gruel, and occasionally a little powdered starch with oxide of zinc will aid the cure. Many cases I have cured without any external application, thus proving it to be a constitutional disease only to be eradicated by medicine. I had a child under my care, covered with eczema. Its back, thigh, arm, legs, and head presented a very pitiable sight. The morbid cuticle dried up and fell off, the secretion formed large scabs, the under surface was entirely raw. I placed this child, aged 4 years, under the influence of the iron, and in a few weeks the child was perfectly cured. Another case I saw some ten months ago. A little boy, aged 3 years, a strumous, delicate-looking child, had been under treatment for porrigo for two years. He had ointments of all colours and kinds applied by different Practitioners, but all of no avail. His head was literally encased with dried crust and morbid cuticle. On removing a small portion of the crust, the skin appeared red, painful, and irritated, which at once decided it to be eczema. When porrigo has gone on so far as this case, generally, on removing the crust, the skin underneath is healed. I immediately gave the child ten minims of the tincture of muriate of iron four times a-day, preceded by a little rhubarb and magnesia at bed-time, and repeated once or twice a week. In two weeks the child's head was cured. In a few months the hair had grown quite luxuriantly and natural in colour. In this case no ointment was used. I have tried several cases for experiment, and all the cases of eczema I have cured by the internal administration of iron. There are several other diseases of the skin which are benefited by iron. I have found almost all vesicular eruptions disappear under its continued use, whether it has been from its beneficial action in restoring the general health of the frame, or whether it has a specific action on that class of disease, I cannot say.

[We are inclined to think that the porrigo described by our correspondent is really impetigo of the scalp.—*Ed. Medical Times and Gazette.*]

ON THE NATURE AND TREATMENT OF CHOREA.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am glad to see that the subject of Chorea is attracting attention in the columns of your paper, as it is one deserving the highest consideration, not only on account of its importance *per se*, but also because the solution of the difficulties attending it promises to throw much light upon other collateral branches of medicine. I have for some time been looking out in the hope of meeting with some comprehensive views on the nature and treatment of this disease from those whose extensive hospital experience must assuredly have supplied them with sufficient data, more especially since the information on the subject which is contained in the ordinary works at one's command is so fragmentary, and in many respects unsatisfactory. For my own part, from the little that I have seen of its treatment, I am not over-sanguine that chorea, which for so long a time has been the very stalking-horse of empiricism, will readily receive that rational consideration which it deserves, inasmuch as the tendency of the human mind to seek tangible objects upon which to pin its faith, rather than to take the trouble to arrive at a philosophical conception as to the causation of phenomena by accurate generalization, is in no respect better indicated than by the notices which periodically make their appearance in the public journals of "cures" effected upon choreic patients by this or that new remedy. I do not know whether your Correspondent, Mr. Lambert, claims especial credit for the novelty of his opinion, that "chorea is neither to be referred to the brain nor to the spinal cord, but is a blood disease, and occurring not unfrequently as a sequel of rheumatism;" but if he does, I can inform him that he has been long anticipated by Dr. Begbie, whose views on the subject have been generally accepted by the Profession. From the way in which Mr. Lambert puts his dogma, it would appear that he believes that chorea is no more an affection of the nervous than it is of the osseous system, but essentially confined, both as to its pathology and effects, to the blood. If this is his opinion, I think he is wrong. I am not sure whether the following explanation of the etiology of chorea comes from Dr. Begbie or not, as I have not his pamphlet at hand to refer to, but it seems so probable that, until a better is found, I think we cannot do otherwise than accept it: viz., that the frequent occurrence of chorea as a sequel to rheumatism is dependent upon the presence of uric acid or some kindred compound in the blood, which, acting as an irritant upon an otherwise excitable nervous system sets up the functional disturbance to which we give the name chorea; much in the same way as the other causes of the disease, such as worms, etc. are generally supposed to act. And here comes in the very interesting question, of how the malady originates in those patients in whom no other cause for its production can be traced than a general pre-existing dyscrasia? For my own part, I cannot help thinking that a similar explanation holds good here also. We cannot deny, that in most of the cases in which this impoverished state of the blood exists, it must be attended with some irritant qualities foreign to its normal condition, and either resulting from changes in its quantity or quality, or both; witness the undoubted frequency of anæmia as a cause of neuralgia, the anæmic bruit, and other phenomena of a similar character. Here, then, we have one element, which, however, will not by itself give rise to chorea; the other is to be sought for in a habit naturally predisposed to nervous excitability, and which the subjects of this disease give most satisfactory independent evidences of possessing, with shyness and shrinking eye, which so emphatically stamps their nervousness of temperament. Nothing is so well established as that chorea is an anæmic and asthenic disease in the great majority of cases; children who have been half starved, nurse girls who have been overworked, and rheumatic patients, whose constitution has been lowered by the exhaustion of disease and the effects of medicine, forming the staple of the cases which come under our consideration. Here, then, is the secret of the carbonate of iron treatment (which, by the way, I see Dr. Cookworthy seems to have employed for the last quarter of a century, and for which, if he did it upon scientific principles he deserves much credit), the beneficial results of the cold bath, and, above all, of a regulated diet and an improved atmosphere, of which, in recording our 'cures,' we must never forget the paramount importance.

But in attributing chorea to rheumatism, as a frequent cause, it must not be forgotten that there are others of constant occurrence; for it is to be feared that now the correlation of rheumatism and chorea is satisfactorily established, the world may ride the hobby to death, as they appear likely to do the utility of cod-liver-oil, *à propos* of which, I have not seen any "cures" effected by its agency, though it would seem to promise well in some cases.

I also, like your other correspondents, have noticed the prevalence of chorea during the past winter in our Hospital, to account for which I thought that it might be owing to the known privation from which the labouring classes have suffered during the last six months, and perhaps also, to a slight extent, to the extreme cold of the season. Chorea, as far as my experience goes, is by no means an infrequent disease in Birmingham, judging from our Hospital statistics, as also is its twin-sister, rheumatism.

There is one point, in conclusion, upon which I should like to hear the opinion of some of our readers, viz. as to the communicability of chorea by imitation. Dr. T. Thompson, upon the authority of Blache at the Hôpital des Enfans, asserts that imitation will not produce it; whilst Dr. Watson, with whom, I believe, are the majority of Medical authorities, asserts that it will.

I have noticed, with Mr. Lambert, that a mitral murmur accompanying chorea, and which was apparently chronic, was reduced to a minimum under a protracted course of tonics and the cold shower-bath. Upon the remainder of his paper I have no other remarks to make, except that it would have been more valuable had he given us some statistical information on the subject, as amongst the "aids to development" in the study of Medicine, numerical data are by no means the least important.

I am, etc.

Francis T. Bond, B.A.

Queen's College, Birmingham, May 19, 1855.

CASE OF INTUS-SUSCEPTIO.

[To the Editor of the Medical Times and Gazette.]

Sir,—Should you think the following case sufficiently interesting, its insertion in your valuable Journal will oblige me.

It is briefly as follows:—I was requested to visit Jane A., aged 12, on the evening of April 29th, 1855. She complained of great pain in the right side a little below the ribs. There was evident enlargement, about the size of a goose's egg, which gave severe pain upon pressure, and was attributed to carrying a heavy basket of potatoes, which pressed much upon the side. She suffered, also, severely from vomiting, chiefly the food she had taken.

Leeches were ordered, to be followed by a large poultice, with small doses of calomel and opium, which gave partial relief.

Other medicine of a laxative nature was given to her, but this she repeatedly vomited—and, indeed, almost everything was rejected; and in consequence I left off giving medicine, as it only seemed to aggravate the disease. On the 3rd or 4th of May vomiting of fæculent matter commenced, which continued almost daily until the 17th.

The bowels were much distended, painful, and tympanitic. A large blister was applied, and occasionally turpentine, outwardly and by injection.

Injections of soap and water were used two or three times a day, with warm applications over the bowels; and on the morning of the 9th of May a portion of the ileum, about 12 inches in length, was passed per anum. For two or three days after this she was comparatively easy. Had no vomiting. Bowels acted naturally, but considerable difficulty in making water. Pulse 112. Tongue moist,

14th.—Slight vomiting of fæculent matter. Bowels freely moved by injection. Slept tolerably well.

15th.—No vomiting. Restless in the night. Bowels slightly moved by injection. Passed water more freely, and was much relieved. Pulse 114. Bowels still large and painful. Poultices were almost daily applied.

16th.—No vomiting; otherwise much as yesterday.

17th.—Vomited a large quantity of fæculent matter last evening; afterwards passed a good night. Water more copious, very weak. The food entirely of a farinaceous character.

18th.—Vomited again last evening. Passed a quiet night. Tongue moist. Pulse 120.

19th.—No vomiting. Bowels twice naturally moved. Pulse 104.

21st.—Continues to improve.

24th.—No vomiting since the 17th. Used an injection occasionally. Pulse gradually coming down.

June 1st.—Doing well. No bad symptoms.

14th.—Quite recovered. Bowels act naturally. Her health is better now than it has been for some years. Her appetite is very good, but still restricted chiefly to farinaceous diet, and occasionally a little beef-tea.

It appears that at the age of 2 years she had symptoms of marasmus, and continued in a very weak state of health for three or four years. Since that time she frequently complained of pain in her bowels, followed occasionally by severe purging, usually in the spring of the year.

Such is a brief outline of the case. No doubt, in the first instance, it had been one of intus-susceptio, but Nature had exerted her wonderful restorative powers, and satisfactorily completed what the ingenuity of man would fail to do.

I am, etc.

Newcastle-upon-Tyne, June 20th, 1855. John Sang.

ON THE IN-GROWING TOE-NAIL.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have, in the last year or two, read so many letters in the *Medical Times*, and other journals, on the subject of "the ingrowing toe-nail," proposing a variety of painful operative procedures, such as removal of part of the nail, cutting off the overhanging edge of skin, cauterizing the fungous growth, as it is called, etc.; and I have seen so many patients who have suffered under this troublesome complaint for months, and even years, in spite of their having been subjected to much torture, under the hands of good, even most eminent Surgeons, that I think it right to bring before your readers a simple and effectual remedy. It is nothing more than a piece of silver, rolled out sufficiently thin to admit of being bent to the required shape, yet sufficiently firm to bear moderate pressure. This should be nearly the length of the nail, from a quarter to half-an-inch wide, and bent into somewhat of an S shape, or rather thus, . The lower end (*b*) is, with the aid of a pair of forceps, to be carried down between the overhanging ulcerated skin and the nail, and hooked under the rough edge of the latter. The upper end (*a*) is then carried outwards, and secured in that position by a strip of plaster, and a bandage round the toe. By this means, the inverted edge of the nail and the skin are effectually kept from one another, and pressed in opposite directions. The nail is a little elevated, and the "fungous growth" very soon shrinks under the pressure of the metal, and assumes a healing aspect. Often, when the silver is well adjusted, the patient is able to walk about with comparative ease immediately afterwards. I do not interfere with it for several days, when a marked improvement is usually found to have taken place. The silver is readjusted with greater ease, and allowed to remain a longer time. Gradually the ulcer heals, and the nail grows up in more natural shape and appearance. It is well, however, to continue the use of the silver for some time; and, after the sore has quite healed, it is well to insert a piece of lint, or a small flat piece of silver, under the edge of the nail, to prevent the tender cicatrix being fretted by it, and to keep down the skin. The patient should be directed to avoid tight shoes, and not to cut the corner of the nail low down. In some bad cases, it has been necessary to keep the patient quiet, or in bed, for a short time; and, in a few, to prepare the way for the silver by the introduction of a piece of lint, secured by a strip of plaster.

There may be nothing novel in the plan here recommended, but it certainly is not known and adopted so generally as it deserves to be. It suggested itself to me when reflecting upon the nature and causes of the complaint, and endeavouring to find some better means of treatment for this very painful and annoying malady than those I had seen employed, feeling certain that the removal of the side of the nail, or any portion of it, which is usually done, must be wrong, for the simple reason that the skin soon occupies the vacancy so caused, and is most likely to be again fretted by the nail growing up into its former place. Since I adopted the above plan, some years ago, I have found little difficulty in the treatment of these cases, have instructed some patients to carry out their own cure, and have not failed in a single instance. The size and exact shape of the piece of silver must, of course, be regulated according to the case, and a little nicety of manipulation is required to insinuate it between the ulcerating skin and the nail, and hook it under the edge of the latter, without inflicting much pain in the exquisitely tender state of the part.

I am, etc. G. M. Humphry.

Cambridge, June 27, 1855.

REMARKS ON THE PRESENT VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Though complaints are occasionally made by "Authorized Vaccinators" as to some of the clauses contained in

the Act, Medical Practitioners, holding no Vaccine appointment, are in reality the only parties seriously aggrieved by it.

As the law now stands, one of two evils is left to the choice of those who are thus situated, and it must not be forgotten that they constitute a large majority of the Profession. They must, in many instances, either vaccinate gratuitously, filling up the required certificates without any remuneration, or resign their patients into the hands of "the authorized Vaccinators." In the latter case, not only are they deprived of the Vaccination fee, but have the additional mortification of witnessing the introduction of an opponent into this portion of their practice, and are eventually compelled, through the medium of the poor-rate, to contribute to the emolument of those by whom they are supplanted.

By this arrangement the interests of the Surgeons connected with the unions appear to have been almost exclusively consulted. Is it to the Poor-Law Commissioners that we are indebted for this ingenious device of taxing the Profession in general for the benefit of their own officers?

Such conduct is the more objectionable, because the intentions of the Act would have been better secured by a regard to the principles of justice and equity. Had every qualified Practitioner possessed a legal claim to be included in the Union list of authorized Vaccinators, it would have secured the co-operation of a numerous class, whose feelings are now opposed to the Act, as a wanton invasion of their rights, without even the questionable plea of expediency to justify the proceeding.

Had the above plan been adopted, the numbers vaccinated would have been more equally distributed among the members of the Profession, who would, in consequence, have felt more interested in carrying out the intentions of the Act. They would have co-operated in keeping up a supply of lymph, and this, with occasional applications to our large vaccine institutions, would probably have been found adequate to the wants of the public.

There are considerations of equity and justice to which even the claims of Vaccination are subordinate. Every benefit that can accrue from compulsory Vaccination may surely be secured without engendering a spirit of pauperism, or infringing on the rights of property in the person of the Medical Practitioner.

Some alterations must shortly be made in this exceptionable act, and that portion of it which places the appointment of "authorized Vaccinators" at the disposal of the Poor-Law Guardians, is one of the first that calls for amendment.

Yours, etc. A Surgeon.

TUBERCLES IN THE BRAIN.

[To the Editor of the Medical Times and Gazette.]

Sir,—At page 607 of your number for the 16th of June, a case of "Tubercles in the Brain" is related by Dr. Moriarty, of Dieppe. I must give my share of praise to the worthy Doctor for the manner in which he has given the history of the case; and I am willing to admit its value as far as it goes.

There are two points on which I would take leave to make a remark:—Dr. Moriarty must not think me severe if I draw his attention, in the first place, to the loss of time always occasioned by trusting for any period, I care not how short it may be, to a "*système expectant*." Educated, as your correspondent no doubt was, in Dublin and Edinburgh, will he tell us where he learned to forget his unmistakable duty to his patient? I do not, for one moment, mean to say that the little fellow's life could have been saved; but I do say, it is surely not the practice in those schools to leave a blood-disease to the mercies of the French school.

And now for my last point:—I only assume to myself, after thirty years' experience, the liberty of pointing out to Dr. Moriarty, that although beef and mutton, milk and eggs, are very dear in England at present, such is not the case in his adopted country.

Let him, therefore, teach the mothers of France, that the *régime* for scrofulous children in all countries is to consist of those four substances. No further treatment will be required. They who love their offspring, and would see them reared in health, and strength of body and mind, will be guided to this practice by his knowledge and by his foresight.—I am, etc.

Hastings, June 30, 1855. J. Steavenson, L.R.C.P.

"NAVAL MEDICAL REFORM ASSOCIATION."

[To the Editor of the Medical Times and Gazette.]

Sir,—Perusing your valuable Journal of the 23rd instant, I was struck with an advertisement headed as above, and signed by the "General Honorary Secretary," in which "thanks" are returned to the members of the Profession who have, in 26 (!!) cities and towns in the United Kingdom, taken an interest in this important movement. Only twenty-six!—shame, shame on my Professional brethren!—and amongst these only two in Ireland, viz., "Limerick and Sligo." What has become of the old reforming spirit which some years ago existed in the large county and city of Cork? In both, whenever an injustice was done or about to be done, to any section of the Profession, the highly respectable body of Practitioners in county and city at once met it with a bold front, and by petitions to the legislature, remonstrances with the Executive, and influence with members of parliament, not only sought to prevent, but succeeded in removing that injustice. I still hope to see Cork city and county come forward as they should, and insist on our Naval brethren being accorded that rank which by right they ought to possess, on board Her Most Gracious Majesty's ships. I am, etc.

County Cork, June 28, 1855. An Old Practitioner.

POOR-LAW SURGEONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As you are always willing to take up the cudgels in favour of that shamefully-treated class of men called "Poor-law Union Surgeons," I am induced to hope that the following facts may be of sufficient importance to call forth some indignant comments in the pages of your valuable Journal on the inhuman conduct of a Board of Guardians in this neighbourhood.

A Surgeon residing in this town has for a period extending over three years held the appointment as Medical officer to a district of the Eastbourne Union (Mr. Midhurst, Sussex), and might have renewed such appointment previously to the 24th inst., the Board of Guardians having requested him to continue to give his valuable services as Medical officer at the same rate of salary as before. Now, Sir, this said salary was barely sufficient for the keep of two horses which were actually required for the working of the district. Consequently the offer of the Board of Guardians was declined; and no Medical officer having as yet been appointed, the paupers of the district have no Medical attendant, and although several parties have made application to the Relieving officer for Medical attendance, no Medical man has even been requested to see them, so that, let their diseases be of a trifling or serious nature, the poor creatures are left to combat with such diseases as best they can, in fact, to die for want of proper attendance, because such worthies as compose this Board of Guardians will not remunerate a Medical man for doing his duty. In case of death under these circumstances, in what light, Mr. Editor, would this falsely-called Board of Guardians stand with respect to a coroner's jury? I am, etc.

A. M. and A Constant Reader.

Haslemere, June 27th, 1855.

[Our correspondent has sent us his own name and that of the gentleman who has been so shamefully ill-treated. No comments are necessary upon the brutal indifference shown by these Guardians to the sufferings of the poor. Are the Poor-law Board aware of the facts?—Ed. *Medical Times and Gazette.*]

THE AZTEC LILLIPUTIANS?—PARTIAL IDIOTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Accompanied by an intelligent Medical friend I paid a visit to see the boy and girl called Aztecs, exhibiting at the Pavilion in our town, and immediately I perceived them to be partial idiots. From their physiognomy, colour, and hair, I refer them to that district of the Brazils called Rio Grande, being, probably, a cross with some Portuguese sailor. They do not seem to have any African element.

But it matters little for my purpose whether the above is the fact or not, for I would rather call attention to their mental status, which classes them with congenital cases of

partial idiocy; although they may be a connate variety of some inferior race of people.

1st. Their brains, even when we take into consideration their height, are much below the normal standard. In their printed bill the proprietor gives, on the authority of Professor Owen, the following measurement of their heads:—

Circumference of the boy's head, 13 inches 3 lines.
" " girl's " 13 " 4 "

The accuracy of this measurement I confirmed by an inch-tape measure, applied to the heads of both individuals. I also took the relative height of both their heads.

From meatus auditorius externus on one side, to the meatus on the other, gave the following results:—

Boy . . . . . 10 inches.
Girl . . . . . 10½ "

So that it would seem, on phrenological data, that the girl's organization is morally superior to the boy's, and this was evidently the case to all observers.

Taking ordinary low organizations, we find that the circumference of the head averages from 19 to 20 inches, and from ear to ear, from 13 to 14 inches. These averages will be similar in normal minds irrespective of height (a).

In classing the Aztecs with partial idiots I do so from the following facts:—

The anterior lobes, the seat of the intellectual faculties, are very small, the upper convolutions (the reflective group of phrenologists) being absent. And as in the cases of the partial idiot, their perceptive faculties are sufficiently developed to render them capable of being taught many things—particularly ordinary objects and the elements of language, which could be done by means of object-lessons, as their temperament gives them great activity, being nervo-bilious. Many of the company considered that they were not of a purely human extract, but they are so to all intents and purposes. To prove this, I examined their mouths, and was satisfied that the above opinion as to their non-humanity was altogether gratuitous. Their teeth, in form, number (so far as their age is concerned), and the position of these organs, are decidedly those of the human family, having a decided difference from those of the simiæ. Nor should they be considered as allied to the negro race, the os calcis not being elongated as it is in the African people. Finally, by the number of teeth in the mouth of the boy, I should not deem him more than twelve, or, at the most, thirteen years old; so that if we take his and the girl's height (who is spoken of as some years younger), there would be insufficient data to consider them as belonging to a puny or Liliputian race. They must be regarded as partial idiots; and what is to our purpose, many similar stunted beings may be found among the ill-fed population, in short-work times, among the children of the weavers in our manufacturing districts.—I am, etc. J. L. Levison.

14, Devonshire-place, Brighton, June 26, 1855.

REPORTS OF SOCIETIES.

NORTH LONDON MEDICAL SOCIETY.

May 23, 1855.

Dr. Hare in the Chair.

Mr. Filliter read a paper on

PERITONITIS AND OBSTRUCTION FROM STRICTURE AT THE SIGMOID FLEXURE WITH EXTENSIVE ULCERATION OF THE COLON.

A female, aged 42, of intemperate habits, was seized twenty-two days before death with pain in the abdomen, near the navel, followed in four days by vomiting, obstinate constipation, tympanitic distension, and peritonitis, the seat of tenderness being chiefly in the left iliac region; admitted into the Marylebone Infirmary the following day, May 5th.

The peritonitis, under appropriate treatment, had nearly subsided by the 13th day, when the patient passed two stools, containing solid masses of fæces, evidently from above the seat of obstruction, with diminution of pain and distension; frequent discharges, of a dysenteric character, followed. Means were then employed to procure further fæcal evacuations, but without success; the abdomen became more distended, notwithstanding the continuance of the discharges above described, and severe colicky pains ensued; exhaustion gradually supervened, and on the 20th day stercoraceous vomiting set in, and at the same time, fluid fæcal matter appeared in the sanious discharges; the latter became more copious, and continued till death, which took place two days afterwards on May 22nd. The history disclosed merely a slight attack of constipation, with pain, two months previous, and an attack, said to be inflammation of the bowels without constipation, six months before.

Post Mortem Examination.—The bowels were greatly distended, especially the small intestines, which were considerably injected at their opposed margins; several old adhesions existed in different parts of the abdomen. A solid mass was felt in sigmoid flexure, nearly opposite the wort of the crest of the ilium, and 20 inches from the anus, above which the intestine was much enlarged; at this spot, the bowel, when opened, measured 2¾ inches across, whilst one inch above it measured 4½ inches; the mucous and muscular coats of the strictured portion were entirely destroyed by ulceration; above this the colon was much thickened and extensively ulcerated; below it, to the anus, the disease was more advanced, and the mucous membrane was almost entirely destroyed by numerous large ulcers, having a sloughy appearance.

(a) This week I measured the head of a very diminutive boy, five years old, who weighs, with his clothes, not quite 14lbs., and who is most symmetrical, being, in stature, 29 inches. But his head is 19 inches in circumference, and 14 inches from ear to ear. He is very intelligent—sings and recites—and could be made a prodigy.

LAWS OF THE CLEVELAND AND NORTH YORKSHIRE MEDICAL PROTECTION ASSOCIATION.

Established May 16th, 1855.

1. *Objects of the Association.*—The principal objects of this Association are, to support the respectability, and maintain the interests of the Profession; to promote fair and honourable practice; and to use all lawful means to suppress illegal practice within the district of this Association.

2. *Qualification of Membership.*—Any legally qualified Medical Practitioner resident within the district of this Association, who was engaged in practice before the year 1815, or who possesses a Diploma from a Royal College of Surgeons of Great Britain or Ireland, practising as a Pure Surgeon; or a Licence from the Apothecaries' Company, and practising as a General Practitioner; or a Degree in Medicine from any legally constituted Corporation of Great Britain or Ireland, and practising as Physician, shall be admitted a Member of this Association, in pursuance of these Laws.

3. *Subscription.*—Every member shall pay to the Treasurer the sum of five shillings, on entrance into the Association, for the purposes of defraying the general expenses of the Association; and any further expenses incurred by prosecutions of illegal Practitioners, shall be equally borne by each member of the Association, according to agreement. Any member neglecting to pay his subscription one month after it has become due, shall have notice thereof given by the Secretary, and if the subscription continue in arrear for six months longer, he shall be considered to have withdrawn from the Association, but may be re-admitted on payment of all arrears.

4. *Admission of Members.*—Any Medical Practitioner qualified according to 2nd Law, desiring hereafter to be admitted a member of the Association, shall be proposed by a member at any Committee Meeting previous to the General Quarterly Meeting, and shall be balloted for at the next General Meeting; one black ball in five of the gentlemen present shall exclude any candidate.

5. *General Meetings.*—A General Meeting of the Association shall be held on the first Wednesday in July, October, January, and April; notice of which shall be given to each member by the Secretary three days before such General Meeting can be held.

6. *Annual Meetings.*—The Annual Meeting of the Association shall be held on the first Thursday in the month of May, when all accounts of the receipts, disbursements, and

proceedings of the Association for the past year shall be laid before the members.

7. *Election of Officers.*—At the Annual General Meeting, a President and other members shall be selected from and by the Association, and shall form a Committee until the next General Annual Meeting. That a Secretary and Treasurer shall be elected annually.

8. *Duties of the Committee.*—The Committee shall meet on the last Wednesday in each month, to collect evidence, to fill up any vacancy which may occur, and to carry out the objects of the Association. The Secretary shall enter all proceedings of the Committee in a book expressly provided for that purpose, which shall be open for reference at all convenient times to any member of the Association.

9. *Special General Meetings.*—A Special General Meeting of the members of the Association shall be called by the Committee whenever they deem it necessary; but no other business shall be entertained at such meeting than that specified in the resolution of the Committee.

10. *Illegal Practice.*—Any cases of illegal practice coming under the notice of any member of the Association shall be reported, with full particulars thereof, to the Secretary, who shall bring such evidence before the Committee at their next meeting, and report the same at the next General Meeting of the Association.

11. *Prosecution of Illegal Practitioners.*—Any person practising as a General Practitioner, with a diploma from the College of Surgeons only, shall have three months' notice given him of the intentions of the Association, before any prosecution shall be instituted; and no prosecution shall be instituted without the consent of a majority of the members present at a General Meeting of the Association.

12. *Prosecution of Unqualified Persons.*—Any other person, not mentioned in Law 11, practising as a General Practitioner, contrary to the Apothecaries' Act of 1815, shall be served with a notice from this Association to desist from so doing, prior to a prosecution being instituted.

13. *Alteration of Laws.*—No alteration of the Laws shall take place, excepting at a General Meeting of the Association, of which proposed alterations four days' notice shall be given to each member in the circular convening the meeting.

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDED 16TH JUNE.

Fevers, bowel-complaints, and spasmodic cholera continue to be the most prevalent diseases; but within the last few days cholera appears to have been decidedly on the decline, and, taking the whole week into account, there has been a decrease of 76 admissions and 26 deaths, as compared with the previous week.

Bowel-complaints have been slightly on the increase. Last week the admissions were 644, and deaths 7. This week the admissions have been 762, and deaths 6. There is also an increase under the head of febrile diseases. Last week the admissions were 417, and deaths 24; this week the admissions have been 490, and deaths 30.

Last week the admissions from wounds and injuries were 642, and deaths 43; this week 367, and deaths 33. But the wounded in the operations of the 18th against the Redan will more than double the admissions of the whole week. As yet the exact particulars have not been ascertained.

The admissions to strength during the week in the whole army have been in the ratio of 6·25 per cent.; last week they were 6·89 per cent., exclusive of the force at Kertch.

This week the deaths to strength have been in the ratio of 0·50 per cent.; last week, exclusive of Kertch, they amounted to 0·64 per cent.

Cholera, which has now visited all the Divisions of the army, and affected chiefly the newly-arrived, has also attacked Q and Y Batteries of Artillery, recently landed from England. These two batteries are encamped on dry gravelly ridges, between head quarters and the sea, on ground perfectly clean, till now unoccupied, and far away from the contamination of all old encampments. The sites of both those camps are, to all appearances, unexceptionable, and still cholera has not spared them. As yet their loss has been small, but still it marks the disposition there is for the disease to attack new-comers.

The frequency and fatality of cholera have decreased also amongst the sailors of the Merchant Service in Balaklava, and in the Land Transport Corps, circumstances which appear to indicate a subsidence of the epidemic for the present.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 28th June, 1855:—

Asslin, Thomas, Army.
Bulted, Christopher, Belle Vue, Plymouth.
Robins, Benjamin Savage, Dunsley Hill, Stourbridge.
Ryley, Henry, Birmingham.
Webster, George.

APPOINTMENTS.

Thomas H. Huxley, Esq., F.R.S. was elected Fullerian Professor of Physiology, to the Royal Institution of Great Britain, on the 2nd instant.

DEATHS.

Carey.—June 29, at Frogmore, Guernsey, John Carey, M.D., in his 82nd year.

Carter.—June 16, at 9, Bedford-street, Henry Carter, Esq., Surgeon-Dentist, in his 51st year.

Perry.—June 28, suddenly, R. R. Perry, Esq., Surgeon, Hampstead, in his 37th year.

The Harveian Oration.—The annual Oration at the College of Physicians was delivered on Wednesday last by Dr. Stewart. The President, Dr. Paris, was prevented by recent family affliction from taking his place on the occasion. In his absence the chair was occupied by Dr. Hawkins.

Royal Medical Benevolent College.—We are desired to state that, in consequence of the length of the forthcoming list of contributors, it will not be ready for publication before the end of next week. A list of the Lady Governors who presented purses of five guineas on the 25th ult. has, however, been printed, and a copy forwarded to those who are candidates for admission into the College.

Middlesex Hospital School of Medicine.—Distribution of Prizes, June 28, 1855. The Right Honourable Edward Cardwell, M.P., in the Chair. *Medicine.*—Dr. Thompson and Dr. Stewart. Prize: Mr. Joshua Plaskitt, Louth, Lincolnshire. Certificates: Mr. Owen Davies, Cardigan; Mr. Thomas James Cooper, Canterbury. *Surgery.*—Mr. Shaw. 1st Prize: Mr. Joshua Plaskitt, Louth. 2nd Prize: Mr. John Thomas Rouse, London. *Physiology.*—Mr. De Morgan. 1st Prize: Mr. Thomas James Cooper, Canterbury. 2nd Prize: Mr. John Tatham, Burton in Lonsdale, York. Certificate: Mr. John Little Thomas, Carmarthen. *Anatomy.*—Mr. Moore. Prize: Mr. John Tatham, Burton in Lonsdale. Certificates: Mr. Richard L. Bluett Head, Falmouth; Mr. Henry Buss, London. *Practical Anatomy.*—Mr. Nunn and Dr. Van der Byl. Prize: Mr. John Frederick Mitchell, Cardigan. Certificate: Mr. John Little Thomas, Carmarthen. *Chemistry.*—Mr. Taylor and Mr. Heisch, Prize: Mr. John Tatham, Burton in Lonsdale. Certificates: Mr. William Brookes Poole, Canterbury; Mr. Edwin Baxter, Middlesbro' on Tees. *Practical Chemistry.*—Prize: Mr. John Bake Husband, Bideford. Certificate: Mr. Francis Winter Clarke, London. *Midwifery.*—Dr. Frere. Prize: Mr. Joshua Plaskitt, Louth. Certificates: Mr. Frederick Adams Turtle; Mr. Horatio Edsall, Truro. *Materia Medica.*—Dr. Stewart. Prize: Mr. John Tatham, Burton in Lonsdale. Certificate: Mr. Thomas James Cooper, Canterbury. *Forensic Medicine.*—Dr. Goodfellow. Prize for Weekly Examination: Mr. J. Plaskitt, Louth. General Examination: Mr. Joshua Plaskitt. Certificate: Mr. J. Montague Braund, Martock, Somerset. *Botany.*—Mr. Bentley. Prize: Mr. Horatio Edsall, Truro. Certificates: Mr. Eustace John Carver, Cambridge; Mr. Thomas James Cooper, Canterbury. *Prize in Clinical Medicine.*—Mr. William King Bullmore, Falmouth. *Prize in Clinical Surgery.*—Mr. Joshua Plaskitt, Louth. *Treasurer's Prize.*—Mr. Joshua Plaskitt, Louth. *Honorary Certificates of*

General Good Conduct and Diligence.—Messrs. Wildon Henry Binns, James Montagu Braund, Francis Winter Clarke, Horatio Edsall, John Bake Husband, Thomas Jones, Richard Nicholson Lipscomb, Charles Frederick Morris, Joshua Plaskitt, Arthur Prince, John Thomas Rouse, John Rowlands, John Skelton. *House Surgeons.*—Mr. Algernon C. W. Norton, Mr. Joshua Plaskitt. *Clinical Clerks.*—Messrs. William King Bullmore, George William Bury, Eustace John Carver, Thomas James Cooper, W. Farquhar Davis, Owen Davies, Charles Gaffney, Richard L. Bluett Head, John Bake Husband, Edward Richardson, Robert Henry Spicer, John Tatham. *Out-Patient Dressers.*—Messrs. Charles Cummidge Balding, George William Bury, Eustace John Carver, Francis Winter Clark, Thomas James Cooper, Charles Gaffney, Thomas Bullen Gill, William Frederick Keddell, John Frederick Mitchell. *In-Patient Dressers.*—Messrs. Francis Winter Clarke, Thomas James Cooper, Horatio Edsall, Thomas Bullen Gill, Tregellis Kingston, John Bake Husband, William Frederick Keddell, John Thomas Rouse, Robert Henry Spicer.

Pensions to Widows of Officers.—A Royal Warrant has just been issued regulating a new grant of pensions and allowances to the Widows of Officers of the Army who die from illness contracted in the field, and who, being hitherto considered of the ordinary class, received only the amount payable in case of death during time of peace; they will henceforward receive a yearly sum mid way between the ordinary allowance, and that in cases of death in action. We specify the amount so far as bearing on the Medical Service:—Veterinary Surgeons, £50, £55, and £70, according to length of service; Inspector-Generals of Hospitals, £150; Deputy ditto, £140; First-class Staff-Surgeons, £100; Second-class ditto Regimental Surgeons, £65; Assistant-Surgeons, £50. As regards the scale of ordinary widows' pensions, namely, pensions in cases where death does not occur in consequence of service, Lord Panmure has made an increase in certain ranks. In the rank of Veterinary Surgeon an increase will be given in proportion to the officers' length of service. For Inspector-General of Hospitals the increase is from £80 to £100; Deputy-Inspector, £60 to £80; Staff-Surgeons of the First-class, £50 to £70; Regimental and Second-class Staff Surgeons, £45 to £50. The ordinary widows' pension for Assistant-Surgeons remains as before, viz., Officers, £120; Lieutenant-Colonels, £80; Majors, £70; Captains, £50; Lieutenants, £40; Cornets, £40.

Abduction of Dr. M'Graith.—We have received a letter from Smyrna, communicating the pleasing intelligence that this gentleman has been released on payment of £500. We also learn that the miscreants who kidnapped this gentleman still continue to threaten the Medical Staff.

The Hospital at Smyrna, we learn, is in a healthy state.

Baccalaureate Examinations in France.—Of 1,203 candidates who presented themselves for examination during the Session of April, 1855, 543 were rejected on the written examinations, and 136 adjourned after an oral examination; 524 being successful.

Academie de Medecine de Paris.—The following new members have been recently admitted:—M. Guérard, Editor of the *Annales d'Hygiène*, into the Section of Hygiène; M. Bouley, Professor at the Veterinary School of Alfort, into the Section of Veterinary Medicine; and M. Blache, well known for his contributions to infantile pathology, into that of Pathological Anatomy.

The Election of M. Cloquet.—The election of M. Jules Cloquet into the Section of Medicine and Surgery of the *Académie des Sciences* was closely contested by M. Jobert. By the rules of the Academy the successful candidate must obtain an absolute majority of the voters present. On this occasion the voters were 56, and 28 the actual majority. To obtain this the ballot had to be taken three times. On the first occasion, both MM. Jobert and Cloquet had 17 votes, and the four other candidates (MM. Guérin, Gerdy, Laugier, and Baudens) divided 21 amongst them. On the second, M. Cloquet had 26, M. Jobert 25, and the other candidates, now reduced to three, 5 votes. On the third, M. Cloquet obtained 29 and M. Jobert 27 votes.

The Cholera is not abating in the Crimea, according to the latest advices. Some say that 1000 cases occur every day.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June 30, 1855.*

Causes of Death.	In the Week ending Saturday, June 30, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	63·0						59·7
All Causes	1273	579	212	220	197	26	1022·5
Specified Causes	1231	577	211	220	197	26	1017·5
Diseases:—							
1. Zymotic Class	212	159	22	18	10	3	226·0
2. Dropsy, Cancer, and others of uncertain seat	37	6	10	10	11	..	46·3
3. Tubercular Class	220	93	74	47	6	..	187 8
4. Of Brain, Nerves, etc. ..	138	66	11	32	27	2	122 9
5. Of Heart, etc.	72	1	11	27	31	2	36·2
6. Of Respiratory Organs ..	137	77	10	16	29	5	104·6
7. Of Digestive Organs ..	70	21	12	16	21	..	63·5
8. Of Kidneys, etc.	6	..	..	2	4	..	10·8
9. Of Uterus; viz.—Puerperal Disease, etc. ..	12	..	7	4	1	..	10·8
10. Of Joints, Bones; viz.—Rheumatism, etc. ..	7	3	2	1	1	..	8·4
11. Of Skin, etc.	2	..	..	..	2	..	2·3
12. Malformations	4	4	..	..	..	..	2·2
13. Debility from Premature Birth, etc.	30	30	..	..	..	..	24·3
14. Atrophy	45	38	..	..	6	1	23·6
15. Age	31	..	..	..	22	9	35·3
16 Sudden	50	19	6	11	11	3	28·6
17 Violence, Privation, etc...	158	60	46	36	15	3	83·9
Causes not specified.. ..	42	2	1	..	..	..	5·0

Deaths in Public Institutions for the Week ending June 30:—

	Males.	Females.	Total.
Workhouses	52	52	104
Prisons	3	..	3
Military and Naval Asylums ..	4	..	4
General Hospitals	69	27	96
Hospitals for Special Diseases ..	4	4	8
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	14	..	14
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	5	..	5
Total	152	83	235

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	3	..	3	8	2	1
North	490,396	7	4	7	10	2	7
Central ..	393,256	3	2	12	8	4	4
East.....	485,522	6	2	6	4	7	13
South	616,635	5	1	11	6	18	18
Total..	2,362,236	24	9	39	36	33	43

Mortality Notabilia.—In the week that ended last Saturday the deaths of 1273 persons, of whom 669 were males and 604 females, were registered in London. The return shows an increase on that of the previous week, when the number was 1075. This result is caused by an influx into the registers (usual at the end of a quarter) of cases returned by coroners, which have accumulated during previous weeks. In the corresponding weeks of the ten previous years the average number of deaths was 1023, and the excess of the present return above the corrected average is 148. Last week the deaths from zymotic diseases were 212, whilst the corrected average is 249. Of that number 24 were caused by small-pox, 99 by scarlatina, 36 by hooping-cough, 43 by typhus, and only 9 by measles. The only disease in this class which manifests any tendency to increase is diarrhœa,

and the numbers from it are still inconsiderable. In the last four weeks diarrhœa was fatal in 16, 17, 25, and 33 cases.

Births.—The birth of 879 boys and 850 girls, 1732 children, were registered; average 1484.

Meteorology.—The reading of the barometer rose to 30·25 in. by the morning of Wednesday, which was the highest reading in the week. The mean reading was above 30 in. on every day till Friday, and the mean of the week was 30·048 in. The mean temperature of the week was 63°, which is 1·8° above the average of the same week in 31 years. The mean temperature was above the average on every day after Monday; and on Wednesday, when it was 66·8, it was then above the average. On that day the *highest* temperature of the week occurred, and was 80·5; the *lowest* occurred on Monday, and was 47·7°. The highest reading of a thermometer in the sun was 105° on Saturday. The mean dew point temperature of the week was 52·8°, and the difference between this and the mean temperature of the air was 10·1°. The temperature of the water of the Thames was 62·4°. No rain. Horizontal movement of air, 550 miles; electricity, positive, and of weak tension.

BOOKS RECEIVED.

Bryne on Cholera. Second Edition. Philadelphia. 1855.

Report on the Outbreak of Epidemic Cholera in Brecon, in 1854. By Dr. Lucas. London. 1855.

Cyclopædia of Anatomy and Physiology. Edited by Dr. Todd. Part XLVI. Longman and Co. 1855.

Braithwaite's Retrospect of Medicine. Vol. XXXI. 1853.

Ninth Report of the Commision in Luuacy to the Lord Chancellor. 1855.

The Journal of Psychological Medicine. Edited by Dr. Forbes Winslow. No. XXXI. July, 1855.

The Pharmaceutical Journal. July, 1855.

The Indian Annals of Medical Science. Calcutta. April, 1855.

Edinburgh Medical Journal. July, 1855.

Edinburgh New Philosophical Journal. July, 1855.

Journal of Public Health. No. II. June, 1855.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

We beg to remind our readers that, under the New Newspaper Stamp Act, which came into operation June 30, the following particulars are important to be observed:—

Stamped Copies can only be transmitted by post within Fifteen Days from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

We have received a communication from the Naval Medical Reform Association showing, by the incontestable evidence of figures, the deficiency of Assistant-Surgeons in the Baltic fleet, and the utter want of principle which marks the conduct of the Admiralty Board in asserting the contrary. We regret exceedingly that we are compelled to defer the publication of this interesting document until next week.

A Physician.—A Hearty Well-Wisher.—T. L. M.—A Note-taking Chiel, and others.—We may answer all the questions of our numerous correspondents, respecting the *Notes and Queries*, in the affirmative. The department is intended to include the whole of the subjects mentioned, and, indeed, any, and all, which may be deemed of interest to the Profession. The Queries, Notes, etc., may be either anonymous or otherwise. Our thanks are due for the many flattering expressions of approval of the general conduct of the Journal, which we have recently received from those whose praise we appreciate.

Dr. Walshe's Clinical Commentary will be continued next week.

M. D., St. Andrew's.—We fear that there is not much reason to believe that any Medical Reform Bill will pass during the present session. We quite agree in the remarks concerning the absurdity of recognizing the degree of the Archbishop of Canterbury as a licence to practise medicine. The degree in question is, in fact, a mere remnant of a semi-barbarous antiquity, and ought to be abolished altogether.

Mr. T. West.—We have received the packet inclosing a sample of the wild strawberry-leaves, proposed as a substitute for tea.

Shamrock.—We have received four prescriptions, *lithographed*, which we are assured were given to a lady by a Practitioner named Hoghton, residing in London. The prescriptions are signed F. R. Hoghton, M.D., of whom we think we have previously heard, but we cannot find any such name in the Medical Directory for 1855. We copy one of the prescriptions, and are at a loss whether to admire most the elegant Latinity or the accurate chemical knowledge which it displays:

℞ Acetas plumbii ʒj.
Zinci Sulp. ʒi.ss.
Alumen exsic. ʒij.ss.
Aq. distil. Oj. M. ft. lotion.

S. M. R.—Your description is not very clear, but it is probable that the inconvenience might be removed by a trifling operation. We should advise you to apply to some respectable Medical man.

Dr. Hoven will receive a private note.

Dr. Wood's communication has not reached the office.

An Old Subscriber, Baltimore, U. S.—We believe that the volumes referred to are out of print, and the present series is so entirely distinct from the former that the earlier numbers are of very little comparative value.

Dr. Snow's paper is in the hands of the printer.

Dr. Todd's Clinical Lecture will appear next week.

A Correspondent, who writes us some very pertinent remarks upon the New Health Bill and the Petition of the Royal College of Physicians, has left his letter unfinished and forgotten to send his name. We are consequently at present unable to make any use of his communication.

ADVERTISING.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—As it is highly probable from the style of proceedings now going on that the Profession will not be favoured with a paragraph now going the round of some provincial newspapers, and surgical Professors generally will not have an opportunity of judging how much surgical talent lies buried in Macclesfield and its vicinity, I enclose a copy of a notice in the *Staffordshire Sentinel* of June 16th. Trusting that we shall in due time have the particulars published, I am, etc.

Newcastle-under-Lyme. Ethic.

"Macclesfield.—Important Surgical Operations.—Two of the most formidable operations in surgery were successfully performed by a rising young surgeon of this town (Dr. Ferguson), on Friday the 8th instant, in the presence of several gentlemen from Manchester and the neighbourhood. The first case was amputation of the hip-joint. In the other, the knee-joint was cut out for white swelling, thus giving the person a chance of saving the leg. Both cases, we were informed, on inquiry, are proceeding most satisfactorily."

[This paragraph has probably been inserted by some indiscreet friend.—Ed. M. T. & G.]

A Constant Reader.—The particulars do not appear in the Directory. There is a good Abstract of the Census published by Parker and Son, of the Strand, which will give the information required.

A Second Year's Student should apply to Dr. Smith, at Whitehall-yard.

Mr. Wiglesworth.—Apply to Dr. Rothman, Registrar of the London University, Marlborough House, London.

COMMUNICATIONS have been received from—

The Secretary of the Asylum for Idiots; A. M. and A Constant Reader; Dr. H. Osborn; Mr. G. S. Morris; S. M. R.; Dr. Steavenson; The Royal Institution; The Middlesex Hospital; Mr. J. Z. Laurence; An Old Practitioner; Dr. Moore; Dr. Wood; Mr. Rhind; Mr. A. Griffin; Dr. G. H. Syme; Mr. Holberton, King's College; Mr. Tyrrell, St. Thomas's Hospital (with enclosure); Mr. Tyrwhitt Smith (with enclosure); Mr. Legge, Westminster Hospital; Mr. Birkett; Mr. Ure; Mr. Crossman; Mr. Corner, The London Hospital; Mr. Asslin, Guy's Hospital; Mr. Best, St. Bartholomew's Hospital; Mr. Stanwell, St. Bartholomew's Hospital; Mr. Moreton, Staffordshire General Hospital (with enclosure); Mr. Sharpin; Dr. Lambert, Hull (with enclosure).

APPOINTMENTS FOR THE WEEK.

JULY.	Miscellaneous Register.
7. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
9. Monday.....	
10. Tuesday	Operations at Guy's, 1 p.m.
11. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
12. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
13. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURE ON ERYSIPELAS(a).

DELIVERED AT

King's College Hospital.

By R. B. TODD, M.D., F.R.S.
Physician to the Hospital.

I TAKE as the subject of my Lecture to-day, gentlemen, two cases of erysipelas which have lately been under treatment in the Hospital. This disease deserves your most diligent watching, inasmuch as it is of frequent occurrence in this town and one which it is very important you should be well prepared to treat. One of the cases to which I shall refer is a good example of that form of erysipelas which is most commonly met with in the medical wards, viz. erysipelas of the head and face; the other, of that form which comes more immediately under the notice of the surgeon, though in both instances the disease is essentially one and the same.

The first case is that of John Child, who was in No. 4 Ward, but who has now left the Hospital; this patient presented a good example of an average case of erysipelas of the head and face, coming on, as it very often does, after exposure to wet and cold. His history is as follows:—He is a labourer, 20 years of age, and always enjoyed good health until a few days before his admission into the Hospital, when, after considerable exposure to wet and cold, he was seized with general febrile symptoms of a severe character, and these were accompanied with swelling and redness of the nose, which gradually spread until they involved the whole of the face and head. Unfortunately our notes of the case at this period are not so full as one would wish, and we are, therefore, quite in the dark with respect to certain points in the early history of the attack with which it is important that we should be acquainted. My clinical clerk, for example, has omitted to mention whether vomiting or rigors were present among the first symptoms. Erysipelas generally begins with rigors, and the attack is also often ushered in by vomiting. Indeed vomiting is a common symptom at the onset of the disease; and to such an extent does this obtain, that whenever I meet with a patient who has been suddenly taken with vomiting, and this vomiting is accompanied with, or preceded by, rigors, I deem it expedient to keep a sharp look-out for erysipelas. Sore throat, too, is often one of the earliest symptoms of this malady; the disease sometimes seems to begin at the fauces, which under these circumstances are generally much redder than natural, and from this part it appears to spread outwards through the nose, affecting the alæ nasi, the face, the eyelids, the forehead, and lastly, the scalp,—following, in fact, a regular course; and this was very much what occurred in the case under consideration. The swelling of the face is frequently so great that the eyes are, to use a vulgar expression, "bunged up," and the patient is quite unable to open them; and so they generally remain for some days, a copious secretion poured out by the conjunctiva or Meibomian glands concreting and gluing the eyelids together. In this instance the swelling rapidly spread, the face became greatly puffed up, and the eyelids completely closed; and in this condition the patient was brought into the Hospital. Under the treatment adopted, and which I am anxious to recommend to your particular attention, the fever diminished in the course of four or five days, the swelling of the head and face subsided, the patient became able to open his eyes, and the pulse fell in frequency, and in six days after his admission the patient was fairly convalescent, "sitting up, and able to move about the ward."

The duration of the fever in erysipelas is not long, usually varying from seven to fourteen days, but the phenomena of the disease divide themselves into two classes, viz., the *primary* and the *secondary*. The former of these comprise the rigors, the vomiting, the general febrile symptoms, the rapid pulse, the peculiar redness and swelling of the skin, etc.; and if due attention be given to uphold the powers of the patient from the commencement of the attack, it rarely happens that the secondary phenomena manifest themselves at all; for the poison of erysipelas, whatever its nature, appears to fall chiefly upon the tegumentary system, extending its virulence upon the true skin and the mucous membranes; but it sometimes, indeed frequently, if not combated by well-directed measures, spreads from the true skin and mucous membranes to the areolar tissue beneath these structures, and it then gives rise to the secondary phenomena of the malady, namely, fever of the hectic kind, and the formation of collections of pus, either at the seat of the primary disease or in other parts of the body. It is very important that you should keep in view this tendency which erysipelas has to involve the cellular tissue beneath the skin, and there induce the formation of pus; for it should be your aim to cure the disease without allowing it to effect these secondary consequences which are always exceedingly wearying and debilitating to the constitution, and sometimes so exhausting as to terminate the patient's life. In the case which I have just related to you the cure was speedily effected without the occurrence of any of these secondary results; and this I attribute in great measure to the plan of treatment which was adopted.

In the second example of erysipelas which I wish to bring under your notice to-day, the result was by no means so satisfactory; indeed the case forms a good contrast to that of John Child, which you have just heard, illustrating as it does the less favourable course of the disease, under, as you will presently see, a very different course of early treatment from that pursued in that case. The patient is a lad named John Walker, who was admitted into Fisk Ward on February 17th, 1855, with erysipelas of the right leg and foot; and, I am sorry to add, he is still under treatment in the hospital, and likely to be so for some time to come. There was no history in this case of the patient's having received any injury, and nothing whatever to explain the occurrence of the attack; but it was attributed by the child's parents to his having lived very badly for some time, and to his having been of late much exposed to wet and cold. The short account which we have of this case is this:—About a fortnight before the lad's admission into the Hospital it was noticed that his right leg all the way down to the foot was exceedingly red and somewhat swollen, and this was accompanied with general febrile symptoms; but neither his parents nor himself could remember whether he had any shivering or not. He was kept in bed, and the only treatment which was adopted consisted in the application of hot fomentations to the limb, and, from the necessitous circumstances in which the parents were situated, in the administration of the poorest kind of food, and very little of that.

Upon his admission into the Hospital on Feb. 17th, *i.e.* about fourteen days after the commencement of the attack, it was found that the primary phenomena of the disease had run their course, and that the secondary phenomena had supervened. For this we cannot attach blame to the medical treatment adopted, for of such he, properly speaking, had none; but it is rather to be ascribed to the extremely bad living and poor food upon which the patient had subsisted during the whole of the winter, and to his having been deprived during the first fortnight of his illness of all those comforts which are so necessary during a severe attack of this disease. And here let me call your attention to the fact—that if low diet, and that general course of treatment which is commonly summed up in the word antiphlogistic, be essential to the cure of erysipelas, surely this poor lad had enough of it; nevertheless, it did not succeed in preventing the secondary phenomena of the disease from manifesting themselves, for, upon the patient's admission, there was distinct evidence of suppuration beneath the integument of the leg, for the relief of which it was necessary, after a day or two, to make two incisions through the skin, one along the outer and the other along the inner side of the ankle; and the following day it was thought expedient to make a third incision along the dorsum of the foot, for the escape of a considerable quantity of pus which had collected in that situation. The weakness of the patient on his admission was extreme; his pulse was 120, small and very compressible, and the treatment upon which he was at once put consisted in the free exhibition of beef-tea and brandy, ammonia and chloric ether.

The further history of this case is this:—The erysipelatous

(a) Sect. LXVI. Reported by Conway Evans, Esq.

swelling of the leg and foot subsided, but a very free discharge of pus continued and still continues to take place; the rapidity of the pulse kept up and the exhaustion became, if possible, still greater than on the patient's admission, so that it was found necessary to adopt every means which could be resorted to for the purpose of upholding his strength. To this end beef-tea enemata, each containing ten grains of quinine, were administered regularly every fourth hour, half an ounce of brandy exhibited every half-hour, and as much beef-tea and milk, thickened with flour, as the patient could take; but, notwithstanding all this, the pulse kept up, being 134, 137, 140, etc., and never below 120, the suppuration continued to progress, and, a day or two ago, a large sinus was found to have formed between some of the muscles of the leg, so that it is even now exeeedingly doubtful whether this lad will ever recover; for, when suppuration has taken place to this extent, it often not merely spreads along the areolar tissue between layers of muscles, but also, when in the neighbourhood of joints, it may extend downwards and involve these last, and it is by no means improbable that some of the joints of the tarsus may here become affected which may render the amputation of the leg necessary, and such a measure as this, I need not say, would be attended with great hazard to life in a patient so thoroughly depressed and exhausted as this poor boy is. And before dismissing this subject let me observe, that in all these cases the rapidity of the pulse from day to day is a valuable index of the progress which the suppurative process is making; for if you find that the rate of the pulse keeps up, despite of free supplies of nourishment, you may infer that more mischief is about to ensue and that further suppuration will occur; and under these circumstances you will seldom find that the pulse will come down until a free discharge of purulent matter shall have taken place.

Such then, gentlemen, are the two cases which will serve as the basis of my remarks to-day. The one, an ordinary case of erysipelas of the head and face; the other, a case of that form of the disease which is most frequently met with in the surgical wards, phlegmonoid erysipelas, and which is precisely analogous to the traumatic erysipelas, or to that which follows a surgical operation.

Now, as I have already remarked, the most common form of erysipelas which comes under the care of the Physician is that of the head and face. Let us trace the clinical history of this disease. It very frequently begins in the throat, and it is important that you should be well acquainted with the various courses which it may take. It is one of the features of this disease that it has a remarkable tendency to spread, sometimes wandering all over the body, from face to neck, and neck to trunk, being then termed erratic erysipelas. When, then, it has commenced in the throat, it seldom finishes its course there, but immediately begins to spread, and its ordinary course is upwards from the throat through the nose to the face and head; but it sometimes pursues the opposite direction, and wanders down, along the respiratory mucous membrane. In following this latter course it generally passes very quickly, and most fortunate is it for the patient that it does so, over the laryngeal mucous membrane, and then, affecting the mucous lining of the air-passages below the larynx, produces *erysipelatous bronchitis* — a complaint of more common occurrence than is generally supposed, of very fatal tendency, accompanied with great prostration, and which often leads rapidly to purulent expectoration. When this malady terminates fatally, it generally does so by inducing that condition which, since the death of the Emperor of Russia, has been so much talked about as paralysis of the lungs—a bad term, intended in plain English to express that state of things which occurs when the air-passages become choked up with muco-purulent secretions which the the patient is too much exhausted to expectorate; this accumulation of viscid secretion in the air-tubes tends, of course, to produce suffocation, by interfering with the proper aeration of the blood in the lungs; and the consequent retention of carbonic acid in the circulating fluid poisons the nerves and nervous centres, diminishing their excitability, and rendering less free those reflex actions on which expectoration in some degree depends. This is still more promoted by the accumulation of the secretions in the air-passages, and so these two conditions, narcotized nerve and loaded air-tubes, go on mutually acting and re-acting upon each other until at length death takes place.

In some instances, however, the erysipelas commencing in the fauces spreads no further than the laryngeal mucous membrane, and it then produces what is termed œdema glottidis, one of the most formidable affections to which the human frame is liable. I cannot too strongly insist on keeping in mind the true pathology of this most alarming malady, for if you thoroughly understand the true nature of this complaint, and act up to that knowledge, you may, I believe, save many lives; whereas, if you are shilly-shally in your treatment, either from ignorance of the pathology of the disease, or from prejudice in not acting up to your knowledge of it, you will certainly lose your patient.

The disease consists in an erysipelatous inflammation of the laryngeal mucous membrane, which rapidly leads to swelling of the glottis, and thus to narrowing and occlusion of the rima glottidis, which induces the most intense dyspnœa, and quickly kills. For this condition there is but one way of affording relief, and that is by immediately making an artificial opening into the trachea, below the chink of the glottis; and the farther below this point the opening can be conveniently made, the better, though, as you are all doubtless aware, the lower down the aperture into the trachea, the more formidable is the operation. But what I wish to impress upon you is, that you should lose no time in resorting to this step, after having become satisfied as to the nature of the attack; the sooner the operation is performed, the greater probability will there be of your saving the patient's life. Nevertheless, I would remark that although the first step in the treatment which has to be performed by the Surgeon, viz., the providing an artificial inlet for air into the lungs, is a very important one, still the most important part of the treatment belongs to the Physician; and any one who has witnessed the proceeding must have felt convinced that although the relief afforded by the operation is instantaneous as regards the breathing, yet the patient will still die unless proper means are adopted to combat the local affection and the constitutional state which accompanies it.

I have long been convinced that the ordinary so-called antiphlogistic means are not only powerless as regards the œdematous state, but are destructive to the vital powers of the patient, already much depressed by the necessary surgical interference, and I determined, when opportunity offered, to pursue, from the moment of the operation, a different line of treatment.

There are many present who will remember to have witnessed a case of this disease which was in Rose Ward last summer. The patient (Henry Wallis, aged 22. Vol. xlii. p. 141) had marked symptoms of acute œdema of the glottis. Mr. Edwards, with great promptitude and tact, performed the operation of tracheotomy. I determined, with the assistance of my clinical clerks, Mr. Teale and Mr. Holberton, and of many of the students, to whom I am greatly indebted, that nothing should be left undone to uphold the strength of the patient, and to keep a close watch upon him; and, I am happy to say, I have a most accurate detail of the case from the date of the operation to that of complete convalescence. He was fed upon strong beef-tea, and brandy, of which half-an-ounce was given every hour, and ammonia and chloric ether were also freely exhibited; and lastly, as at first, his power of swallowing was not good, injections of beef-tea, containing a considerable quantity of quinine, were thrown, at stated intervals, into the rectum. In short, this patient was well supplied with food and stimulants, but in small doses at short intervals; and, during the whole time he was under this treatment, you will hardly believe it when I tell you, he had scarcely any fever, and his pulse from 110 in a minute steadily came down to 99 on the first, 86 on the second, and 75 on the third day after the operation. On the evening of the second day the tube was taken out of the trachea, as he was found to cough up mucus freely through the glottis; in a fortnight the wound was healing up kindly; and in a month from the date of the operation, the patient was discharged quite well, the wound being by this time perfectly healed.

Now if you look at the statistics of these cases, you will find that the deaths are but little under a hundred per cent.; indeed it is a very rare thing for one to hear of a case of recovery from œdema glottidis after the operation of tracheotomy has been performed; and it seems to me very questionable whether similar treatment to that which was pursued in this instance ought not always to be adopted in cases of

tracheotomy, for the operation is in itself a very severe one, and accompanied with great shock to the nervous system, while there is invariably great distress of the respiratory organs during its performance.

Let me now call your attention for a few moments to that form of erysipelas which, commencing in the throat, confines itself entirely to the faucial region. I need not now enter at length on this subject, as some years ago I gave two clinical lectures on it, to which, if you are so disposed, you can refer; but I shall content myself with giving you a very brief account of this disease. Its peculiarity consists, as I just now remarked, in the fact that the force of the poison seems to fall upon the mucous membrane of the pharynx, and to paralyze the pharyngeal muscles, so that the patient is apt to die, not from want of air as when the erysipelatous poison attacks the mucous membrane of the larynx, but from want of food, the inability to swallow being even greater than in cynanche tonsillans, which creates a mechanical obstacle. If you look into the throat of a patient labouring under this affection, you will find the pharyngeal mucous membrane exhibiting a peculiar dusky-red colour, the fauces will be perfectly open, and you will be unable to discover any mechanical impediment to free deglutition; and if, now, with your finger, or a pen or probe, you touch the back of the pharynx, you will find that none of the pharyngeal muscles are thrown into action, as they invariably are in a state of health, in other words, you cannot excite the reflex actions necessary for deglutition; and if you give the patient something to swallow as soon as he gets the liquid or solid, whichever it be, upon the back of the tongue, instead of its being grasped by the contraction of the muscles of deglutition, and guided, as it were, into the œsophagus, as it would instantly be in health, in consequence of the complete palsy of these muscles, it falls by its own gravity down into the larynx, and is thence immediately ejected by a powerful expulsive effort through the mouth and nostrils. I have seen and have notes of several of these cases which have occurred both in Hospital and in private practice, and all those which were treated upon the antiphlogistic plan died; but for some years past now, from being better acquainted with the true pathology of the malady, I have invariably resorted to an opposite mode of treatment, precisely that, in fact, which I just now advocated as most beneficial in œdema glottidis, except that we can get on here without calling in the aid of the surgeon—and since I have pursued this practice, I have not met with an instance of this affection which has not recovered. The difficulty in the treatment of these cases is to get sufficient nourishment into the patient in consequence of the complete inability to swallow; but if a person cannot gain admittance into a house through the front door, the first thing to which he would most probably resort, if it were very important that he should gain entrance at all, would be to try at the back door. So here, since there is an almost insurmountable difficulty in introducing food into the stomach through the mouth, the only resource left us is to throw beef-tea injections, containing large doses of quinine, into the rectum, and feed the patient in this way. Then the back of the fauces should be lightly touched with the solid nitrate of silver, or freely washed with a strong solution of it, and as soon as the power of swallowing begins to return, which it generally does under this plan of treatment, in the course of from twenty-four to forty-eight hours, frequent and large doses of brandy, ammonia, chloric ether, and beef-tea should be exhibited by the mouth. If, however, from any cause, the plan of feeding by the rectum, fails to restore the power of deglutition, you must then have recourse to feeding by the stomach-tube; but this mode of proceeding is generally unsatisfactory, and must only be resorted to when all the other means, which I have just mentioned, have been fairly tried and found unsuccessful.

Thus, then, you see that erysipelas not only affects the external integuments of the body, but also the mucous membranes, both alimentary and respiratory; and in addition to those parts which I have already mentioned as so peculiarly liable to be fixed upon by the poison of this disease, there is one other tissue which, I suspect, it not unfrequently invades, viz., the peritonæum, producing what is known as puerperal fever, or puerperal peritonitis, a disease which I believe is really of an erysipelatous nature, and which certainly in most, if not in all instances, requires to be treated upon a thoroughly supporting plan.

And, in conclusion, let me say a few words upon the treatment of erysipelas generally; but, before entering into this part of my subject, I would wish to call your attention particularly to this fact,—that, in looking fairly at the clinical history of the disease, and the issue of various examples, we may arrange the various cases of erysipelas into the five following classes:—

α. There are certain cases of erysipelas which get well of themselves, and these are generally examples of the disease in a slight form, affecting the head and face only, or some other limited portion of the skin. Usually in the course of two or three days, especially if they are kept in a comfortable place, and have a little beef-tea, patients suffering from attacks of this intensity recover, and this, too, in some cases, despite of a lowering treatment, and of the use of such remedies as tartar emetic.

β. In a second set of cases of this disease, the very opposite of the first class, the patient dies downright, if I may use the expression; he sinks rapidly, do what you will. This mode of termination is common to erysipelas, with most of the other diseases which are due to the influence of the poison, whether it be generated in the body, or be of atmospheric origin. Thus, in a considerable proportion of cases of cholera, it is perfectly in vain to attach very much importance to anything in the way of treatment, for the patient is dead almost before the case comes fairly under observation; and, in such instance, I doubt that any plan of treatment ever will avail, because the morbid phenomena are of such rapid accession, almost as rapid as if the patient had taken a large dose of arsenic or of prussic acid. The same kind of thing also occasionally happens in typhus fever, the patient being killed, within a very few days, or even hours, of the commencement of the attack; and so, likewise, in all the exanthemata, small-pox, measles, scarlet fever, etc.,—all treatment often utterly fails, and death occurs during the first twenty-four or forty-eight hours of the illness.

Hence, then, it becomes necessary in all endeavours to estimate the value of any particular plan of treatment in erysipelas, carefully to eliminate from the data upon which conclusions are to be founded these two classes of cases, viz., first, those which would get well of themselves; and, second, those which defy every attempt at treatment.

γ. The third class of cases of erysipelas comprises those which recover under a suitable treatment, but in which there is a marked tendency to death, but which there is good reason to believe would terminate fatally if left to themselves.

δ. The fourth group consists of those cases which pass through the early stages of the malady more or less favourably, but which then exhibit the secondary phenomena of the disease. In this class complete recovery may take place, or death may result from the extreme exhaustion which is frequently induced by the extension of the suppurative process, and by its duration.

ε. In the fifth and last class, not only do the secondary phenomena of the disease manifest themselves, but, by some means or other, some morbid material finds its way into the circulation, in effect of which formations of pus take place in various parts of the body, and the patient dies of purulent infection, or pyæmia, as it is called.

The treatment for erysipelas which I have for many years past adopted, is the stimulating and supporting plan; and this I would, from a long experience, recommend to you, under the conviction that it is the best adapted to save life, and check the progress of the disease; and that under it you will seldom have to deal with the secondary phenomena of the malady.

The treatment consists in the free and steady administration of food and stimulants; such as beef-tea, and some form of alcohol, brandy by preference, in regulated quantities, at stated and short intervals; and if drugs are needed, ammonia, bark, and chloric æther, in forms most agreeable or least offensive to the stomach. The beef-tea and brandy should be given at stated times, in small doses, 2 or 3 ounces of the former, and from 2 drachms to half an ounce or an ounce of the latter, slightly diluted with water. Two different forms of alcoholic fluid should not be given at the same time, such as wine and brandy, or beer and brandy, or gin and brandy; and for other nourishment it is desirable to observe the same rule, as far as possible. You must attend closely to the digestive power of your patient, and be careful to avoid exciting dyspeptic symptoms, such as nausea, sickness, hic-

cough, flatulence, by giving too much at one time, or by too great variety of stimulant or food.

Sometimes in the course of an attack of erysipelas, the patient may become delirious, or he may fall into a state of coma. When this occurs, some authors would tell you that the erysipelas is inducing inflammation of the membranes of the brain. These notions are now, however, almost entirely exploded, and there is ample evidence that, if death takes place while the patient is in either of these conditions, the cerebral meninges are found, upon post-mortem examination, to all appearance perfectly healthy, or, if there be anything amiss with them, it is that the vessels of the pia mater contain rather less blood than they ought to do, and that none of the products of an inflammatory process can be detected.

It is during the first fourteen days of the illness, that these formidable symptoms are most apt to occur; hence the necessity of beginning early, from the first, with the supporting and stimulating treatment, which you will find a preventive both of delirium and coma. The lower you keep your patient, the greater will be the tendency to delirium or coma, and the more violent or profound will either be, and the development of either is an indication for pressing that treatment in the same or greater doses. Sometimes you will find that the coma persists, notwithstanding all the support you can give; and then you may generally conclude with certainty, that the blood has become poisoned by pus, or some other morbid agent, and that death from pyæmia is about to occur, or that local formatious of pus are about to be developed in various parts of the body.

In those cases in which the disease responds to the stimulating treatment, the delirium subsides, and speedily altogether disappears; the redness and swelling diminish; the pulse becomes softer, fuller, and less frequent; the fever decreases, and the state of convalescence is rapidly established.

Sometimes, through feeble powers of digestion in the patient, or injudicious zeal on the part of the attendants, you may find that you are over-stimulating. What are the indications of this? They show themselves in sickness, in flatulence, in a sense of oppression, perhaps also in derangement of bowels. When such symptoms occur, nothing can be easier than to suspend the treatment for a few hours, to give only a little cold water, and afterwards to resume it cautiously in diminished quantities.

The upshot, then, of all I have to tell with respect to the treatment of erysipelas, is to give stimulants and nourishing food freely, and from the very commencement of the attack. Don't trouble yourselves with too much attention to the secretions, as some are apt to do, who imagine that the alteration of these by grey powder, black draught, *et hoc genus omne*, is necessary to the favourable issue of the case, but who, by the time they have got the secretions into what they conceive to be a correct condition, find that their patient is fairly slipping through their fingers, and is dying, worn out, and exhausted. As soon as you are satisfied that the patient to whom you are called is labouring under erysipelas, at once begin to administer stimulants and nourishing food, using the precautions I have mentioned; and what I wish above all things to impress upon you is, that this stimulating treatment should be employed from the very beginning of the attack. With respect to the bowels, you must be guided by circumstances; if they are confined, you may open them by an enema, or by a dose of castor oil, or some other medicine, which will neither irritate the mucous membrane of the alimentary canal, nor exhaust the patient's strength; always keeping in view that the poison of erysipelas is exceedingly depressing in its action, and that the object of all your treatment should be, first, to antagonize the poison, and, secondly, to uphold the patient's powers so as to enable him to bear up against one of the most lowering and debilitating diseases to which the human frame is liable.

Now of all the stimulauts, I believe, as I have already said, the alcoholic are the best, and I have witnessed such remarkable effects in such a variety of cases produced by their free exhibition that I am inclined to consider them as *antidotes* to the erysipelatous poison; and if I were to be restricted to any one remedy in the treatment of this disease, I should, assuredly, choose brandy. With a commissariat well supplied with brandy, and simple means to keep the bowels open, I think I could engage to keep erysipelas at a minimum among the wounded in our army in the Crimea.

Some attach great importance to the use of the tincture of sesquichloride of iron in this disease. I have no doubt many cases such as those which I have placed in my first group will get well under that drug, partly and mainly because it excludes depressing treatment, partly, perhaps, from some tonic power in the medicine but I would as soon think of trusting to it in the treatment of the third or fourth group of cases, as I would to the billionth of a grain of aconite, or of arnica, or sulphur, or any other homœopathic absurdity. The remedy, so far as I know, is unobjectionable in itself, but its power to do good is small; and if you try it, let me advise you not to trust to it alone, but merely to use it as an adjunct to the treatment which I have endeavoured to impress upon you to-day. For, as I before said, there is a large class of cases of erysipelas which will get well without any treatment whatever, and, indeed, in spite of depressing treatment, because either the dose of the poison which these patients have imbibed has been very small, or else because their powers of resisting and holding up against the disease are very great; and in such cases you may amuse yourselves, if you like, with giving such remedies as the sesquichloride of iron. But in all severe examples of the malady, place your trust in food and brandy, freely given under careful regulation, and adopted from the very commencement of the attack.

There is an example of another disease in the Hospital, upon which it was my intention to have made a few remarks to-day. The case to which I allude is one of *phlegmasia dolens*—a malady which, in many respects, bears a remarkable analogy to erysipelas—being a low kind of inflammation, often evincing a tendency to suppuration, and though most frequently connected with the puerperal state, yet often occurring in association with typhus, and other diseases of a low type. I did purpose, I say, offering a few observations to-day upon this disease, but I regret that the state of my vocal organs will not permit my speaking any longer now, and I must, therefore, postpone what I have to tell you upon this subject until some future occasion.

The following cases are appended, as good illustrations of the effects of the treatment recommended in the lecture:—

Case 1.—Thomas Lane, aged 53, a coppersmith, of intemperate habits, admitted into King's College Hospital on June 1st, 1855, in a state of violent delirium, with erysipelatous inflammation of the right cheek, and with signs of slight suppuration in the right upper eye-lid. It appeared that this man had been in the habit of working in distilleries, where he was constantly exposed to the fumes of spirits, to counteract the intoxicating effects of the inhalation of which he used to drink a very large quantity of beer; but that he had latterly changed his occupation for that of a plumber, and while following this employment he had continually been greatly exposed to wet from the bursting of pipes, and various other causes. The attack of erysipelas, for which he was brought to the Hospital, commenced about a fortnight prior to his admission, with pain, redness, and swelling over the right eye, which symptoms gradually increased in severity until he was brought under observation ou June 1st. By this time delirium had manifested itself, and he was so violent, and created so much disturbance, that it was found necessary to isolate him from the other patients, and place him in a ward by himself. Pulse 86; respirations 30. The treatment upon which he was put consisted in the free supply of beef-tea, milk, and arrow-root, together with half-an-ounce of brandy every two hours, and twenty drops of laudanum every four hours. The following day an incision was made into the right eye-lid, and a small quantity of pus escaped, and the delirium and other symptoms still continuing unabated, the brandy was increased to half-an-ounce every hour, and bark, chloric æther, and ammonia in effervescence, were substituted for the laudanum. Pulse 76; respirations 24. The day succeeding this (3rd) the delirium had considerably diminished. Pulse 74; respirations, 22. On the 4th, the pulse was 74, and the respirations 20; and on the 5th, the erysipelas was rapidly disappearing, the delirium had entirely ceased, and the pulse was 56, and the respirations 22. The stimulants were now diminished gradually from day to day, meat and porter being substituted for brandy and beef-tea, and on the 9th the patient was convalescent.

Case 2.—J. S., aged 47, a relieving officer, of temperate habits, and good general health, was admitted into King's College Hospital on May 17th, 1855, with a severe attack of erysipelas of the face and head. Pulse 110; respirations 38.

He was at once put upon half-ounce doses of brandy every two hours, with a plentiful supply of beef-tea, etc. A week previous to this man's admission into the Hospital he was seized with shivering and vomiting, and this was speedily followed by redness and swelling of the nose. The erysipelatous inflammation rapidly spread, and involved the whole of the face and temples, the eyes being completely closed. The day following his admission the pulse was 104, and the respirations 42; and the day after this (19th) the report of him is this:—"He is rather worse to-day. Pulse 112; respirations 38. He has had no sleep last night, and is now very restless, and wanders occasionally. Tongue thickly coated with a brown fur; the swelling of the face is slightly diminished." The brandy was now increased to half an ounce every hour, and on the 20th the pulse had fallen to 96; and on the 21st this report is entered in the book:—"The redness and swelling have entirely subsided, except under the right eye. Pulse 88; respirations 35. He sleeps well, the tongue is cleaning, and he is asking for meat. On the 22nd, the brandy was diminished to half-an-ounce every two hours, and the convalescence was now rapidly established, the only indication of suppuration anywhere being the existence of a very small collection of pus in the right upper lid, which was opened on the 23rd. On the 26th, all brandy was withdrawn, and the patient put on porter and quinine; and a few days subsequently he was discharged quite well.

Case 3.—M. T., aged 21, a healthy-looking girl, with a marked hysterical countenance, admitted into King's College Hospital on May 23rd, 1855, for pain in the left side (which appeared to be hysterical) and occasional headache. For this she was put on steel and a pretty liberal diet, and on June 8th was ordered to leave off all medicine, as she was reported to be "nearly well." Three days after this, however, it was found that she was attacked with erysipelatous inflammation in the right eye and side of face, which was red and swollen. She now complained much of pain in the head and giddiness, and she was at once put upon half-ounce doses of brandy every third hour. It almost appeared as though this treatment put a stop to the progress of the disease, for the erysipelas ceased to spread, and in three or four days the face was almost well. On the 14th, however, the right arm became the seat of erysipelatous inflammation, which, treated in a similar way, rapidly disappeared.

Case 4.—M. E., aged 22, a needlewoman greatly overworked, admitted into King's College Hospital on May 9th, 1855, with a severe attack of erysipelas involving the whole of the face, which had commenced four days prior to her admission into the Hospital. It appeared that this patient had had two attacks of the disease before this, viz., one nine years ago, and another six years subsequently. On admission her pulse was 116, and her respirations 26, and she was very restless and quite unable to sleep. Plentiful supplies of beef-tea were ordered her, together with half-an-ounce of brandy every hour. On the 11th the pulse was 120 and the respiration 30; and on the 12th the erysipelas exhibited a tendency to spread to the scalp, but the pulse had fallen to 118, and the respiration to 22. On the 14th an immense improvement had taken place, the swelling had very much diminished, desquamation was beginning to be established, and the pulse had fallen down to 89, while the respirations were 22. On the 15th the report is as follows:—"The swelling has almost entirely subsided; the cuticle is peeling; the pain in the head is quite gone; pulse 78; respiration 22." The stimulants were now gradually diminished, and on the 16th the pulse was 72 and the respiration 20; on the 17th pulse 66, respiration 18; and on the 18th she was fairly convalescent, the pulse being 62, and the respiration 16, while the only appearance of a secondary abscess was a small pustule on the margin of the left upper eyelid. Full diet, porter, and quinine were now gradually substituted for the brandy and beef-tea; and the patient was discharged quite well on May 26th, 1855."

Case 5.—E. K., aged 36, a married woman who had had fourteen children, was brought into King's College Hospital on March 15th, 1855, with a curious chorea-like shaking of the right arm, and erysipelatous inflammation of the right cheek. About four weeks previous to her admission into the Hospital she suffered a great fright from waking up one morning and finding a niece who was sleeping with her lying dead by her side, and a few hours afterwards she was seized with chorea-like jerkings of the right arm, which have continued ever since, but which ceased entirely during sleep. From this time she remained in a very weak and low state, fainting occasionally, until March 11th, when she was taken with pain, redness, and swelling in the right cheek, and violent shivering; and on the 15th she was brought to the Hospital. Her pulse was then 68, exceedingly weak, and her respiration 48, loud rhonchus being audible all over the chest. The treatment to which she was subjected consisted in the exhibition of half-an-ounce of brandy every two hours, five grains of carbonate of ammonia every four hours, with an opiate draught at night, together with free supplies of beef-tea. On the 16th the erysipelas was evidently spreading, and the pulse was 86, and the respiration 46; and the brandy was now increased to half-an-ounce every half-hour. On the 17th the whole of the right side of the face was involved, and violent retching had come on, all the brandy taken being almost immediately returned. The brandy was therefore at once left off, and an ounce of wine was given her in effervescence every half-hour. On the 19th, though the erysipelas had involved the whole of the face, yet the patient appeared decidedly better, the convulsive movements of the arm and the vomiting having entirely ceased. On the 20th the erysipelatous inflammation was rapidly subsiding, and desquamation of the cuticle was commencing. The pulse had now fallen to 94, and the respiration to 20. From this time the patient gradually improved, the pulse coming down a few beats daily, while, as in the other cases, the stimulants were by degrees lessened and lessened, until, on the 30th, all erysipelas had gone, and the patient was put upon porter, quinine, and a generous diet. The only suppuration which occurred in this case consisted of a little pustule on the edge of the right lower lid, and a small abscess in the right armpit, both of which speedily got well. The convulsive movements of the arm never returned while this patient was under observation after their first disappearance on the 19th.

Case 6.—This case serves as a good illustration of the effects of over-stimulation. E. R., aged 34, admitted into King's College Hospital on April 25th, 1855, with a very severe attack of erysipelas of the head and face. Pulse 112; respiration 28. This patient was at once ordered plenty of beef-tea and the following draught every hour:—Ammon. carb. p. ij., sp. æther. chlor. ♏ x., sp. vini gallici ʒiv.; aquæ ʒii. For the three next days the erysipelatous inflammation gradually spread, and the pulse maintained its frequency, and on the 29th the draught was ordered to be given every half-hour. On the 30th, however, retching and vomiting manifested themselves, and the patient became extremely prostrate, and it appeared as though the vomiting had arisen from the excessive amount of stimulants, or perhaps rather of ammonia and chloric æther, for the brandy had been mixed with the physic, in order to ensure its being administered. She was now, therefore, ordered simply half-an-ounce of brandy every half-hour, and a little bark and ammonia in effervescence every third hour; and from this time the case proceeded in the most favourable way. The stimulants were gradually diminished as the pulse fell, and the erysipelas subsided; and, without the occurrence of any secondary abscess, this patient was discharged from the Hospital quite well, after a stay of little more than three weeks.

ORIGINAL COMMUNICATIONS.

FURTHER REMARKS ON THE MODE OF COMMUNICATION OF CHOLERA;

INCLUDING SOME COMMENTS ON THE RECENT

REPORTS ON CHOLERA BY THE GENERAL BOARD OF HEALTH.

By JOHN SNOW, M.D.

[A great part of this Paper was read at the Epidemiological Society in May and June, 1855.]

In a paper which I had the honour to read to this Society in 1851 (a), I enumerated various circumstances connected with the pathology of Cholera, and with its progress as an epidemic, which led me to the conclusion that it is propagated by the morbid poison which produces it being accidentally swallowed; that this morbid poison becomes multiplied and in-

(a) Published in *Medical Times and Gazette*, 1851, Vol. II.

creased in quantity on the interior surface of the alimentary canal, and that it passes off in the ejections and dejections, to produce fresh cases of the disease in those who happen to take the morbid matter into the stomach. I explained what great facilities there are for the cholera evacuations being accidentally swallowed in the crowded habitations of the poor, where the inmates cook, eat, live, and sleep in the same apartment, and pay little regard to washing the hands, since these evacuations are almost devoid of colour and odour, and are usually passed involuntarily in the latter stages of the disease. It is in the families of the poor that cholera is often observed to pass from one individual to another, while in cleanly dwellings, where the hand-basin and towel are in constant use, and where the rooms for cooking, eating, and sleeping are distinct from each other, the communication of cholera from person to person is rarely observed. In the houses of the poor, also, the disease is hardly ever contracted by medical, clerical, and other visiters, who do not eat or drink in the sick-room, while it often fares differently with the social visitor, who comes either to see the patient or attend his funeral.

The cholera has visited the mining districts of this country with unusual severity, in each of the epidemics we have had. The following is the explanation of this circumstance:—The pits are without any privies, and the excrement of the workmen lies about almost everywhere, so that the hands are liable to be soiled with it. The pitmen remain under ground eight or nine hours at a time, and invariably take food down with them into the pits, which they eat with unwashed hands, and without knife and fork; therefore, as soon as a case of cholera occurs among any of the pitman, the disease has unusual facilities of spreading in the way I have pointed out.

In my former paper I also showed that the cholera evacuations have the property of communicating the disease after being mixed with the drinking-water of the people, and I related a number of instances in which sudden and severe outbreaks of the malady occurred in the epidemics of 1832 and 1849 among persons using the water of ditches and pump-wells contaminated with excrementitious matters. It is particularly to be remarked that, in those instances, there were one or two cases of cholera in the community whose evacuations polluted the water, just before the great outbreak. I also related a number of facts to show that cholera was communicated through the water supplied to many districts of London, and to several other towns where the water was obtained from a river receiving the sewage of the town. This division of my views on cholera which refers to its communication through the medium of drinking water, has apparently obtained a greater amount of attention from the Profession, than my views respecting its more immediate communication by the cholera poison being swallowed without the water. While I speak on this division of the subject, however, I must beg the Society to bear in mind also the other part of my views, first alluded to, for I am well aware that the part which relates to polluted water will not of itself explain the whole progress of the disease as an epidemic.

The epidemics of 1853 and 1854 have furnished numerous examples of the communication of cholera by means of water quite as striking as those which I related in my former paper; but I shall be content on the present occasion to describe only a single example which occurred on a large scale, and shall merely make such remarks on some other instances, as may be necessary to elucidate the way in which the water produces its effects.

The whole of the south districts of London, with the exception of the Greenwich district, and part of the Lewisham and Rotherhithe districts, are supplied with water by two water companies, one called the Lambeth Company, and the other the Southwark and Vauxhall Company. The population of the districts supplied by these two water companies, amounted in 1851 to nearly half-a-million. Now throughout the greater part of the districts supplied by these two water companies, the supply is intimately mixed, the pipes of both companies going down all the streets, and into almost all the courts and alleys. The water companies were at one time in active competition, and any person paying the rates, whether landlord or tenant, could change his water company as easily as his butcher or baker, and although this state of things has long since ceased, and the companies have come to such an arrangement that the people cannot change their supply, yet the result of the former competition remains. There is here and there a row of houses having the same supply, but very often two contiguous houses are supplied differently. There is no difference in the circumstances of the people supplied by the two companies; each company supplies both rich and poor alike.

In 1849 the water supplied by the two companies was nearly the same; that of the Lambeth Company was obtained from the Thames, close to Hungerford Suspension Bridge; and that of the Southwark and Vauxhall Company at Battersea-fields: each kind of water contained the sewage of London, and was distributed with very little attempt at purification, as the most superficial examination was enough to show. The cholera in 1849 was almost equally severe in the districts which were entirely supplied by the Southwark and Vauxhall Company, and those which were partly or chiefly supplied by the Lambeth Company. This latter company had no district, or even sub-district, exclusively to itself, and although it has since extended its supply to the sub-districts of Streatham, Norwood, Dulwich, and Sydenham, these villages are chiefly supplied by pump-wells.

Between the epidemic of 1849, and that of 1853, a very important change was made in the water supply of a great portion of the south districts of London. The Lambeth Company removed their works in 1852 from the neighbourhood of Hungerford Bridge to Thames Ditton, which is situated above Teddington Lock, and is, therefore, beyond the influence of the tide, and out of reach of the sewage of London.

Dr. Farr turned his attention to the influence of the water-supply on the mortality from cholera in London soon after my pamphlet, containing remarks on the subject, appeared in 1849. He returned to the subject in the latter part of 1853, and the weekly returns of that time contain some tables, showing that the districts, partly supplied with the improved water from Thames Ditton, suffered a lower mortality than those supplied exclusively with the water from Battersea-fields. It was desirable, however, to investigate this matter more in detail, and to find out, if possible, what was the actual water-supply in the houses in which fatal attacks occurred. I was unable to do this in the epidemic in the last quarter of 1853, but when the cholera returned to London in the following summer, I resolved to call myself at the houses in which deaths might occur, in the districts where the water-supply is intermingled in the way I have explained. The addresses of the persons who died of cholera during the first four weeks of the epidemic of 1854 were published in the weekly returns, and on applying to Dr. Farr, I was kindly permitted to copy those of the persons whose deaths were registered during the next three weeks. My inquiries thus extended over the first seven weeks of the epidemic, that is, from the 8th of July to the 26th of August. The number of deaths I inquired after personally amounted to 658; but as the water companies make no return of the number of houses they supply in particular parishes or districts, it was necessary, in order to find out the exact influence of the water, to extend the inquiry to all the districts to which the water of either company is distributed, in order that the number of fatal attacks might be compared with the entire number of houses supplied by each company, as shown by their returns to Parliament at the conclusion of 1853, namely, 40,046 by the Southwark and Vauxhall Company, and 26,107 by the Lambeth Company.

I was assisted by a Medical man, Mr. Whiting, in making the inquiries respecting the water-supply in certain districts supplied only by the Southwark and Vauxhall Company; but I made the inquiry myself in all the districts to which the water of the Lambeth Company extends; so that Mr. Whiting's part of the inquiry, which he conducted very carefully, was merely to ascertain whether the houses, in which fatal attacks took place, were supplied by the Southwark and Vauxhall Company, or by a pump-well, or some other local supply. In the cases where persons died in an hospital or a workhouse, to which they had been removed after the attack, the water-supply of the houses from which they had been removed was ascertained.

In stating the results of these inquiries, I shall divide the seven weeks over which they extended into two periods, giving the result of the first four weeks of the epidemic first, and then that of the succeeding three weeks, as the cholera was more exclusively caused by the water in the beginning of the epidemic than afterwards, for reasons that I shall state. I shall also treat separately of the groups of districts, accord-

ing as they were supplied by only one of the companies, or by the two combined.

In the first four weeks of the epidemic there was not a single death from cholera registered in the sub-districts supplied by the Lambeth Company, and not supplied by the other company. In the sub-districts, in which the supply of the two companies is intermingled, in the way I have explained, there were 134 deaths from cholera registered during this period, and I ascertained, by calling at the respective houses in which the fatal attacks occurred, that the water supply in 115 cases was that of the Southwark and Vauxhall Company, in 14 cases that of the Lambeth Company, in 2 cases from pump-wells, in 1 direct from the river, and in 2 instances it was not ascertained, as the place of attack was unknown. In the sub-districts which are supplied solely by the Southwark and Vauxhall Company, there were 200 deaths during the first four weeks of the epidemic, of which 171 had the supply of that company, and the rest had water direct from the river, or from pump-wells, or ditches.

In the next three weeks of the epidemic, from the 5th to the 26th of August, 18 deaths from cholera were registered in the sub-districts supplied by the Lambeth Company alone; of these 4 occurred in houses having the supply of that company, and the houses in which the others occurred were supplied from pump-wells or other sources. In the sub-districts in which the supply is intermixed, 518 fatal attacks of cholera occurred in these three weeks, of which I ascertained that 410 took place in houses having the supply of the Southwark and Vauxhall Company, and 80 in houses having the supply of the Lambeth Company, while the remaining 28 occurred in houses not supplied by either company, or of which the address was not known. During this period 644 fatal attacks occurred in the sub-districts supplied exclusively by the Southwark and Vauxhall Company, of which 567 happened to persons having the supply of the company, and the remaining 77 to persons obtaining water direct from the river, or from some other source.

It is to be regretted that we have not yet the exact number of houses supplied by each water company respectively, in those sub-districts in which the supply is intimately mixed up, as it is there that the investigation approaches completely to a crucial experiment. Dr. Farr has all the data for ascertaining this point, and I hope it will soon be worked out. In the mean time, however, we can arrive very nearly at the truth by the help of the Census tables. The entire number of inhabited houses in the sub-districts in which the water supply is intermixed was 44,686 at the time of the last census, and there were 3079 houses in the sub-districts which were supplied by the Lambeth Company to the exclusion of the other. These latter sub-districts, namely, Streatham, Norwood, Dulwich, and Sydenham, are chiefly supplied by private pump-wells, not more than one house in five at the utmost being supplied by the company; therefore, if we deduct one-fifth of the above from the entire number of houses which the Lambeth Company supplies, we shall have 25,491 as the number of houses which that company supplies out of the 44,686 which were contained in the districts and sub-districts where the supply is intermixed; leaving 20,555 as the number supplied by the Southwark and Vauxhall Company. Some houses were built in a few of the less crowded sub-districts, between the time of the Census and the epidemic of 1854, but these are probably quite counterbalanced by a certain number of houses in Kennington and Brixton, which have a pump-well, and are not supplied by either company.

The 115 fatal attacks which occurred during the first four weeks of the epidemic in the 20,555 houses we have calculated to be supplied by the Southwark and Vauxhall Company, give 55 to every 10,000 houses, and the 14 fatal attacks which occurred in the 25,491 houses supplied by the Lambeth Company give 5 to each 10,000 houses; the cholera was therefore eleven times as fatal in the houses having one supply as the other. If we make a similar calculation with regard to the fatal attacks which occurred in the next three weeks in the sub-districts in which the water supply is intimately mixed, we find that the mortality of cholera was at the rate of 199 to each 10,000 houses supplied by the Southwark and Vauxhall Company, and 31 to each 10,000 houses supplied by the Lambeth Company. It was, therefore, between six and seven times as great during this period, to the population having one supply as to that having the other.

I will now state the results when the whole of the districts supplied by each of the companies are taken together, and compared with the entire number of houses supplied by each. In this way we get figures that are perfectly correct, and not merely a close approximation to the truth.

In the first four weeks of the epidemic there were 334 deaths from cholera in the districts to which the supply of the two water companies extends. Of these 286 were attacked while living in houses supplied by the Southwark and Vauxhall Company with water from the Thames at Battersea-fields, and only 14 in houses supplied with water from Thames Ditton. In 4 cases the houses were supplied with water from pump-wells, in 26 cases the water was drawn directly from the river or from ditches, and in 4 cases the supply could not be ascertained, as the place of attack was unknown. When the number of houses supplied by each of the companies respectively is taken into account, it is found that the cholera was 14 times as fatal in the houses receiving the water from Battersea-fields, and containing whatever might come down the sewers or over the side of a ship from cholera patients, as it was in the houses receiving the water from Thames Ditton.

I published the address of the houses in which the whole of the above 334 fatal attacks took place, appending the particulars of the water supply, and I have not heard that the correctness of the report has been called in question in a single instance.

The 286 cases occurring in the houses supplied with the water of the Southwark and Vauxhall Company were distributed over the whole area to which the water extends, reaching from Wandsworth to Rotherhithe inclusive; and this continued to be the case throughout the epidemic.

It is worthy of remark that while only 563 fatal cases of cholera occurred in the whole of this metropolis, containing over 300,000 houses, during the four weeks ending August 5th, 1854, 286, or more than one-half of the entire number, occurred in the 40,046 houses supplied by the Southwark and Vauxhall Company, while a great number of the remaining cases occurred in persons employed on the river, and drawing their drinking water from alongside the ship or barge. In the next three weeks of the epidemic, from the 5th to the 26th of August, 1180 deaths from cholera were registered in the districts of which I am treating. Of these fatal attacks, 977 took place in houses supplied with the water of the Southwark and Vauxhall Company, and 84 in houses supplied with the improved water of the Lambeth Company; there were 25 fatal attacks in houses supplied merely by pump-wells; in 76 cases, the water was obtained from the Thames, or from ditches, and in 18 cases the supply could not be ascertained, for the reason stated before.

When the number of houses supplied by each company respectively, is taken into account, it is found that in those three weeks, from the 5th to the 26th of August, the cholera was eight times as fatal in the houses supplied with water from Battersea-fields as in those supplied with the more pure water from Thames Ditton, the proportions being 241 fatal attacks in each 10,000 houses supplied with the former water, and 32 fatal cases in each 10,000 houses supplied with the latter.

An inquiry respecting the water supply in the house of attack, in all fatal cases of cholera, was made by the Registrar-General, through the district Registrars of all the south districts of London, beginning from the 26th of August, the day when my inquiry was left off. There were a considerable number of cases in which the supply could not be ascertained from the person registering the death, owing chiefly to the water-rates being "farmed," as the term is, but there is no reason to doubt that the returns were correct, so far as they went, and showed the same proportion as they would have shown if more complete (a). From the 26th of August to

(a) In my inquiries, I made use of a chemical examination of the water in all cases where the other evidence was not quite conclusive. The Lambeth water contained rather less than a grain of common salt in each gallon, while the water of the Southwark and Vauxhall Company contained nearly forty grains. I ascertained afterwards from the information of Mr. Quick, the Engineer to the latter company, and from some examinations I made of the Thames water taken direct from the river, that the common salt was nearly all derived from a mixture of sea-water, owing to the extreme dryness of the season, which caused it to flow higher up the river than usual. When Messrs. Graham, Miller, and Hofmann examined the water of the Southwark and Vauxhall Company, at the latter part of January, 1851, it contained rather less than two

the end of the epidemic, a period of ten weeks, 2443 cases were returned to the Registrar-General, in which the water supply in the house of fatal attack was that of the Southwark and Vauxhall Company, and 313 cases in which the supply was from the Lambeth Company; consequently, during this period, there were 610 fatal attaeks in each 10,000 houses supplied by the former company, and 119 in each 10,000 houses supplied by the latter, and the malady was, therefore, more than five times as fatal to the population having water from the Thames at Battersea-fields, as to the population having the new supply, free from the sewage of London.

It will be observed that, while the disproportion between the number of fatal attacks in the houses supplied respeetively by the two kinds of water remained very striking to the last, yet that it somewhat diminished with the progress of the epidemic, being fourteen times as great in one class as in the other, during the first four weeks of the epidemic, eight times as great during the next three weeks, and more than five times as great during the last ten weeks. The reason of this is, that as the number of cases increased, the opportunities of taking the disease directly from the patient in the manner I first pointed out, increased also. The proportion of deaths in houses supplied by the Lambeth Water Company inereased during the progress of the epidemic, just as it did in parts of London having a water supply whieh took no share in the propagation of cholera, as the central and north districts supplied by the New River Company.

The Registrar-General calculated from the Census returns the number of persons living in the houses supplied by the two water eompanies mentioned above; and by this means we are enabled to compare the mortality of these parts of the population with that of the rest of London, which is estimated according to the number of the people, and not of the houses. The mortality of London generally in the late epidemie was 44 to each 10,000 inhabitants; among the population supplied by the Southwark and Vauxhall Water Company it was 157 to each 10,000 inhabitants, while it was only 27 to each 10,000 persons having the supply of the Lambeth Water Company. The preponderance of deaths in the south districts over the other parts of London, was caused entirely by the mortality among the customers of the Southwark and Vauxhall Water Company; and it is extremely deserving of notice, that the customers of the Lambeth Water Company, although intimately mixed up with those of the former company, retained an immunity from cholera throughout the epidemic, not only greater than that of London at large, but greater than that of any of its divisions, except the central and north districts above alluded to, which are supplied by the New River Company with water receiving no town drainage whatever, and not even navigated by people living in boats. This eireumstance confirms me in the conclusion which I expressed in a former paper to this Society, that the remarkable relation of an inverse nature, which Dr. Farr discovered to exist between the elevation of the soil, and the mortality of cholera in the metropolis, depended entirely on the relative purity or impurity of the water; taking into account not only the supply of the companies, but also that drawn from the Thames and tidal ditches, and that of the pump-wells, which are most liable to pollution in the low-lying distriets.

In the Report of the late General Board of Health on the Water Supply of the Metropolis, published in 1850, the following passage occurs, at page 130: "We could find no evidence to justify the supposition that the aggravated effects of cholera, in the lower distriets, was to be attributed to persons drinking pipe-water, which, in faet, very few people do habitually drink." The latter part of this passage I found in my inquiries last year in the South Districts to be erroneous, for there were very few pumps in use, until one came to the more distant and suburban parts; in the more densely peopled parts of Lambeth, Southwark, and Bermondsey, the people seldom had any other water to drink than that of the eistern or water butt, and the mortality was greatest among children and others who drank it unboiled. As regards the influence of the pipe-water itself, I believe that, since the inquiries of last summer above alluded to, especially that part of them made and published by the Registrar-General, it has been generally admitted. In the reeent Report of Dr. Sutherland, published by the present Board of Health, both the author himself, and every one of the Inspectors whom he quotes on the subject fully admit the influence of the impure water of the Southwark and Vauxhall Company on the prevalence and mortality of cholera, although they do not admit the explanation which I give of this influence. It only remains, therefore, for me to prove that this impure water can increase the prevalence and mortality of cholera in no other manner than that which I explained at the beginning of this paper, and I shall have established my point. I should first like to remark, however, that although a scarcity of water for such purposes as washing out dirty courts and alleys had often been complained of, I am not aware that the quality of the water supplied from any water-works had ever been suspected of actually promoting the prevalenee of cholera, or any other epidemie disease, before I published my views on its pathology and mode of eommunication in August, 1849. So far was this from being suspeeted, that the most approved measure for preventing cholera in London was that of abolishing common privies and cesspools, in order to remove offensive odours, and by substituting water-closets, to send the evaeuations of both the sick and healthy, as quickly as possible into the Thames, although it was well known that about half the metropolis were drinking the water of this river.

As far as I am aware, it is these views which have led to a knowledge of the injurious effect of water under eertain eonditions, and I would therefore suggest that they are worthy, on this account, of some amount of consideration from those who do not yet admit their entire truth. I would even suggest that this result of the views I entertain affords of itself a presumption that they are correet.

But to proceed to the proofs to whieh I alluded. There are very numerous facts to show that mere impurity in the water does not of itself inerease the prevalenee of eholera, even when that impurity eonsists of the contents of sewers and cesspools. The greater number of the shallow pump-wells of this metropolis contain a good deal of organic matter from the neighbouring sewers, house-drains, and cesspools, in fact, the ground being covered up with houses and pavement, they are chiefly fed from these sources, but they do not, as a general rule, take any share in the propagation of cholera during an epidemie; it is only here and there, when one of them happens to receive what comes from a cholera patient, that it communicates the malady to those drinking the water. Persons often allow the water in their cisterns and butts to become extremely foul and dirty, but this has no effect in promoting the disease, provided the water be originally of a kind, like that of the New River, which never contains anything proceeding from cholera patients.

It follows, therefore, that mere impurity in the water does not predispose to, or in any way increase the prevalence of, cholera; and that the disease, when influenced by the water, is really due to the specifie cause of cholera eontained in the water.

Those who dissent from the opinion, that the water promotes the prevalence and fatality of eholera, by containing the speeifie eause of the disease, generally believe that the ordinary impurities in the water act as what they call a predisposing cause. But a predisposing cause is one which is supposed to prepare the patient to be acted on by some more direct cause; and it must, therefore, require a certain time for its operation. But I met with many instances last summer of persons being fatally attacked with eholera in the south distriets of London, very soon after arriving from a healthy part of the eountry, and drinking the water of the Southwark and Vauxhall Company. Some of them were attacked within forty-eight hours after their arrival. Many cases occurred also in the neighbourhood of Broad-street, Golden-square, last autumn, of persons who were not in the habit of drinking the water of the pump in that street, who yet were fatally attacked with cholera after taking the water contrary to their

grains of common salt. It has been objected (*Brit. and Foreign Med. Rev.*, April, 1855) that the water of the two companies might alter from day to day, and that I ought to have examined that in their reservoirs; but, besides that it would be impossible for the sea-salt to be elevated over Teddington Lock, and extremely improbable that the Thames in London should take on, in the middle of a dry autumn, the character it had in a wet winter, an examination of numerous specimens throughout the district is as good proof of the nature of the water supply as one made at the reservoirs. I am, however, able to say that the two kinds of water existed throughout the district during the whole time of my inquiries, and were characteristic of their respective sources, for I examined very numerous specimens where the other evidence was conclusive, independent of that derived from chemistry. The mere appearance of the water was generally enough to indicate its origin, but I never relied on that alone.

usual custom. I have notes of many such instances, but will mention only one, that of a family of three persons, at 51, Poland-street, who were all attacked on the 1st of September, and died on the same day. They were not in the habit of drinking the water from this pump, but had a jugful on the evening of August 30, and again on the evening of August 31. My informant was the brother of the deceased woman. He fetched the water on one of those evenings, and saw a sister who survives go for it on the other evening. There were several instances also of families and individuals who were in the constant habit of drinking the water of the above-mentioned pump; but, being prevented by some cause or other from drinking it at the time of the great outbreak of cholera, escaped the malady. The above circumstances show that the water did not act as a predisposing cause, but must have contained the real and efficient cause of the cholera.

Anything which is supposed to act as a predisposing cause is generally believed to produce its effects by lowering the general health and reducing the strength; but observation shows that cholera attacks individuals of all kinds indiscriminately, when they are exposed to the influence of its specific morbid poison. We may ascertain, from a table constructed by Dr. Guy, that in 1849, some of the occupations which suffered more from cholera than any others were those in which the men are extremely strong and robust, and follow an out-door employment. The seamen and ballast-heavers suffered excessively; 1 in 24 of their whole calculated number died; whilst the coalporters and coalheavers suffered nearly as much, since 1 in 32 of their number died. In the last epidemic also, the men in these occupations suffered severely, but the numbers have not yet been calculated. The reason of those persons suffering so excessively from cholera is, that they draw the water they drink from alongside the ship, and, therefore, have a greater chance of getting the cholera poison in a fresh and unimpaired state, than when it has to pass through the reservoirs and pipes of a water company. It is quite evident to any one acquainted with these men, that the Thames water does not produce cachexia, or gradually undermine the strength.

(To be continued.)

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING JUNE.

The subjoined report includes as usual the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, The London, The Middlesex, The Westminster, St. Mary's, The Metropolitan Free, The Marylebone Infirmary, and The Hospital for Sick Children

LITHOTOMY.

Number of cases, 4. Recovered, 1. Under treatment, 2. Died, 1.

Case 1.—A boy, aged 3, under the care of Mr. Fergusson, in King's College Hospital. He was in good health and symptoms of stone had been observed for about three months. A calculus, the size of a horse-bean, was removed by the usual operation. Doing well. *Case* 2.—A healthy boy, aged 12, under the care of Mr. Coulson in St. Mary's Hospital. Symptoms had existed for three years. The stone was crushed during the operation, and was extracted in fragments. The whole together weighed two drachms and a half. Doing well. *Case* 3.—A boy, aged 5, under the care of Mr. Callaway in Guy's Hospital. Although not cacheetic he was in delicate health, being fat but very pallid. The usual operation was performed. Recovered. *Case* 4.—A healthy-looking child, aged 3, under the care of Mr. Coulson in St. Mary's Hospital, having had symptoms of stone for a year past. A stone, the size of a flattened bean, was removed by the usual operation. On the day following the operation the child was attacked by convulsions, from which death followed in about twelve hours.

LITHOTRITY.

A man on whom several lithotrity operations were performed in April by Mr. Hilton, remains under care as an out-patient at Guy's Hospital. Mr. Coulson's case mentioned last month is also under care and doing well.

A healthy-looking man, aged about 58, is under the care of Mr. Curling in the London Hospital, and has had three operations performed during June without ill results. He is still an in-patient.

LITHECTASY IN THE FEMALE.

A little girl, aged three years and a-half, was admitted under the care of Mr. Erichsen, into the University College Hospital, having suffered very severely from the usual symptoms of stone. With some difficulty the presence of a calculus in the bladder was ascertained. Mr. Erichsen employed sponge tents as dilators for about three hours previous to the attempt at extraction. The child being put under the influence of chloroform, and placed in the proper position, a bivalve dilator was employed for a few minutes to complete the requisite dilatation of the urethra. A pair of small forceps was next introduced, and the stone seized and withdrawn. It proved to be of about the size of a shilling. No incision or laceration of the meatus was found necessary. The child recovered perfectly, and no incontinence of urine resulted.

TREPHINING OF THE SKULL.

Case 1.—A man of middle age was admitted into the London Hospital, having sustained a compound and comminuted fracture of the right frontal bone, from the falling of a heavy stone on his head. Besides the injury to the skull the stone had fallen also on the chest and abdomen, and inflicted serious contusions, as well as fractures of several ribs of the right clavicle. He was quite conscious, and without paralysis. Mr. Corner, the House-Surgeon, removed, immediately after admission, several portions of the outer table, which were detached and driven inwards. It was seen, when these had been taken away, that the inner table had been broken, and driven under the edge of the adjacent part of the skull. In order to elevate these, Mr. Gowland had to employ the trephine, after which the removal of the depressed portions was easily effected. The dura mater was not torn. The man remained without head symptoms until the time of death, which took place on the following day. The cause of the fatal event had probably no connexion with the injury to the skull, having been preceded only by extreme difficulty of breathing, pain in the abdomen, and much emphysema of the walls of the chest. *Case* 2.—A delicate boy, aged 16, was admitted, under the care of Mr. Lane, into St. Mary's Hospital, having sustained a compound fracture, with depression of the posterior part of the frontal bone. He was insensible. By the use of Hey's saw a small fragment of bone was liberated, and taken away. Complete relief to the symptoms followed, and although a severe attack of erysipelas subsequently occurred, the lad is now doing very well.

CÆSAREAN SECTION.

The Cæsarean section for the removal of a fœtus from the peritoneal cavity was performed during June by Mr. Erichsen, in University College Hospital. The following are the facts of the case:—A married Irishwoman, aged 38, was advanced twelve hours in her sixth labour, when the accoucheur in attendance felt the head of the child, which had come low down, suddenly recede. Symptoms of ruptured uterus followed. Dr. Murphy was now called in consultation, and having found that the fœtus could be easily felt through the abdominal walls, and was apparently quite loose, while it could not be reached by the vagina, concurred in the opinion already formed that the uterus had given way. The woman was not at this time in a very collapsed state, and as her own home was such as to preclude the possibility of proper care being obtained, her removal to University College Hospital was advised. She bore the journey ill, and was much more sunken when admitted than she had previously been. A further consultation having taken place, Mr. Erichsen proceeded to remove the fœtus by gastrotomy. An incision about six inches in breadth was made in the median line, between the umbilicus and pubes. The fœtus was easily reached; and, as expected, was found loose in the peritoneal cavity. It was removed (dead), together with the whole of the cord and the placenta. Not much hæmorrhage occurred, nor was much blood found in the abdomen. Stimulants, opiates, etc., were liberally employed afterwards, but in spite of them the woman sank, and died in about three hours. Her

friends resolutely refused to allow a post-mortem, but an opportunity was obtained of examining the uterus. This organ proved to be uninjured; it was about the size of a cocoa-nut, and in the usual condition of one from which a fœtus had recently been removed. There were appearances of laceration and ecchymosis about the posterior part of the vagina, where attached to the cervix uteri; but unfortunately it had been cut too shortly away to have included the rent which was inferred to have existed. The condition of the uterus made it quite certain that the case had not been one of extra-uterine fœtation, and the only possible method by which the fœtus could therefore have found its way into the peritoneal cavity was by laceration of the cul-de-sac of the vaginal wall surrounding the uterine cervix. This was, therefore, no doubt, the accident which had occurred.

HERNIOTOMY.

Number of cases, 9; recovered, 2; under treatment, 3; died, 4. *Case* 1.—A man, aged 73, under the care of Mr. Erichsen, in University College Hospital. The hernia was femoral, and had been strangulated forty-eight hours. The tumour was very tense; there had been constipation, but no vomiting. Taxis having failed, the operation was resorted to, the man being at the time in very fair condition. The sac was not opened. An attack of inflammation of the cellular tissue of the scrotum, not apparently connected with the wound, nor yet resulting in suppuration, followed, but it passed off, and the man made a good recovery. *Case* 2.—A woman, aged 40, under the care of Mr. Lane, in St. Mary's Hospital. Hernia femoral, of twenty-five years' standing; strangulated twenty-five hours. The sac was opened and found to contain intestine and omentum. The former was returned; the latter being adherent, and having apparently lost its vitality, was cut away, having first had a ligature placed round its constricted part. The patient recovered well, and is now waiting in the Hospital for a truss. *Case* 3.—A man, aged 53, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral, very large, strangulated fifty-two hours. The sac was opened, and the bowel returned. The man has since done well as far as the bowel is concerned, but the wound has taken an Hospital phagedæna, and the result is as yet doubtful. *Case* 4.—A man, aged 48, intemperate and of impaired constitution, under the care of Mr. Luke, in the London Hospital. The hernia was of the congenital form, and had existed for sixteen years, having been irreducible to a large extent. The increased protrusion had occurred about twenty-two hours before admission, and, although there was but little tension, yet the seat of stricture was accurately marked by the cessation of impulse on coughing, at a point about two inches below the external ring. Mr. Luke made an incision about an inch and a-half long over this spot, and having divided a band of fascia, which constituted the stricture, reduced the protruded bowel without opening the sac. Inflammation of the cellular tissue of the scrotum followed the operation, and some sloughing has occurred. The man is yet in a very feeble condition, and his recovery is doubtful. There has been no peritonitis. *Case* 5.—A small infant, aged seven months, under the care of Mr. Cock, in Guy's Hospital. Hernia inguinal, strangulated eighteen hours, and the size of a pigeon's egg. The sac was not opened. Under treatment. *Case* 6.—A healthy woman, aged 47, under the care of Mr. Fergusson, in King's College Hospital. The hernia was femoral on the left side, about the size of a walnut, and strangulated eighteen hours. The sac was opened, and the bowel found very much congested. Death from peritonitis occurred on the ninth day. No autopsy allowed. *Case* 7.—A man, aged 58, under the care of Mr. Holt, in the Westminster Hospital, on account of a direct inguinal hernia which had been strangulated three days. The sac was not opened. Death followed twelve hours after the operation. The autopsy showed extensive peritonitis, the result of perforation of the strangulated portion of intestine. *Case* 8.—A man, aged 51, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. Hernia inguinal, strangulated eleven hours, sac not opened. The man's health had previously been good, and, at the time of the operation, his condition was good. Inflammation of the cellular tissue of the groin followed, and extended to the thigh and the abdomen; separate swellings also formed on different parts of the anus. No rigors occurred, but the man sank into a state much resembling that of pyæmia, the tongue being dry and brown, etc. Death took place on the ninth day. At the autopsy there were found only the evidences of very slight and local peritonitis. The swellings on the anus did not contain pus, but only a fluid serous effusion, nor was there any suppuration in the cellular tissue of the abdomen or thigh. *Case* 9.—A man, aged 45, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia inguinal on the right side. The sac was opened and found to be enormously thickened, and to contain only omentum, the latter being adherent below. The omental mass was divided through the middle, and ligatures having been applied to the bleeding vessels, the upper part was allowed to return into the abdomen. The man did pretty well for two days, when the abdomen became distended with flatus. The scrotum, which, from the violent efforts at reduction which the patient himself had resorted to before admission, had throughout been red and inflamed, now became swollen, tense, and dusky. This condition increased, and gangrene impending, free incisions were practised. Delirium supervened; the tympanitis, despite the free escape of flatus per anum, increased, and the sloughing involved a large part of the scrotum. Death from exhaustion took place on the eighth day.

LIGATURE OF ARTERIES.

Case 1.—A healthy man, aged 20, was admitted into St. Bartholomew's Hospital, having sustained a severe lacerated wound of the palm from a piece of glass. He had lost a large quantity of blood, and no doubt was entertained that the superficial palmar arch had been wounded. Mr. Skey tied both ulnar and radial arteries at the wrist, the operation being performed soon after admission. There was no recurrence of hæmorrhage, and the wounds are now healed. *Case* 2.—A man, aged 41, under Mr. Critchett's care in the London Hospital, a large fibro-plastic tumour having been removed from the inner aspect of the right thigh. (See last report, "Removal of Non-Malignant Tumours," *Case* 7, page 643.) In the removal of the tumour the sheath of the femoral vessels had been laid bare for the extent of an inch and a-half. All went on well until the eleventh day, when very suddenly a most profuse hæmorrhage occurred. Mr. Adams, who was in the hospital at the time, was at once called to the case. The wound having been cleaned out, and all clots removed, the portion of the femoral artery which had given way was easily fixed, and a ligature was passed beneath the vessel above it and tied. After this, however, there was seen to be venous hæmorrhage still going on apparently from the femoral vein below the rent in the artery. Mr. Adams, accordingly, included both artery and vein in a second ligature below the first. No ill symptoms followed; there was observed, indeed, scarcely any swelling of the thigh or distension of the superficial veins. Both the ligatures have now come away, and the case is doing well.

AMPUTATIONS.

Of the cases left under care by last report, *Case* 7 (Mr. Simon's Pirogoff amputation) is recovered. The man has an excellent stump. A few sinuses still remain open, through which it is possible a few little spiculæ of bone may have to escape, but the greater part of the stump is quite sound, and will bear pressure. *Case* 6.—Mr. Cutler's Lisfranc remains under care.

Number of cases 13; recovered 6; under treatment 3; died 4.

Of the Thigh.—Case 1.—A girl, aged 13, under the care of Mr. Erichsen, in University College Hospital, on account of acute necrosis of the upper part of the tibia and disease of the knee-joint. The disease had existed only from five to six weeks, but it had reduced the patient to a condition of extreme exhaustion. There was a large abscess in the leg Amputation through the thigh was performed, and the child made a quick recovery. *Case* 2.—A delicate strumous girl, aged 13, under the care of Mr. Lane, in St. Mary's Hospital, on account of diseased knee-joint and necrosis of the tibia. A double-flap amputation through the thigh was performed. Some hæmorrhage occurred about three hours after the operation, but since that the case has done well, and the stump is now almost healed. Recovered. *Case* 3.—A delicate-looking boy, aged 16, under the care of Mr. Skey, in St. Bartholomew's Hospital, having for seven years suffered from disease of the knee-joint. A prolonged treatment having failed to be of advantage, amputation through the thigh was performed. The stump is now nearly healed, and the lad is rapidly improving in health. The joint was found to be

quite destroyed, the synovial membrane being thickened, the cartilage ulcerated, and the bone carious in many parts. *Case* 4.—An unhealthy strumous boy, aged 3, under the care of Mr. Skey, in Bartholomew's Hospital, on account of diseased knee-joint. He had been under treatment in the Hospital for three months before the operation, but without benefit, his health gradually failing. Circular amputation through the thigh was performed. Nearly well. On examining the joint after removal the cartilage was found removed in parts by ulceration, but the bone beneath was not carious; the synovial membrane was thickened. *Case* 5.—A woman, aged 27, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. She was in an advanced stage of phthisis, and the subject of hectic and extreme exhaustion; but as there was profuse discharge from the joint and much pain attending it, Mr. Lawrence determined to remove the limb, in the hope of affording temporary relief. This was done, and for a week the woman appeared likely to recover well. Severe rigors subsequently came on, aphthæ appeared about the mouth, and, on the fourteenth day, death took place. The tongue had been throughout red and glazed, not brown, and her condition altogether rather resembled that of extreme hectic than pyæmia. Rigors had occurred before the amputation as well as after it. No autopsy was permitted. *Case* 6.—A boy, aged 15, under the care of Mr. Cock, in Guy's Hospital, on account of a severe burn of the leg. Sloughing and extreme constitutional disturbance occurred, and it became needful to amputate through the thigh in order to afford a chance of life. Pyæmia, however, supervened, and the boy died a week after the operation. The autopsy showed patches of lobular pneumonia in different parts of the lungs. *Case* 7.—A boy, aged 10, in a very exhausted condition from old-standing disease in the knee-joint, and suppuration among the muscles of the leg. Amputation through the thigh. Death followed a few days after.

Of the Leg.—*Case* 8.—A man, aged 40, under the care of Mr. Erichsen, in University College Hospital, on account of disease of the ancle-joint. Chopart's amputation had been performed about a year ago by Mr. Marshall, on account of disease of tarsal bones. Amputation just below the knee was now performed. Recovery. *Case* 9.—A man, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large cancerous ulcer on the leg, involving the tibia. Much treatment had been exhausted in the attempt to destroy the growth and prevent its reproduction, and amputation was accordingly resolved on. After removal the disease was found to extend into the structure of the tibia, and the compact tissue of the bone was much increased in thickness. The man recovered well from the amputation. *Case* 10.—A man, aged 60, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ulcer of old standing, which extended almost round the leg. Amputation below the knee was performed, the disease appearing past hope of cure. Under treatment. *Case* 11.—A man, aged 48, under the care of Mr. Birkett, in Guy's Hospital. He was in bad health, and was admitted in consequence of having fallen from a great height, and sustained a fracture of several ribs on the right side, and a compound and comminuted fracture of the right tibia and fibula. An attempt was made to save the limb, which was adjusted and placed on a splint. For some days the man seemed likely to do well, but profuse suppuration having set in, his constitutional powers so far gave way that it was thought necessary to amputate. Death followed three days after the operation, in consequence of repeated hæmorrhages. The bleeding had been entirely from small vessels.

Of the Foot.—*Case* 12. A man, aged 40, under the care of Mr. Partridge, in King's College Hospital, on account of diseased tarsus of four years' duration. Amputation was performed at the ancle-joint. Doing well.

Of the Upper Extremity.—*Case* 13.—A boatman, aged 53, of dark complexion and of strumous habit, under the care of Mr. Skey, in St. Bartholomew's Hospital. He had suffered for many years from disease of the wrist-joint. Amputation was performed through the middle of the forearm. The man recovered quickly.

EXCISION OF BONES AND JOINTS.

Several cases of this class remain under care in different Hospitals. Mr. Birkett's case of excision of the knee-joint in Guy's Hospital has been affected with Hospital gangrene—in other respects the man is doing fairly. Mr. Hilton's case of excision of the os calcis is doing very well; the wound is fast closing, and the child is allowed to walk about.

The following have been performed during the month. *Case* 1.—A boy, aged 14, under the care of Mr. Erichsen, in University College Hospital, with disease of the knee-joint. He was very much enfeebled in health, so much so that Mr. Erichsen deemed it his duty to recommend to the parents that amputation should be performed in preference to excision of the joint. The parents, however, refused to give permission for the removal of the limb, and under these circumstances an excision of the articulation was performed. A semilunar flap was dissected up from the front of the joint, including the patella and its ligament, the latter being cut through. The articular extremities of the femur and tibia were then sawn off, and the carious surface of the patella was gouged away. The greater part of the patella was left. The case has thus far done remarkably well, and the lad is already improving in health, and may be considered out of danger. *Case* 2.—A girl, aged 5, under the care of Mr. Erichsen, in University College Hospital, on account of diseased elbow-joint of three years' duration. A ⊦ shaped incision was practised, and the articulate portions of the three bones cut away. The child is doing well. *Case* 3.—A girl of strumous constitution, aged 8, under the care of Mr. Adams, in the London Hospital, on account of diseased os calcis. A free crucial incision was made over the outer aspect of the bone, and the greater part of it, in a state of fragmentary disintegration from caries and partial necrosis, was removed. A large cavity was left which was surrounded by a shell of bone. The child is doing well. *Case* 4.—A woman of strumous habit, aged 25, under the care of Mr. Solly, in St. Thomas's Hospital, on account of carious disease of the os calcis and astragalus. An operation of gouging out the diseased part had been previously performed, but had not been successful, and it had now become needful to repeat the proceedure. The case remains under care (a).

REMOVAL OF MALIGNANT TUMOURS.

Case 1.—A woman, aged 40, under the care of Mr. Le Gros Clarke, in St. Thomas's Hospital, on account of scirrhus of the breast. The whole gland was removed. Doing well. *Case* 2.—A healthy married woman, aged 53, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of ulcerated scirrhus of the breast, of two years' duration. The entire gland was removed. Recovered well. *Case* 3.—A woman, aged 50, under the care of Mr. Cock, in Guy's Hospital, on account of returned cancer in the cicatrix, after removal of the breast. The original operation had been performed by Mr. Cock nearly three years ago. The returned disease involved only the cicatrix. It was freely excised. Under treatment. *Case* 4.—A woman, aged 45, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large growth of scirrhus in the right mammary gland. It had been slowly increasing for a year and a-half, its growth having been attended by pricking pain. The cancerous cachexia was well marked. The axillary glands were not enlarged. The whole breast was excised, and the mass weighed after removal nearly two pounds. Notwithstanding an attack of erysipelas, the patient has done well, and is fast recovering. The microscope confirmed the diagnosis of the cancerous nature of the growth. *Case* 5.—A woman, aged 60, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. Her right breast was wholly involved in a mass of ulcerated scirrhus as large as a full-sized fist, and in the axilla deeply placed were three cancerous glands, the largest being the size of a walnut. The breast did not adhere to the pectoral muscle, and the axillary glands were movable. The entire breast, the glands, and as much skin as was involved, were excised. The patient is doing well, and the large wound is fast healing. *Case* 6.—A soldier, aged 40, apparently in good health, under the care of Mr. Erichsen, in University College Hospital, on account of a large scirrhous growth in the axilla. The mass was the size of two fists, movable, but extending high under the pectoral muscles, and almost up to the clavicle. From its history

(a). A child, aged 8, is under Mr. Simon's care in St. Thomas's in whom the elbow-joint has been laid open, and much of the thickened synovial membrane removed. The bones not being found carious were not excised; the case does not, therefore, come under the class of "Excisions."

it would appear to have been primary cancer of the lymphatic glands. The patient had lost a finger by frost-bite, three years ago, but he had never had any ulcer or growth on the arm or breast. It had existed a year. The operation consisted in dissecting it out, and was accomplished without unusual hæmorrhage. The patient sank within a few days from the effects of diffuse inflammation of the cellular tissue, which extended into the mediastinum, along the course of the axillary vein. See also "Amputation of the Penis," and "Excision of the Testis."

AMPUTATION OF THE PENIS.

A man of bad constitution, and very irregular life, was admitted, under the care of Mr. Curling, into the London Hospital, having a large part of the penis involved in a growth of epithelial cancer. It was necessary to amputate at the very root of the organ. The incision was made a little obliquely, so as to leave the urethra rather longer than the rest. Excepting an attack of phagedæna, which was controlled by the nitric acid, the man recovered. Some glands in the groin were a little enlarged, but it was not deemed advisable to remove them.

EXCISION OF THE TESTIS.

Case 1.—A man, aged 31, apparently in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of malignant disease of the left testicle, of thirteen months' standing. The cord was quite healthy, but there were glands in the groin which appeared larger than natural. The usual operation was performed. The bleeding from small vessels was, for a few minutes, very fierce, and a great many ligatures were required. The man is now quite out of danger, and the wound is fast healing. The gland presented after removal a good example of medullary cancer; it was as large as two fists. *Case* 2.—A man, aged 31, under the care of Mr. Brooke, in the Westminster Hospital, on account of medullary cancer of the testis. The enlargement had commenced a year before, and the scrotum had been ulcerated for four months; the cord was thickened. The testis, the diseased integument, and lower part of the cord, were removed. Doing well. *Case* 3.—A man, aged 57, who has been for some time past under Mr. Cock's treatment in Guy's Hospital, on account of fungous protrusion of the right testis. Escharotics had been applied, and several times it had seemed about to heal, when fresh inflammation would occur. The patient at length desired the removal of the organ; and as it was plain that even if preserved it must be, as regards function, useless, Mr. Cock acceded to his wish. After removal, there was found very little of healthy gland tissue remaining, the greater part of the organ having been converted into a fibrous structure. The wound is healing well.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 5.—Nitric Acid and Sulphur.

To the Editor of the Medical Times and Gazette.

Sir,—A new form of escharotic, consisting of a paste made up of strong nitric acid mixed with sublimated sulphur, has recently been attracting some notice among practical surgeons, and is, I see, mentioned in your Hospital Reports last week. It is spoken of as simply a convenient mode of using nitric acid. Can any one inform me, whether in such a mixture there would not ensue important chemical decompositions, such as might essentially alter the nature of the resulting compound? I am, etc.

Guy's Hospital, July 9. Not Much of a Chemist.

No. 6.—Muscular Contraction of the Urethra.

Sir,—I should be much obliged if any of your correspondents could, through the medium of your valuable Notes and Queries give me information on the following subjects:—1st. Where shall I find the best description of the muscular tunic of the urethra? The work must be in English or French, as I do not read German. 2nd, Do any good authorities still deny the existence of muscular fibres in the corpus spongiosum? I am, etc. Investigator.

No. 7.—Muscular Action after Death.

Sir,—I think perhaps the following curious fact may be worthy of a place among your Notes, more especially as bearing upon the interesting papers on Muscular Action, by Dr. Radcliffe.

Conversing a few weeks since, with a Surgeon in Paris, on the subject of muscular contractions, occurring after death from cholera, he told me that during the time of the cholera there, he had repeatedly watched for hours in a dead-house, filled with the corpses of cholera patients, and that on one occasion he saw the arms of a body, five hours after death, move from their straight position beside the trunk and fold themselves across the breast. He had auscultated the heart of this man, four or five hours previously, for twenty minutes, and consequently was certain of the fact of his having been dead that time. This forms, I think, the most curious fact of the kind on record, for the motion involved the several actions of elevation, flexion—adduction and pronation—for which we should have imagined the guiding power of the will to be necessary.—I am, etc.

Tunbridge Wells, July 9, 1855. W. Boyd Moss.

No. 8.—Cider as a Prophylactic in Cholera.

Sir,—Having reason to believe that good *fermented* cider is a prophylactic of cholera, I should feel greatly obliged if any one of your readers, who has attended a case of cholera in such a cider-drinking patient, will kindly inform me of the circumstance, either through the medium of the *Medical Times and Gazette*, or by private communication. No such case has as yet come to my knowledge. I am, etc.

38, Berners-street, July 10, 1855. J. H. Tucker.

No. 9.—Modern Inventions.

Sir,—In a letter in your last Number, Mr. J. Z. Lawrence remarks that it is not unusual to find modern "inventions" in the works of old authors. The following facts in support of his observation will, I think, prove interesting to your readers:—

I have in my possession a work published in 1674, entitled, "The Chirurgical Store-House, Furnished with Forty-three Tables cut in Brass. Written by Johannes Scultetus, a famous Physitian and Chyrurgion of Ulme, in Suevia; and faithfully Englished by E. B." In this Work the following "modern inventions" are to be found:—

Page 43, Tabula XVII., Fig. iv., Weiss's three-valved speculum uteri, with screw handle.

Page 15, Tabula VI. Fig. ii., Hey's saw.

I do not mean to infer that Messrs. Weiss and Hey copied their instruments from the plates of Scultetus, but simply mention this as an instance of useful surgical appliances being neglected, forgotten, and "re-invented." I am, etc.

Romford, June 25, 1855. Norris F. Davey.

No. 10.—Incontinence of Urine.

Sir,—Is there any mechanical contrivance by which the exit of the urine in incontinence can be conveniently and safely prevented? The writer has never known one tried, though several are recommended in surgical books. For example, in the 3rd volume (pages 106 and 275, and pl. 64) of *Petit's Traité des Maladies Chirurgicales*, there is described and drawn an instrument which is called a sphincter—"qui sert à empêcher l'urine de sortir en comprimant le canal de l'urètre et la verge qu'il embrasse." Have any of the readers of the *Medical Times* tried this instrument, or any other for the same purpose? and if they have, how did it answer?

ANSWERS.

To the Editor of the Medical Times and Gazette.

To Query No. 3.—The Kreuznach Waters.

Sir,—I chance to know that some little time ago there were baths open at Swanage supplied with the Kreuznach waters. The importation was, I believe, made at the expense of Mr. Sidney Herbert, and was intended for the benefit of the poor. A case in which great benefit had resulted from residence at Kreuznach, having, as I understood, occurred to a relative of the gentleman named, he, with characteristic benevolence, determined to place the remedy within reach of the poor of his own country. For anything I know to the contrary the establishment is still kept up. I have been told that the Kreuznach bittern is also imported for sale by one of the

London houses, but am sorry that I cannot give your correspondent definite information on this point.

July. I am, etc. MEDICUS.

SIR,—I beg to state that several of my patients have received the Bittern from Messrs. Schacht and Co., Chemists, 38, Houndsditch. I am, etc. M. D.

To QUERY No. 4.—HERNIA IN CHILDREN.

SIR,—Accidental umbilical hernia is easily cured by compression, by means of a pad and elastic bandage. With regard to inguinal hernia, if the testicle has not descended into the scrotum, we should wait until this event has taken place, when the intestine may be retained in the abdomen by the application of a pad and elastic bandage, care being taken to avoid excoriation of the skin, and to separate the testicle from the intestinal protrusion, by drawing down the testicle into the scrotum; the radical cure will take place earlier in the congenital variety by the constant use of a pad or appropriate truss, as the tunica vaginalis has a natural disposition to close. I am, etc.

OBSTETRICUS.

Medical Times & Gazette.

SATURDAY, JULY 14.

PORT WINE AND ITS ADULTERATIONS.

NOTWITHSTANDING the gigantic strides which organic chemistry has made in the present day, and in spite of the revelations of the microscope and the researches of Analytical Commissioners, very little has hitherto been accomplished in the detection of adulterations of some of our most common beverages, although it is matter of notoriety that the grossest frauds are daily practised in their composition. It is true that strychnia might be detected in beer, if it existed in that fluid, and chalk might be traced in milk, if such an adulteration were attempted; but, as to the innumerable tricks practised upon wine and beer, by mixing together samples of different qualities, and by adding various flavouring and colouring ingredients, no chemical test has hitherto been devised by which an inferior article can be detected, and the goodness or badness of the liquid must depend upon the probity or dishonesty of the dealer. Nor can the deficiencies of modern science in this respect cause much astonishment to the adept in organic chemistry or to the microscopical observer, for the changes effected by Nature in organic fluids are so subtle and mysterious as often to baffle the powers of the most acute experimentalist; while, in the whole process of fermentation, the microscope fails to reveal any distinctive phenomena which can be defined as marking the various species or the qualities of alcoholic drinks. Sugar, it is true, is converted into spirit of wine, and spirit of wine is converted into vinegar in the process of fermentation; but these are universal changes, and there are no means except those derived from the experience of the palate, of determining the difference between the Port wine which shall refresh and strengthen the system, and that which shall cause the head to ache and the tongue to be furred; or between the beer which shall allay thirst and assist digestion, and that which shall stupify the senses and derange the stomach. Believing, as we do, that good wine and good beer, independently of their common use in health, are of infinite service in the treatment of disease, we are anxious that the public should possess a wholesome article; and as the researches of science have hitherto failed in fixing the limits which separate the genuine from the spurious, we are constrained to substitute for the present the revelations of the wine merchants for the revelations of the microscope, and to study as well as we can the "preparation" of the wine doctors, instead of the theory of organic radicals.

We have been led into making the foregoing remarks by the perusal of a trial, reported in the newspapers, brought by a wine dealer against the London Dock Company, the details of which trial have afforded us amusement as well as a little instruction, for they give us some insight into the mode of manufacturing Port wine. In the present case it appears that the wine dealer, who is the plaintiff, bought several pipes of wine at a sale in the docks, at a price averaging about 4*l.* or 5*l.* a pipe, and, according to his own account, after the addition of brandy and a "preparation," the wine was so much improved as to be worth from 26*l.* to 36*l.* a pipe, at which price he was, in fact, selling it to his customers. The metamorphosis, however, was so striking as to attract the attention of the Dock Company, who prematurely brought to a termination the lucrative trade carried on by the plaintiff, by refusing to let him have the whole of the wine which he declared he had purchased. In fact, we believe that the impression upon the Company was, that the wine had been changed, and that the plaintiff was aware of the change. Our own decided opinion, after reading the evidence, is, that the wine was changed; but we wish neither to inculpate the plaintiff in the substitution, nor, indeed, to enter into the merits of the case at all, but to lay before our readers some curious circumstances connected with the wine trade, which were elicited by the examination of the plaintiff himself. We may state, parenthetically, that the jury found a verdict for the defendants, thus agreeing in the view that the wine had been changed, but declining to give any opinion as to whether the plaintiff had any guilty knowledge of the substitution.

The plaintiff, in his examination in chief, stated, that he was in the habit of attending what are called "rummage" sales at the Docks, these sales consisting of wines of an inferior quality, sold after three years, for rent. The wines bought by him were what are technically called French and Italian "reds," probably poor wines of those countries, and often sold for vinegar, as was indeed done in some cases by the plaintiff himself, who paid duty for them as vinegar. He stated that on one occasion he bought some Italian "reds," paying the moderate sum of £28 for upwards of 14 pipes. Some of these wines were sold as vinegar, but as to others, an order was given by the plaintiff to "vat" them, a process which consists in mixing all the pipes together in one large vat, and "fortifying" them with French brandy. Nothing but brandy was put into the wines at the London Docks, but to the St. Katharine Docks a "preparation" was sent which found its way into the wines. This process of "vatting" appears to have had an amazing effect in improving both the quantity and quality, as well as the value of the wines, for if we read the evidence correctly, in the short space of three days 14 pipes and 4 hogsheads became expanded into 22 pipes and 1 hogshead; each pipe, for which the plaintiff had paid about 27 shillings, was sold by him for prices varying from £26 to £36; and, if we are to believe the plaintiff's statement, the French and Italian "reds" had become magically converted into delicious wines, equal to those produced by the luscious grape of Lusitania.

The cross-examination of this gentleman elicited some other curious facts. The average cost-price of the pipes bought by him he stated to be £1 13s. 2d., although, he also stated, that, at present prices, Port could not be got from the shipper at less than £28 a pipe. We are also informed, by the same authority, that all descriptions of "reds," *when they get into a wine merchant's cellar and are blended*, are sold as "Ports," and he, the plaintiff, sold these wines, so blended, as "Ports." After the mysterious operation of "vatting," we are informed that the casks differ considerably in quality and colour. This

difference is avowedly due to the addition of French brandy, and the admixture of a "preparation," of the chemical nature of which the plaintiff himself was quite ignorant, but he referred the jury to a Dr. Ryan for information, that gentleman being in court, and being the person who was alleged to have furnished the "preparation" for the plaintiff's experiments.

Whether Dr. Ryan was in court or not does not appear, except from the plaintiff's evidence; but, if he was, he does not seem to have been called: in which course the plaintiff's counsel no doubt exercised a sound discretion. A highly respected member of our Profession was, however, called on the part of the defendants, Dr. Alfred Taylor, who stated that by no process of chemistry could the wines sold to the plaintiff be converted into those which he subsequently claimed, and which he had begun to sell to the public.

Now, as to the merits of this particular case we know nothing, except what we learn from the newspapers; but we think that the evidence, on both sides, is well worthy of the attention of our Profession, and of the public. Independently of the use of Port wine as a luxury, the discussion of which does not enter into our province, it is well known to be one of our most valuable tonics and restoratives in the treatment of disease; and we are bound, in the interests of humanity, for the sake of our patients, both rich and poor, to protest against the adulterations which, it is openly admitted, are practised on this most important and valuable article of diet. The red wines of Portugal contain a natural admixture of various qualities, which renders them most valuable in certain cases of disease: their flavour is due to a volatile odoriferous principle called œnanthic æther; their colour, to the natural hue of the grape skin; their sweetness to combined sugar; their stimulating and tonic properties to alcohol, developed from the grape juice; their astringent principles to tannic and gallic acids. Good Port wine is prevented from passing into vinegar by its natural strength; and even the tannic acid, the acid tartrate of potash, and the sugar, which are necessary ingredients of the wine, diminish gradually in relative quantity as the wine becomes older. Thus Port wine is not only wholesome in itself, but it improves by age; while the inferior wines of Italy and France are not only unwholesome in themselves, by reason of the deficiency of sugar and the excess of tannic acid, but they rapidly pass into vinegar, from the small amount of alcohol which they contain.

Now, it appears, not only from the trial just alluded to, but also from the details to be found in a late Parliamentary return, that Port wine is largely adulterated, both in Portugal and England, by a decoction called "jeropiga," which is composed of elderberries, brown sugar, grape juice, and brandy; and it is by such means as these that Italian and French "reds" are "blended" together, and manufactured into Port.

As we have just observed, if this were a matter relating only to the luxuries of the rich, we should not allude to it: but, knowing the value of Port wine as a medicine in our hospitals at home, and among our sick and wounded soldiers abroad, we emphatically call upon the Government of the country to take some measures by which this enormous fraud may be suppressed. Let people drink French or Italian "reds" if they please; let them "blend" vinegar and "jeropiga," and use the mixture as a beverage, if it suits their palate; but let them pay for these materials what they are worth, and not the price of Port wine; and above all, let not the unfortunate patients under our care be deluded by the idea that they are receiving a remedy as valuable as bark and quinine in the treatment of disease, while they are in reality imbibing a nauseous compound of vinegar, brown sugar, brandy, and elderberries.

THE PUBLIC HEALTH BILLS.

We revert to the evidence taken before the Committee on the Public Health and Nuisance Removal Amendment Bills, for the purpose of noticing a most important recommendation of Dr. William Farr, the chief of the Statistical Department in the Registrar-General's office.

Under the Public Health Act of 1848, wherever it appears that the mortality in any place has exceeded twenty-three in a thousand, the General Board of Health had the power of applying the Act compulsorily. Dr. Farr has employed the force of his statistics to show that the numerical index of the health of places ought now to be considerably lowered, and that instead of waiting till it reaches twenty-three, the time of action should be fixed at anything over seventeen in a thousand.

If the public health is a proper subject for the care of Government, it is essential that there should be a carefully drawn line to distinguish between a healthy and normal condition, and to mark the excess which renders sanitary action necessary. The principle which justifies the interposition of a Board of Health, whether local or national, is not properly carried out unless the natural standard of mortality has been ascertained with something like scientific accuracy; and it is unnecessary to bespeak, in favour of Dr. William Farr, the confidence of our readers in the standard which he has proposed as the result of his investigations, founded as those investigations are on the Census Returns of 1841 and 1851, and the deaths throughout England and Wales during the intervening decade.

It is true that there are districts of the country in which the rate of mortality is below the standard of Dr. W. Farr, in which the mortality is as low as 16 and even 15 in 1000. These districts are open, and the population generally dispersed, and the conditions of health are found in a state in which we may, perhaps, never expect to find them in the large towns which go to make up the great average. In the northern division of England, which includes Durham, Northumberland, Cumberland, and Westmoreland, there are two districts—Rothbury and Glendale—in which the mortality is not more than 15 in 1000; these places are at the foot of the Cheviot Hills, in the most healthy part of Northumberland. From these salubrious scenes the Report calls us away to notice some of the unhealthy districts of Manchester, where, in the years 1838-44, the mortality of males was 37 in 1000. Thus we have the extreme terms in this instructive scale; while, to guard against any approach to exaggeration, we have also the opportunity of comparing them at the same times, viz., 1838-44, when in the district of Ulverstone the mortality of males was 17 in 1000, while in Manchester, taking the whole of that city, the mortality was at the rate of 34 in 1000.

The ample materials which have been available for bringing out the result now before us have been used in such a manner as to leave nothing further to be done or desired in this department of inquiry. We have in the Appendix of the Report a table of 222 towns, which represent the ratio of deaths over the whole face of the country. We think that the publication of this Table in some popular production could not fail, if it were constantly kept before the public, to create an amount of interest in this great question such as has not hitherto been felt. The document begins with a district in which the rate of mortality is 16 in 1000, and passes on, giving us 17 in Lewisham, 18 in Hampstead, 19 in Kensington, 20 in Hackney, 21 in Windsor, 22 in the Strand, 28 in Holborn, and so on to St. Saviour's, Southwark, Liverpool, Manchester, and Wigan, where we have 33 in 1000, or one-thirtieth part of the whole dying every year.

There is no one with a heart to feel for the human race—

for his neighbours, his family, or himself—who can contemplate these facts, without having a deep sense of the injury which we are inflicting on ourselves by the neglect of the conditions of public health. The loss of English life which is occasioned by the present war, is trifling compared with the perpetual waste which is sustained at home from year to year by the excess which it is now proposed that we should use the proper means to avert. Instead of standing by and allowing the operation of deadly influences to prevail in a town or a country district until the mortality reaches twenty-three in a thousand, we must, in future, understand that there are preventible evils at work as soon as the mortality exceeds seventeen.

It will be seen on reference to the Report, which we have not space to follow further into detail, that the excess of mortality applies to country towns and districts, as well as to large towns and cities, and that the superintendence afforded by the Government, in order that it may lead to its proper results, is required almost as much in favour of farmers and cottagers, as of large towns, suffering from all the nuisances which pervade the air the people breathe and the water they drink.

THE WEEK.

On Friday week Mr. Stafford brought before the House of Commons the extraordinary facts represented by an Army Surgeon, in a letter written to the *Times*, and complaining of the utter want of necessaries for the wounded soldiers. Mr. F. Peel, in reply to Mr. Stafford, considered that the statements contained in the letter could not be borne out, but accepted the offer of the name of the writer, and promised to write to Dr. Hall upon the subject. We are rejoiced to learn that this serious matter will be investigated, and we hope that the Army Surgeon will not be punished for advocating the cause of the soldier. If it should turn out that his statements are correct, there must be gross mismanagement in some quarter.

It has since transpired that Mr. F. Peel has applied to the Editor of the *Times* for the name of the author of the letter, but that the Editor has refused to give it. The *Times*, in a leading article, declares that it will give the name of the author, if Lord Panmure will pledge himself that the matter shall be fully and openly investigated, and that the Army Surgeon shall not be subjected to official vengeance. Should not the ascertainment of the fact be Mr. Peel's peculiar care, rather than the name of the writer?

The case of Mr. Dyce Sombre, who, it will be recollected, was pronounced insane in England, and sane in Paris, has again attracted attention by some proceedings which occupied the Prerogative Court for nineteen days. This eccentric person, who was enormously rich, made a will, bequeathing a large sum for the establishment of a college in India, under the supervision of the East India Company, but as his relatives allege that he was declared a lunatic at the time of executing the will, they naturally dispute the testamentary dispositions which it contains. No judgment has yet been pronounced, and there is no doubt that the property, large as it is, will be considerably diminished by the process of litigation.

Dr. Faraday has addressed a letter to the *Times* on the state of the Thames. The great philosopher has performed only a few very simple experiments to show the foul state of our noble river,—consisting in letting a number of small pieces of card drop into the stream, and observing the short space of time in which they became invisible. The obvious dirtiness of the water, and its offensive odour, are the principal topics insisted upon in Dr. Faraday's letter, but we have no doubt that information upon the insalubrity of the Thames, coming from so high an authority, and backed by the leading articles of the *Times*, will do much to call attention to the subject, although the state of the Thames has been again and again pressed upon the attention of the public. Our own observations are completely in accordance with those of Dr. Faraday, and our wonder has often been how the inhabitants on the banks are able to preserve themselves in tolerable health in the vicinity of so vast a sewer as our river has now become.

At the last meeting of the Council of University College, London, it was determined to unite the Professorships of Chemistry and Practical Chemistry, formerly held respectively by Professor Graham and Dr. Williamson. The latter gentleman was appointed to the double office, Mr. Graham having resigned the Professorship of Chemistry, and accepted the post of Master of the Mint, lately held by Sir John Herschell, and once by Sir Isaac Newton. Mr. Graham's elevation to this important office is a graceful acknowledgment of his zealous efforts in the cultivation of chemical science, and must be gratifying to his numerous friends and pupils, to whom he was endeared by the suavity and courtesy of his manners, as well as by his profound philosophical attainments.

The annual distribution of Prizes and Certificates of honour in the Medical School of University College will not take place until the close of the present session, instead of being held, as heretofore, at the close of the winter session. By this arrangement all the examinations, and the distributions of prizes and honours, are comprised in a single year, instead of being, as on former occasions, spread over two years; and the students are kept to their work in the summer session, which too many of our alumni are apt to neglect.

Sir Benjamin Hall has abandoned his Public Health Bill for the present Session. He has, however, expressed his intention to bring in a Bill continuing the Board of Health for one year, and to ask for power to appoint a Medical Council, if it should be necessary, and to attach a Medical Officer to the Board. In the latter part of his intention we are happy to recognize a due regard to the important services of our Profession, and a just concession to the demands which we have always made, that the Board of Health should possess a Medical element. Indeed, without such an element, we conceive that any Board of Health must be practically useless.

The following letter from the Crimea contains such startling statements, that had we not the most implicit confidence in the truthfulness and integrity of the writer, we should have doubted his assertions; but where he alludes to the British public, he has used the wrong term. The people have nobly done their duty; it is the Government who have failed, and at their door must lie the grievous blame and disgrace, if only ONE-FIFTH of our poor fellows before Sebastopol have yet received their summer clothing. We hope this statement may catch the eye of one of those Members of Parliament to whose exertions we already owe so much, and who, in this instance also, will endeavour to elicit the truth.

Before Sebastopol, June 23, 1855.

Sir,—Our third bombardment is finished, and our storming attack has failed. With my usual good luck in these matters, I was again in the trenches, and had repeated hair-breadth escapes. I did not belong to the storming party, but to the Trench Guard, and, I assure you, I was so tired from moving about the whole of the previous night, that, during the attack, I lay asleep for an hour or more in rear (within twenty feet) of a cannon that was firing every two or three minutes. There appears to have been gross mismanagement, for which some blame Raglan, others Pelissier. I have repeatedly commenced taking notes of cases, but have as often failed to complete them. However, I now feel confident that I shall soon be able

to finish half a dozen; but going to the trenches, to Balaklava with sick and wounded, also foraging, interrupt me seriously. As far as I can judge, we have typhoid fever, bilious remittent fever, and but few cases of typhus; bilious remittent predominates. A case of cholera now and then makes its appearance. Yesterday we had three cases on hand, two of which are recovering; one of the latter being mine. I had a case about a week since, and effected a cure. I gave small, but irregularly-repeated, doses of calomel, and applied flannels wrung out of hot water, and sprinkled with chloroform or turpentine, to the feet, legs, abdomen, and chest, and even to the hands and arms. In the last case I used ammonia pretty freely, and he is now in the consecutive fever. When some of the men report themselves ill, it is impossible to say (at least I think so) whether they are about to have bilious remittent, or cholera; and again, in some of the cholera cases, I have noticed that the consecutive fever is remittent. Nobody appears to know what will come next; but many people expect soon to hear of the withdrawal of Lord Raglan. I am quite sick of the whole affair, and have come to the conclusion that the British public are still more given to talk than action; for notwithstanding that we are now near the end of June, not more than one-fifth of the army have been supplied with summer clothing, and you see the men going about in the long boots that were sent when the winter was over. Again, it is distressing to my mind to see that a man turned out of our service with ignominy, can enter the Turkish contingent with nearly treble our pay. Again, I object to the civil element, as interfering with our promotion. I have no objection to civilians serving as Assistant-Surgeons, with a salary of £1000 a-year, but I do to their having higher rank, and thereby seriously retarding our promotion, who do the dirty work, and are exposed to the dangers of battle, while disgracefully remunerated.

We have this week to notice the resignation of the two Physicians of the Northampton Infirmary, Dr. Robertson and Dr. Kerr. It is painful to observe, from the address of the former, that his retirement from active practice is caused by bodily infirmity. No one acquainted with his career in the town and neighbourhood for so many years can fail to regret the circumstance most deeply, distinguished as he has been as much by his benevolence and urbanity as by the high rank and position attained by him in his Profession. Dr. Kerr, after practising more than a quarter of a century, with no less esteem and respect than his colleague, has, we are happy to observe, received such an accession of fortune as to enable him, for the remainder of his days, to enjoy the quietude of private life, undisturbed by the harassing cares of his Profession, and followed by the good wishes of all who knew him. We understand there are already five candidates for the vacancies.

REVIEWS.

The Essentials of Materia Medica, Therapeutics, and the Pharmacopœias; for the Use of Students and Practitioners. By Alfred Baring Garrod, M.D., Professor of Materia Medica, Therapeutics, and Clinical Medicine in University College, London. Pp. 282. London: 1855.

We are somewhat disappointed in Dr. Garrod's book. That gentleman is so favourably known to the Profession by his published researches and by the position he holds in one of our chief educational establishments, that we anticipated from him a work of first-rate merit, and from these anticipations perhaps arises our disappointment. But the faults are rather those of omission than of commission, and we do not accuse Dr. Garrod of having advanced any erroneous doctrines. The articles derived from the mineral kingdom are arranged alphabetically, and those from the vegetable and animal kingdoms are classified according to their natural orders. The descriptions of the preparation, properties, and uses of the different drugs are given with a brevity verging upon obscurity; and, although the work may serve very well as a text-book for those who are attending Dr. Garrod's lectures, it certainly is not equal, in point of merit, to the *Elements of Materia Medica*, published by the same author in conjunction with Dr. Ballard, and is inferior to many other works on the same subject. The chief characteristic mark by which it may be distinguished from other treatises on Pharmacology is its smallness, which, perhaps, is a recommendation. It has no illustrations, and the type, though small, is clear and distinct.

Dr. Garrod, in his preface, promises to embody his experience, at no distant period, in a larger and more important work.

A Report on the Outbreak of Epidemic Cholera in Brecon, in 1854. By Prestwood Lucas, M.D. Pp. 27. London. 1855.

Dr. Lucas represents Brecon as being favoured by Nature in respect to its site, but exposed to the inroads of epidemic disease from its defective sanitary arrangements. These defects, it seems, were repeatedly pointed out to the local authorities without any avail, till at last the long-threatened visitation arrived, and carried off a considerable portion of the population. Dr. Lucas concludes by stating, that even after this awful warning, no measures have yet been taken commensurate with the necessities of the case. This pamphlet will do good service to the cause of sanitary reform.

Museum of Economical Botany; or, a Popular Guide to the Useful and Remarkable Vegetable Products of the Museum of the Royal Gardens of Kew. By Sir W. J. Hooker, K.H., Director. Pp. 80. London. 1855.

The nature of this little work is sufficiently indicated by the title, and those who are acquainted with the services already rendered to botany by Sir W. Hooker, will scarcely need to be informed how well he has performed his present task. The Museum of Botany is now one of the greatest attractions of the splendid National Gardens at Kew, and this popular Guide, with its illustrative wood-cuts, supplies the desideratum necessary to make the multitude acquainted with the ornamental and useful purposes which are served by the products of the vegetable kingdom.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON SPASMUS GLOTTIDIS, OR THYMIC ASTHMA.

By Dr. LEDERER.

Dr. Lederer observes, that all his subsequent experience confirms the justice of his former statement, (*Journal für Kinder. Band* xix.,) founded upon the study of ninety-six cases, of the frequent connexion of this affection with rickets, and especially with craniotabes. He only points out the coincidence, without seeking to explain the causative influence of the craniotabes, which, indeed, may exist without the production of the asthma. This softened condition of the cranium may often aid us in distinguishing the asthma from convulsions, an important thing in regard to prognosis and etiology: for while the repetition of infantile convulsions is attended with mental and bodily disturbances, a child may suffer from the spasmus for weeks or months, without eventual ill effects. The knowledge of such connexion may also induce us to treat early indications by application of cold to the head. According to the author's experience, the greatest number of cases occur during dentition, in the winter months, and in children who are brought up by hand.

The following are his conclusions:—1. The most frequent occurrence of this affection in rickety children, and especially soon after the manifestation of craniotabes, is an indubitable fact. 2. It is not produced by the pressure made upon the softened bones and the brain, induced by laying the child down. 3. Besides the great nervous irritability that is a condition of rickets, there are other circumstances that may conduce to the production of the asthma, as dentition, various forms of disease, bad regimen, and cold weather. 4. Perhaps the short neck, narrow thorax, short, narrow, soft larynx of the rickety child may contribute. 5. Cranio-tabes may often enable the practitioner to distinguish between this asthma and convulsions.

In regard to treatment, he attaches far more importance to improved regimen than to medicines. The child should be kept in a suitable temperature, and well clad. It should not be awoke hurriedly from its sleep, and the head should be frequently washed with cold water. Oxide of zinc and anodynes are the best medicinal agents; these last, the author believes, being administered to children with needless timidity.—*Wien Wochenschrift*, Nos. 10 and 11.

ON INFANTILE DECREPITUDE.

By M. HERVIEUX.

New-born children, and especially when brought up by hand, are often observed to waste away, and assume the external appearance of premature old age. To this state M. Hervieux applies the term "infantile decrepitude." The skin is the seat of a complete and deep-seated decoloration, in which no sign of the circulation of a vitalizing fluid is perceptible—a pallor participated in by all mucous membranes that are visible. Their rosy hue gives place to a violaceous colour, and the eye can no longer distinguish where mucous membrane and skin meet, and which is which. The eyes are deeply sunk, the skin of the face is furrowed by deep wrinkles, and the forehead is traversed by transverse lines, giving the infant the aspect of a little old man. It is not only in the face these changes take place, the integuments of the trunk and limbs, and especially of the abdomen, hang loosely and in folds. The surface of the skin, that should be so smooth and shining, is dry and rough. The principal bony prominences are seen beneath the integuments, and angular projections replace the graceful contour of the infant's body. The skeleton of the thorax is too visible, the belly is hollowed out like a boat, the crista ilii are too projecting, and the articular regions of the extremities are very large in proportion to the size of the intermediate parts.

This appearance of premature old age has attracted the attention of many observers, and has been regarded as a sign of various diseased conditions. Thus Cazenave, and many others, especially writers upon the venereal disease, regard it as the exclusive appanage of a child suffering from hereditary syphilis. Billard and Bouchut attribute its production to the presence of inflammatory affections of the digestive organs; the latter author also considering it as a result of chronic pneumonia. Valleix declares it to be a result of muguet. Amidst such varying statements of so competent authorities the difficulty of decision is often very great. Especially is this the case in respect to the very prevalent opinion that the condition is due to infantile syphilis. If the practitioner do not adopt this view, he may still have his doubts, and may ask himself whether his inaction is not favouring the progress of a disease whose existence has been demonstrated to him. On the other hand, admitting the syphilis, he would not only have to combat its effects, of which the decrepitude is a sign, but must proceed to the source of the mischief, and submit the parent or nurse to a mercurial course.

In M. Hervieux' opinion infantile decrepitude may be the result of any of the maladies of early life, which, either by their nature or duration, severely affect the nutritive process. Foremost among these are intestinal affections, whether acute or chronic, which, as every one knows, are accompanied by rapid wasting. Of this Billard's work contains ample evidence, and Valleix has shown that such wasting is often consecutive to muguet. This class of causes is, indeed, the most frequent cause of the decrepitude, independently of constitutional disease. Next comes the infantile anæmia produced by vicious or insufficient alimentation. Of the efficiency of this cause in Paris, where such numbers of children are consigned to hireling nurses, the author has had ample means of satisfying himself—the rapid recovery of such children under good nursing showing at once the reality of the cause and the absence of syphilitic infection. The anæmia which succeeds certain diseases is a yet more frequent cause. M. Hervieux' experience is quite in accordance with that of Valleix in attributing such effect to pneumonia, the decrepitude sometimes being produced with great rapidity. He has also seen it occur after a great number of cases of measles. Constitutional syphilis, although not exclusively, as some have supposed, may also give rise to decrepitude, which being in fact marasmus and anæmia pushed to their farthest limits, is the appanage of any affection that seriously impedes nutrition.

The treatment, it is obvious, consists in combating the affections upon which the decrepitude depends, a good breast being at the same time provided for the child.

L'Union Médicale, Nos. L. and LI.

ON COLD ABSCESSES.

By M. JOBERT.

The "hot" abscess or phlegmon is developed with great rapidity, causes more or less serious functional disturbance, is the occasion and seat of severe pain, and is manifested by coloration of the skin. The "cold" abscess, on the contrary, is developed insidiously, and ordinarily without appreciable cause; it causes no local irritation, and there is no other local sign than tumefaction of the affected part as compared with the sound side. The patient does not complain of pain unless the abscess is placed in the vicinity of a nerve. There is abundant fluctuation, and sometimes on pressure being made there is a peculiar sensation felt like that imparted by grains of rice or crushing snow. In phlegmon the pyogenic membrane is thin and easily destroyed, while in cold abscess, and especially when this is somewhat old, it is very solid, whitish, with a simple alveolar organization. The pus secreted is not matured like that of the pus of phlegmon, but is somewhat viscous and semi-transparent, having white caseous lumps floating in it, and containing the débris of the false membranes which sometimes establish adhesions between the walls of the collection. Contrary to what occurs in phlegmon, these abscesses may long remain in contact with surrounding tissues without inducing changes in them. Seeing the insensible mode in which the pus is secreted, we might almost say that the cold abscess is the result of a sort of local apathy of the region affected. These abscesses are usually found where the lymphatic vessels and glands are in large numbers; and although they are most commonly found superficial, they yet often occur among deep-seated organs. Although it is generally the case that the individual is a scrofulous subject, it is far from being always so; but, at all events, the abscesses only are found in persons enfeebled from this or other causes.

All treatment must be directed to the modification of the characters of the pyogenic membrane; and if this be not modified or destroyed throughout its whole extent, we shall see happen what takes place in vulvar abscess when this membrane is not totally destroyed, viz. the reproduction of the abscess after apparent cure. Iodine injections have been much employed with a view of obtaining such modification and inducing the secretion of coagulable lymph, by which the walls of the abscess may become united. M. Jobert finds them succeed only when the abscess is recent and of small extent. In old and large collections the long incisions of Lisfranc are best, taking care to destroy all the membrane and preventing undue hæmorrhage by plugging the wound with amadou. When the skin is thin and diseased, and does not possess sufficient vitality to effect any union with subjacent tissues, a portion must be excised, and the wound healed by granulation.—*Gaz. des Hôpitaux*. No. 57.

CASE OF GALACTOCELE IN AN OLD MAN.

M. Velpeau, in his work on Diseases of the Breast, describes, under the above title, a rare affection of the breast, all the examples of which had occurred in women. Recently, however, he has met with a case in La Charité, in the person of a robust old man, aged 75, which is probably unique. Brought in for injury to the head, his left breast was observed to be as large as the fist, presenting all the appearances of the breast of a woman of the same size. To pressure, which caused no pain, it imparted the sensation of a bladder filled with semi-fluid matter, and the skin covering it was quite healthy. The patient stated that the swelling had appeared several years since, after a severe illness, and had never caused him any inconvenience.

After an incision, M. Velpeau forced out, by repeated pressure, a glass and a-half of whitish, inodorous, ill-matured matter, resembling clotted cream, the clots, which constituted a considerable part of the product, being of a yellowish white, and easily crushed. Examining the fluid by the microscope, Robin found from $\frac{1}{8}$ to $\frac{1}{10}$ to consist of fatty globules, differing in nothing from those of milk. There were also numerous lamelliform crystals of cholesterine, and some pus globules. In the solid part of the tumour the same elements were observed, together with many granular bodies, analogous to those of the colostrum, the elements being held together by a considerable

amount of semi-solid amorphous matter. The man dying of bronchitis, no trace of either glandular structure, or of a membrane of the cyst, could be found.

Gazette des Hôpitaux. No. 58.

EXCERPTA MINORA.

Quinine as an Anthelmintic.—M. Delvaux, of Brussels, having observed the frequency with which worms are discharged during the use of quinine resolved to try its powers as an anthelmintic. He has collected more than forty observations of *ascaris lumbricoides* thus radically cured, liquid stools, carrying away the worms, being induced in from 24 to 36 hours. Lavements containing it also completely expel ascarides from the lower bowel. Even two cases of tænia seem to have yielded to it. Its indication is especially found in sickly, feeble children, the effects of the operation of ordinary vermifuges on whom might be feared. In these it also re-establishes the tone of the digestive organs, the debility of which so much favours the generation of entozoa. Although in some cases a dose of castor-oil, or syr. rhei, should precede, this is not usually necessary. From 3 to 6 grains are given in the 24 hours to children of from 2 to 10 years of age, and more to older ones, gradually diminishing the dose when the object is effected. It may be given either in powders, pills, electuaries or lavements, the last containing from 4 to 6 grains.—*Gazette des Hôp.* No. 58.

Onion Paste in Epistaxis.—Dr. Rorer states that he has several times tested the efficacy of this. The paste is formed of fine cuttings of onion mixed up with equal parts of flour or bread-crumbs by means of strong vinegar. It is passed into the nostril until no more can be introduced, and secured there by a bandage.—*Amer. Journ. Med. Sci.* April. P. 561.

Anodyne Cataplasm.—M. Trousseau finds the following cataplasm of great utility in acute rheumatism. Take of bread-crumbs 750 parts, and boil at a slow fire, with a sufficiency of water, until a proper consistency is obtained; add 100 parts of spirit of camphor, and, before applying the poultice, spread over its surface a spoonful of the following mixture:—Ext. opii, ext. belladon. āā 5, camphor. 10, and water 15 parts.

Gazette des Hôpitaux. No. 67.

FOREIGN CORRESPONDENCE.

MEDICAL LIFE IN THE EAST.

Smyrna, June 23.

Our Medical brethren in the East follow their Profession among many difficulties and disadvantages at all times, and are occasionally beset by very considerable danger. Dr. Macraith, an Irish physician, resident here, formerly a Naval surgeon, was called about a fortnight since to attend a lady in her confinement, about a mile from one of the principal villages in the environs of this town, when he was beset by a band of robbers, knocked down, carried off to the mountains, and detained for a week, not being allowed to return to his family until a ransom of 460*l.* had been paid, and under continual threats, that if the money was not sent out his head should be sent in to his family. A vigorous pursuit was commenced by Colonel Storks and the Medical officers of the Civil Hospital, with a body of Turkish guards, but after the latter had been defeated with loss in an engagement with the robbers, the whole force was withdrawn at the request of Dr. Macraith's friends, who feared, that though the robbers might be worsted they would certainly sacrifice the Doctor before yielding. This system of brigandage is an old story in this part of the world, and strict orders have been given to the Civil Medical Staff to keep within the town. When evading this, all go well armed. The pursuit of the robbers caused a postponement of one of the meetings of the Medico-Chirurgical Society.

June 30.

None of the robbers have been taken as yet. Only 120 patients remain in the hospital, 397 having been sent to the Crimea this week for duty, and 82 invalided to England. Several members of the staff are now in the Crimea, and have been temporarily attached by Dr. Hall to hospitals in the camp. The whole staff have volunteered to follow their colleagues, should any want of additional medical assistance be felt in the Crimea. The weather has been hot, but does not appear to have exerted any prejudicial effect upon the sick.

GENERAL CORRESPONDENCE.

INFLUENCE OF VARIOLA DURING GESTATION.

[To the Editor of the Medical Times and Gazette.]

Several notices regarding the influence of Variola, occurring in the mother during gestation, upon the fœtus in utero, having occurred in the various weekly periodicals, and also in the last number of the *Medico-Chirurgical Review*, p. 265, perhaps the following case may be worthy of record:—

April 22nd, 1854.—Called to see Joseph Phillips, suffering from a severe attack of confluent small-pox; had never been vaccinated. To his knowledge, had not been exposed to contagion. Turning to his wife, however, I noticed a few well-marked variolous pustules scattered over the face, and upon inquiry found that she was recovering from a distinct, though slight, attack of variola, so slight, indeed, as not to prevent her from following her domestic duties.

The woman was vaccinated when a child. She is now in the sixth month of gestation with her third child.

August 7, 1854.—A fine healthy boy was born, whom I vaccinated in due course upon two several occasions; the first time from points, the second time directly from another child, taking care to insert a very large amount of lymph into each puncture. Both attempts failed each time. I had vaccinated other children from the same sources, and all had succeeded. I told the mother that I would vaccinate the infant when older; accordingly, June 7, 1855, she again came to me, the child being then ten months old. I inserted lymph from the arm of another child, and each puncture succeeded, the pustules running their usual course. I am, etc.

Richard Neale, M.D. Lond.

Ombersley, Droitwich, July 7, 1855.

"NAVAL MEDICAL REFORM ASSOCIATION."

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to the letter of "A Practitioner" of the county of Cork, which appeared in your impression of Saturday last, I beg leave to state that his Professional brethren are not so backward with regard to the "Naval Medical Reform" movement as he imagines them to be. If he had read the list of Local Secretaries published by the Association in the *Medical Times and Gazette* with any degree of care, he would have seen our "fair citie" represented as well as Sligo or Limerick.

I wish to state for his information, as well as yours, Mr. Editor, that there was a meeting of the Profession held here on the 7th at the Royal Cork Institution, of which notice was given both by circular and advertisement; and as there were reporters present, the "Practitioner" will be able to see from our local papers what was done on the occasion.

If he has that zeal and love for the advancement of his Profession which from the tone of his letter I doubt not he has, he cannot further the cause in a better manner than by sending me a private note, and I will at once transmit the petition (adopted at the meeting on the 7th) to his care for signature in his district, and will also feel most happy to be the recipient of the subscriptions which he may collect for such a good, just, and honourable cause. I am, etc.

North Mall, Cork, July 9, 1855. T. C. Shinkwin, M.R.C.S.L. Local Hon. Sec.

EASTBOURNE UNION.

[To the Editor of the Medical Times and Gazette.]

Sir,—A letter from one of your correspondents last week contained some severe comments on the parsimony and inhumanity of the Guardians of the Eastbourne Union in refusing an increase of salary to a badly-paid Medical officer, who had in consequence resigned, and left the poor without any Medical attendance whatever.

I think there must be some error or misprint, as I know of no such occurrence in this Union, and I do not think the Board of Guardians (as at present constituted) would allow the poor to suffer for the consideration of a few pounds.

I am, etc. Y. F. Sanger,

Alpiston, July 10, 1855. Medical Superintendent of the Eastbourne Union.

THE VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—May I beg you to favour me by the insertion of the inclosed? Allow me at the same time to add a few remarks on the subject of Vaccination.

One cause of the scarcity of lymph is the small number of patients now vaccinated by private Practitioners: monopoly inducing scarcity.

If the Registrar of births and deaths is on friendly terms with the authorized Vaccinator, he has it in his power to aid him considerably, and will often be found to do it.

It is only a few days since that a patient of mine asked me to vaccinate her child, stating that "the Registrar had given her a paper to go to the Union Doctor, observing that it would save her some expense."

The husband of this woman is a baker and shopkeeper, burns bricks, is the owner of several houses, and is in no respect an object for gratuitous vaccination, though on a previous occasion he availed himself of it.

Medical men resident in London are scarcely aware to how great an extent the Vaccination Act interferes with the rights of property, and is, in a variety of ways, a source of continued annoyance.

I would not have intruded upon you with these remarks, were it not that it seems desirable that those whose opinion has weight with the public on any question should have every facility for forming a correct judgment.

I am, etc. T. C.

THE SCHOOLS OF LONDON AND EDINBURGH.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am glad to see that you have noticed Mr. Syme's very unfair attempt to depreciate the London Schools of Medicine, and I beg to hand you the following short notes, which will show what substantial advantages there are on the side of London.

London has more than fifteen times the population of Edinburgh, and very nearly equals that of all Scotland. The field of observation is, therefore, vastly larger; and, besides the cases which its own population affords, it draws from the provinces many of their most interesting cases, and some even from Scotland itself.

If there are not distinct Clinical Professors in every one of the London Schools, it is because every Hospital Physician and Surgeon is in fact a clinical teacher. Nevertheless, at Guy's, and St. Thomas's, and University College there are special clinical teachers appointed in addition.

In London, every school has a large out-patients' department, the most useful of any, and the hours are so arranged that a Student may attend it without neglecting the wards. In the Edinburgh Infirmary there is no out-patients' department.

All the London Hospitals afford both among out- and in-patients the most ample field for the study of venereal diseases; while no such cases come under care at the Edinburgh Infirmary.

In London, there are specialities at each Hospital: diseases of women, of children, of the eye, of the skin, have special wards at several of the best Hospitals, and special Professors. Not so in Edinburgh. At most of the London Hospitals, special and ample opportunities are afforded to the Students for the acquisition of practical knowledge of diseases of women.

In Edinburgh one hour in the middle of the day is allotted to the wards. In London there is no Hospital at which less than from two to three hours are devoted to them; and a Student, who chooses may be engaged in practical observations of disease under the eye of a Professor, either in the wards or in the out-patients' room, for five or six hours daily.

The Student who visits London is encouraged to acquire, and keep up, that kind of liberal education which tends to make a man into a gentleman. London Physicians still write their prescriptions in a learned language, and refuse to pander to the morbid love which patients have, of criticising the treatment prescribed. The matriculation examination of the London University is intended to be a fair test of an enlarged education, and the preliminary examination in Classics and Mathematics of the Society of Apothecaries is scarcely less so;—nay, it is the more valuable, as a youth can come to it without difficulty if fresh from a good school, while the other, from its more extended and ambitious character, affords too often an excuse for the employment of a "Grinder." While on this topic it would be unfair not to mention the Scholarship offered by the authorities of St. Thomas's, to the Student who shall best give evidence of good general education. Such scholarships, if more common, would be of infinite service.

At most of the London Schools there is a functionary whose office, if properly performed, is of the utmost benefit —the resident Medical Tutor, whose task it is to superintend the younger Students, see that they keep up to their work, and explain the difficulties they are liable to meet with.

London has the credit of originating the Pathological Laboratory, which was first established by Professor Beale of King's College, and imitated by Dr. Marcet of St. George's. In these institutions there are means and appliances for the practical study of the most advanced parts of Organic Chemistry and Microscopy, and their adaptation to the study of disease. But I need say no more. I have all respect for the ancient and respectable school of Edinburgh, but think it was an unlucky day for it, when Professor Syme began the system of "odious comparison," which you have so ably handled.

I am, etc. Juvenis, M.D.

London, July 7, 1855.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 26th, 1855.

Cæsar Hawkins, Esq., President, in the Chair.

ON PERFORATION OF THE LOWER PART OF THE ŒSOPHAGUS.

By GEORGE MURRAY HUMPHRY, Esq.
Surgeon to Addenbrooke's Hospital, Cambridge.

The author described this lesion in six cases occurring in his own practice, and quoted several others from different publications. He considered it to be due to the digestive properties of the gastric juice acting both before death as an irritant, and after death as a solvent of tissues enfeebled by congestion, inflammation, or some analogous process; and concluded with some practical remarks upon the bearing of this not infrequent lesion on the use of the stomach-pump in the last stages of certain protracted and depressing complaints.

ON THE INTRINSIC CALCIFICATION OF THE PERMANENT TOOTH-PULP AS CONSTANTLY ASSOCIATED WITH DENTAL CARIES.

By S. JAMES A. SALTER, Esq., M.D., F.L.S.

The object of this communication was to explain the changes which take place when the dentine becomes carious, and the following were the principal points enforced:—

1. In every carious tooth the pulp becomes impregnated with calcareous matter.

2. This produces a change in its physical properties; it becomes first firmer than natural, then hard and elastic, and then perfectly hard and brittle, according to the degrees of calcification.

3. The calcification occurs intrinsically in the substance of the pulp, and not on its surface; differing in this respect from primary and the other two forms of secondary dentine.

4. The calcification displays itself at sundry isolated points, producing what the author proposes to call "islands of calcification."

5. The islands of calcification are not interstitial deposits of earthy matter, but consist of animal matter impregnated with earthy.

6. All the tissues of the pulp appear to sustain the impregnation, and are originally the animal basis.

7. As the calcification advances, the islands enlarge, and at

length fuse together, forming a dense coherent mass ; this is osteo-dentine.

8. In the perfectly calcified pulp the functions of the nerves have ceased, and the structure is insensitive.

9. Sometimes, instead of osteo-dentine, the pulp is converted into crusta petrosa.

10. The process of calcification, though morbid in its nature, is reparative in its results.

CONTRIBUTIONS TO THE SURGERY OF CASES OF INTESTINAL OBSTRUCTION.

By CHAS. H. MOORE, Esq.
Surgeon to the Middlesex Hospital.

These contributions consist of reports of ten cases, and of comments upon the subjects of diagnosis and treatment. On the subject of diagnosis, after speaking of the value of various symptoms, the author calls attention to the perplexity occasionally arising from the existence of pressure at two different parts of the intestinal canal, and the means of distinguishing a higher obstruction when a partial one exists—e. g. in the rectum. By far the most practically useful means of diagnosis, in all cases, if properly used, is the injecting apparatus, since by it the necessity of opening the peritoneum, to relieve stricture, can be ascertained. The state of the abdomen must be made out, by percussion, before and after the injection of a large quantity of fluid per anum. The fluid will render the abdomen dull on percussion up to the stricture, if it be in the large intestine, or up to the ileo-cæcal valve, if it be not. The fluid will pass any obstruction but that which causes the symptoms of ileus. With regard to treatment, the author advocates early operation in cases of known and irremediable obstruction, some additional treatment during the administration of opium, and amongst the rest, a trial of reversing the posture in which the patient usually lies in bed, for there are strangulations which are kept up and rendered fatal because the stress of gravitation and of muscular action both bear backward on the unyielding spine, ilia, and other posterior boundaries of the abdomen. The opposite posture, maintained for a considerable time, might afford relief, if the anterior abdominal parietes being flexible and yielding. The author suggests a difference of structure in different parts of the peritoneum, which would in part account for the infrequency of peritonitis after operations on the large intestine, as compared with those on the small intestines ; yet, though he is of opinion that an artificial anus may be made in the large intestine, through the peritoneum, with comparative impunity, he greatly prefers the operation in the loin in every case in which there can be the least suspicion of existing inflammation, either of the peritoneum, or of a growth to which the obstruction may be due. Of the cases, two illustrate the occasional concurrence of ileus with hernia, three that of ileus with tumours in the pelvis, three some important surgical relations of ulcers of the jejunum, two strangulation by bands of adhesion, and one ileus from a concretion of hair being formed within the bowel. In one case a portion of ileum, having no mesentery behind it, and being much changed in structure, had precisely the appearance of a band of adhesion. As it was the cause of a fatal strangulation of small intestine, it might have been divided in an operation to relieve the symptoms.

CASES ILLUSTRATING THE PATHOLOGY OF MANIA AND DEMENTIA.

By A. J. SUTHERLAND, M.D.
Physician to St. Luke's Hospital.

In this paper the amount of mixed phosphates in the urine was compared with the analyses of the brain and blood, and with the symptoms in cases of mania and dementia. The conclusions were based upon analyses of the urine, performed by Dr. Beale, in five cases of acute mania with paroxysms, four cases of common mania, two of intermittent mania, one of remittent mania, two of hysterical mania, three of puerperal mania, five of acute dementia, one of acute dementia with catalepsy, five of paralysis of the insane, three of chronic mania, and three of chronic dementia, making in all thirty-four cases. These results were compared with the analyses of the blood and brain by L'Heritier, Couerbe, Hittorf, and Michea.

The conclusions drawn from the observations were—

1st. That a plus quantity of phosphates exists in the urine in the paroxysms of acute mania.

2ndly. A minus quantity exists in the stage of exhaustion in mania and in acute dementia, and in the dementia of paralysis of the insane.

3rdly. The plus and minus quantities of phosphates in the urine correspond with the quantitative analysis of the brain and blood ; for a plus quantity of phosphates is found and a slight excess of albumen in the blood of maniacal patients, and a minus quantity of phosphorus and albumen are found in the brains of idiots, and a minus quantity of albumen in the blood in paralysis of the insane.

4thly. The plus quantity of phosphates in the urine in cases of acute mania denotes the expenditure of nervous force, and is not a proof of inflammation in this disease.

SUPPLEMENT TO A PAPER ON THE USE OF THE SPECULUM IN THE DIAGNOSIS AND TREATMENT OF UTERINE DISEASES.

(Published in the 33rd Volume of the "Transactions.")

By ROBERT LEE, M.D., F.R.S.
Obstetric Physician to St. George's Hospital.

The author stated that since the publication of the former paper he had seen 217 cases in which the speculum and caustic had been employed, 197 of these in private practice. Of these 217 cases, in 91 (30 unmarried and 61 sterile females) the greater number were suffering from hysteria, leucorrhœa, dysmenorrhœa, or painful conditions of the uterus, without inflammation, ulceration, or any organic disease or displacement of the organ, and in none of these cases had the treatment been permanently beneficial, while in some it was injurious. In 15 cases cancerous disease of the uterus and vagina existed, and the speculum and caustic occasioned in all increase of pain and hæmorrhage, in one instance proving fatal. In a considerable number of cases ovarian and uterine tumours existed, and diseases of the external parts, which had been wholly overlooked. The author concluded by expressing his conviction that the speculum affords no assistance in the diagnosis and treatment of uterine diseases, and that its indiscriminate use is otherwise highly objectionable.

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

MONDAY, MAY 14.

DR. MARTIN in the Chair.

DR. LEARED detailed the particulars of a

CASE OF GANGRENE OF THE LUNG.

The patient, aged 21, had been under the care of Mr. Spencer Wells, for a frost-bitten foot. When this was healed, he had an attack of intermittent, which yielded to quinine. The last attack was on the 17th of April ; on the 23rd of that month he had feverish symptoms, and was ordered a warm bath. On the day following, the pulse was 120, and he stated that after the bath severe pain had come on in the left side. He was examined by a Physician, who detected metallic tinkling, or an analogous sound, and marked resonance on percussion, which he attributed to a distended stomach. On the 25th, Mr Wells and Mr. M'Leod found the metallic tinkling much more distinct, very marked fluctuation sound, and tympanitic resonance on percussion. They made a diagnosis either of pneumothorax, or of a very large cavity containing fluid. On the 29th he was transferred to the care of Dr. Leared, and died on the 9th of May. The physical signs had persisted, but became less distinct. The expectoration was of a reddish light-brown colour, and had a disagreeable, though not fetid odour. The body was examined seven hours after death. Nearly the whole of the texture of the left lung was destroyed. The lower lobe was so firmly adherent to the diaphragm that it was necessary to cut away a portion of the latter to remove the lung ; laterally it was also adherent to the parietes. On endeavouring to separate these adhesions, the hand passed into a cavity which occupied a large part of the lower lobe of the lung. A large quantity of fetid, almost black, fluid escaped. The walls of the cavity were soft and irregular. On section at right angles the boundary was seen to be formed of consolidated lung structure, from a quarter to half-an-inch in thickness. The surrounding lung

was completely hepatized, and reddish-brown in colour. No tubercles were found in either lung. The stomach was of natural size. Dr. Leared observed that the appearances in this case were rather those presented in the diffuse gangrene of typhoid pneumonia, than those usually observed in cases of gangrene of the lung, and said that the connexion between the intermittent fever and the lung disease was interesting, and probably more than a coincidence.

A discussion took place as to the existence, or non-existence of a pyogenic membrane lining the cavity, and as to its tubercular or gangrenous origin. Several gentlemen who had been present at the autopsy held different opinions on these points. Dr. Gibbon considered that it depended upon a suppurating patch of capillary phlebitis.

Dr. Gibbon then read a paper on the

COMPLICATIONS OF CONTINUED FEVER OCCURRING DURING THE RECENT EPIDEMIC AT THE SMYRNA HOSPITAL.

This interesting paper will be published as an Original Communication. The author contended that Typhus and Typhoid were not essentially distinct diseases.

Dr. Rolleston enumerated eight points of contrast between these two forms of fever, and contended that they went as far towards constituting a specific difference, as the groups of symptoms universally allowed to do so in measles and scarlatina.

Dr. Martin said that, in the case of Dr. Wilkinson, brought forward by Dr. Gibbon, he thought the disease had not originated from contagion, but was miasmatic, and probably due to emanations from night-soil beneath his window.

Dr. Gibbon replied, and the Society adjourned.

Monday, June 25, 1855.

Mr. Spencer Wells, Vice-President, in the Chair.

Mr. Holthouse exhibited a tumour he had removed that morning from the foot of a Jewess, 50 years of age, of the nature of which he felt some doubt. The tumour was about the size and shape of a lemon, and on a section being made of it, it was found to be firm, crisp, and of a uniform consistence and colour throughout; the latter being rusty brown or liver colour, and the former almost fibro-cartilaginous. The section was shining and smooth, and a thin clear fluid, the colour of the tumour, exuded from the cut surface. On submitting some of this to the microscope, it was found to contain an immense number of granular bodies, mostly of round or oval form, of a brown colour, and about four times the size of blood discs; the addition of water, and subsequently of acetic acid, produced no alteration in the appearance of these bodies. Floating in the same juice were a few roundish nucleated cells, and some granules of very small size; and nothing like cancer cells were discovered. A thin section of the tumour revealed the same granular bodies before described imbedded in a matrix of very fine white fibrous tissue. With regard to the history of the tumour, it first made its appearance between two and three years ago, without any obvious cause, and had been increasing in size up to the time of its removal. It then occupied a position just over the outer malleolus, extending downwards towards the sole of the foot, backward towards the heel, and forwards on to the tarsus; the skin over it was of its natural colour and unadherent, and it evinced but little sensibility on pressure. Though before the operation it was to a certain extent movable on the parts beneath, it was found to be intimately connected with the sheath of the tendons of the Peronii muscles, the origin of the short extensor of the toes, and the fibrous structures about the tarsus and ankle-joint.

The Chairman inquired of Mr. Holthouse what condition the bone was in, and having been informed that the tumour, although attached to the bone, did not appear to arise from it, said that he had once removed a very similar growth from the dorsum of the ilium, which turned out to be malignant, the bone having been in this case the primary seat of the disease, which ultimately led to the death of the patient.

Dr. Gibbon had examined the tumour microscopically, and found very few of the bodies described by Mr. Holthouse; but a good many pigment granules, and some cells, drawings of which he submitted to the Chairman.

Mr. Holthouse explained that he had examined the tumour within two hours of its removal, whereas Dr. Gibbon did not examine it till next day, when it had been altered by decomposition (the thermometer was at 92° Fahr). He had re-examined it just before the meeting, and found the appearances greatly altered, and resembling those described by Dr. Gibbon. The pigment granules of Dr. Gibbon he considered to be the granules, of which the granular bodies before described were composed, set free by decomposition, and the consequent destruction of their connecting medium. He considered the tumour to be one of great rarity, and would like to know whether any member of the Society had seen a similar one, and whether it should be regarded as of a benign or a malignant nature; he suspected it was the latter, and belonged to a class of tumours which Mr. Paget has described as the firm medullary cancers. These tumours, he observes, are firm, elastic, tense, compact, and moderately tough. Their cut surfaces are peculiarly smooth, compact, shining, and sometimes translucent. In colour they may be pure white, white tinted with pink or yellow, or they may be in nearly every part buff-coloured or grey. Their microscopic characters are diverse; each variety may have its own peculiar form of cell structure, nuclei, or intercellular substance, in combination with the ordinary or typical cancer structure, or may, in rarer instances, form the greater part, if not the whole of a cancerous mass.

Dr. Gibbon observed that the duration of the tumour was against the supposition of its malignancy.

Dr. Rolleston inclined to the same opinion, and considered that its having been nucleated from its side was another argument in favour of its benignancy.

Mr. Hulke said he was present at the operation, and the tumour, so far from being easily enucleated, was firmly adherent to all the fibrous tissues, from which it appeared to take its origin.

Dr. Leared then read a paper on

THE USE OF COD-LIVER OIL OLEINE.

(This paper will appear as an Original Communication.)

The Chairman inquired of Mr. Fewtrell whether there would be any difficulty in preparing the Oleine in this climate.

Mr. Fewtrell replied in the negative, but added that, for the last two years, all the best Cod-liver oil sold in London was purified by the separation of margarine. He had not found that used in the London Hospital to become more than very slightly clouded during the past two severe winters.

Dr. Leared said that margarine was held in solution by the oleine, except at a very low temperature. He thought he had made out a case, to show that the margarine was deleterious in certain cases, and that the oleine contained all the useful principles of the oil, and begged the members to make further observations on the subject.

Mr. M'Donnell then related a

CASE OF ABDOMINAL TUMOUR.

A private soldier, aged 22, in January last, had been attacked with dysentery in camp, and was received into this hospital in February. Two months afterwards, when convalescent, he was transferred to Mr. M'Donnell's care. He was at this time much emaciated; slight irregularities in diet, on several occasions, induced violent vomiting and irritability of stomach, which lasted several days; and he suffered more or less from occasional attacks of diarrhœa. He was ordered rice diet and tincture of bark, with minute doses of oxymuriate of mercury. On this treatment his general condition improved; he gained flesh and strength, was able to take exercise in the open air, and, in short, had ceased to attract any especial notice at the visit, until about six weeks ago he drew attention to the distended state of his abdomen. On examination Mr. M'Donnell found it large and tympanitic, and, conceiving this condition to be dependent on nothing more than the relaxed state of intestinal mucous membrane, simple carminative mixtures were ordered, but without any effect in relieving the tension of the abdomen, which became every day marked and distressing. Enemata of assafœtida, turpentine, etc., were had recourse to, also counter-irritation externally, and the administration of turpentine by the mouth; but none of these remedies had the least effect in removing or even in lessening the tension of the abdomen, which (May 8th) presented the following appearance:—It was fully as large as the abdomen of a woman eight months pregnant, although by no means of the same form; large in the iliac

and lumbar regions, the most remarkable bulging was from beneath the cartilages of the ribs; it felt very hard and tense; was tympanitic from the pubes to three fingers' breadth above the umbilicus; from which point up to the thorax there existed an elastic-springing mass quite dull on percussion, conceived to be the liver extending unusually low down; the iliac regions were dull on percussion, but change of position made no alteration in this symptom. No fluctuation could be detected; there was no œdema of the feet, no albuminuria, no abnormal sound connected with the heart. Pulse from 80 to 90; bowels regular, and motions of normal appearance. On examining the thorax the respiration was observed to be short and irregular, but distinctly audible very low down on both sides; on the right side there was marked clearness on percussion as low as the seventh rib. His face appeared full and bloated, but is at no time œdematous. The veins on the abdomen became every day more visible. After repeated and careful examination of the case the diagnosis arrived at was that this peculiar fulness and tension of the abdomen was dependent on action of the diaphragm, either voluntary or involuntary. The diagnosis was based on the following considerations:—1st: There was no ascites which could be regarded as dependent on cardiac or renal disease; nor did the previous history of the case lead one to the opinion that chronic peritonitis had existed. 2ndly: On careful examination of the liver (which at first sight seemed much enlarged) this organ seemed to fill the epigastrium and hypochondriac regions rather on account of its displacement downwards than from hypertrophy; this displacement particularly attracted attention because it was the very opposite of what one would have expected where the abdomen was so tense; and it seemed more natural that, under such circumstances, the diaphragm, with the parts in immediate connexion with it, should have encroached on the thorax; but it was not so: the clearness on percussion even below the seventh rib on the right side, showed that from some cause the liver was strongly depressed; yet this depression was not the result of pleuritis, with effusion on pneumothorax. 3rdly: On keeping up a gentle but firm pressure with the hand on the abdomen for a few minutes, an irregular and not easily-described jerking motion was felt, as if a wearied muscle were yielding a little before the pressure; also the short, irregular character of the respiration, almost entirely thoracic, and lastly, his (Mr. M'Donnell's) opinion with regard to the true nature of the case was made certain, by finding that he could, by powerfully depressing the diaphragm, induce in himself a condition of things precisely similar, not only as regarded the hardness, prominence, and tenseness, of the abdomen, but also as to the position of the liver, etc. Having arrived, therefore, at the diagnosis that no organic disease existed in this case, but that all the symptoms were referrible to action of the diaphragm, it was determined to test the accuracy of the opinion formed, by administering chloroform to the patient, and observing the result. Most of the members present witnessed the effect of chloroform inhalation, the immediate disappearance of the tumefaction, the retreat of the liver to its proper place, the whole abdomen being, for a time, reduced to a normal state. Rarely does it happen that, short of the post-mortem table, we have it within our power fully to verify our diagnosis; but those who have witnessed this experiment would, he thought, admit that no doubt could be entertained as to the true nature of this case. Mr. M'Donnell, in conclusion, proposed to the Society two questions:—1st. Was this a case of real or feigned disease? 2nd. If real, what treatment is suggested?

The Chairman observed, that having seen the case, and observed the complete manner in which the tumour disappeared under the influence of chloroform, he was disposed to regard it as similar to certain abdominal swellings occasionally seen in hysterical women, not altogether involuntary, but certainly not a purely feigned disease.

Dr. Leared inquired of Mr. M'Donnell whether in imitating this condition of the abdomen he suffered at all, and for what length of time he could keep it up?

Mr. Eddowes remarked that the patient had no dyspnœa, and could speak easily at all times, which could hardly be the case with an amateur.

Mr. Complin said the patient's face always appeared puffy, and this might be the result of voluntary effort kept up for a long time.

Dr. Chasseaud (of Smyrna) said that he had seen a female patient in the Edinburgh Infirmary whose abdomen was as large as that of a woman in the ninth month of pregnancy; but she went on ten months, and Dr. Simpson then showed that the swelling entirely disappeared under the use of chloroform.

Mr. M'Donnell, in reply, said, that in trying to induce in himself a state similar to that observed in the patient, a considerable muscular effort was necessary; deep inspiration was not sufficient to produce the effect; the back was arched forward, and the diaphragm forcibly depressed; the appearance and feel of the abdomen then closely resembled that of the patient; percussion over the liver was acutely painful while the abdomen was in this condition. He also said that he had seen Dr. Simpson's case referred to by Dr. Chasseaud, as well as some similar cases in hysterical women, in which the tumefaction completely disappeared on the administration of chloroform. As regarded the question of whether the disease were feigned or not, he agreed with the Chairman in thinking, that although probably a genuine disease, it might be, to some extent, under the influence of the will; but, from the following considerations, he could not think the case one altogether of feigned disease:—

1st. The fact of such a condition sometimes occurring as an undoubted disease.

2nd. Its persistence; since at no hour of the day or night did he observe it wholly to disappear.

3rdly. The state of the abdominal veins, which he supposed to have become more visible merely from the stretching of the skin, owing to the constant state of tension of the abdomen.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Friday, July 6.

THE HOSPITALS IN THE CRIMEA.

Mr. Stafford called the attention of the Government to a letter from an army surgeon, detailing instances of great neglect in the preparations made in the field hospitals for the reception of the wounded in the attack on the 18th. He asked whether the Government meant to take any steps in consequence of this letter.

Mr. Peel read a letter from Dr. Hall, detailing the preparations that were made for the care of the wounded on the 18th, and how well they worked. This was a contradiction to the allegations contained in the letter. He had, however, sent a copy of the letter to Dr. Hall, and called for his answer to it.

Tuesday, July 10.

NUISANCES REMOVAL AMENDMENT BILL.

In Committee much discussion took place, and several Amendments were moved on Clause 24, which inflicts a penalty of £200 for allowing gas-washings to flow into streams and rivers; but they were ultimately withdrawn, and the Clause was agreed to.

The Clauses 25 and 26, regulating the amount of penalties against Gas Companies, and the mode of their recovery, also led to a lengthened conversation, but the Clauses were ultimately agreed to.

Clause 28, relating to the removal of nuisances arising from manufactures and trades, was postponed, and the House resumed.

THE MEDICAL SERVICE.

In answer to questions from Mr. Stafford, Captain Stuart, and Mr. Roebuck,

Mr. Peel said that Dr. Smith only held office till his successor was appointed. With regard to Dr. Hall in the Crimea, he was aware that Dr. Hall was reported against by the Sebastopol Committee; but since Lord Panmure's appointment no complaint had been found with his conduct. In reference to a letter which appeared in the *Times* a few days ago, signed "An Army Surgeon," and impugning the hospital arrangements made for the wounded on the attack of the 18th, he stated that Lord Panmure had applied to the editor of the *Times* for the name of the writer, who had expressed his willingness to have it given up; but the editor had begged to be excused from complying with the request.

NAVAL MEDICAL REFORM ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—May I ask you to make public the annexed analysis of the return to Mr. Brady's Motion. We are able to prove, therefore, from Admiralty documents, that so far from the fleet being supplied with its full medical complement of Assistant-Surgeons in 227 ships on active service, whose proper complement is 300 in time of peace and 328 in time of war, there are at present only 201 Assistant-Surgeons serving, and that in the 45 ships named below (being all those supplied with dressers) there are 40 vacancies. We hope now that our grievance is so incontestably proved that we may look with more confidence than ever for the favourable reception of the appeal which we shall very shortly make to the House.

Allow me to express our sincere thanks for the warm sympathy which you have shown us. I am, etc.

Ernest A. Hart,
Gen. Hon. Sec.

St. George's, June 28.

Ships.	Class.	Proper complement of Assist.-Surgeons. During War.	Proper complement of Assist.-Surgeons. During Peace.	Number of Assistant-Surgeons actually on-board.	Deficiency of Assist.-Surgeons. Peace complement.	Deficiency of Assist.-Surgeons. War complement.	Number of Dressers on board.
Amphion . .	5th	1	1	1	—	—	1
Arrogant . .	5th	2	1	1	1	1	1
Ajax	4th	2	2	1	1	1	2
Ariel	Sloop	1	—	—	—	1	1
Belleisle . .	Hosp ship	Full Hospital Staff.		Full Hs. Staff.	—	—	2
Blenheim . .	4th	2	2	1	1	1	2
Cæsar . . .	2nd	3	2	2	—	1	2
Calcutta . . .	2nd	3	2	1	1	2	2
Colossus . . .	2nd	3	2	1	1	2	2
Conflict . . .	6th	1	1	—	1	1	1
Cornwallis . .	4th	2	2	1	1	1	2
Cossack . . .	6th	1	1	1	—	—	1
Cressy . . .	2nd	3	2	2	—	1	2
Cruiser . . .	Sloop	1	1	1	—	—	1
Desperate . .	6th	1	1	—	1	1	1
Duke of Wellington (flag)	1st	3	3	2	1	1	3
Edinburgh . .	4th	2	2	2	—	—	2
Euryalus . .	4th	2	2	1	1	1	1
Exmouth . .	2nd	3	2	2	—	1	2
Esk	6th	1	1	1	—	—	1
Falcon . . .	6th	1	1	—	1	1	1
Geyser . . .	6th	1	1	—	1	1	1
Hastings . . .	4th	2	2	1	1	1	2
Hawke . . .	4th	2	2	1	1	1	2
Hogue . . .	4th	2	2	1	1	1	2
Horatio . . .	6th	1	1	1	—	—	1
Impérieuse . .	4th	2	2	1	1	1	1
Impregnable .	2nd	3	2	1	1	2	—
James Watt .	2nd	3	2	2	—	1	2
Meander . .	5th	3	1	1 surg. 1	—	1	1
Magicienne . .	6th	1	1	1	—	—	1
Majestic . . .	2nd	3	2	1	1	2	2
Neptune . . .	1st	3	2	2	—	1	2
Nile	2nd	3	2	2	—	1	2
Orion	2nd	3	2	2	—	1	2
Pembroke . .	4th	2	2	1	1	1	2
Phœnix . . .	6th	1	1	—	1	1	1
Powerful . .	2nd	3	2	1	1	2	1
Pylades . . .	6th	1	1	1	—	—	1
Retribution . .	6th	1	1	1	—	—	1
Royal George .	1st	3	2	2	—	1	1
Russell . .	4th	2	2	1	1	1	2
St. George . .	1st	3	2	2	—	1	2
Tartar . . .	6th	1	1	1	—	—	1
Victory . . .	2nd	3	2	—	1	2	1
Total number 45		Total . .		48	23	40	67

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDED 23rd JUNE.

Head-Quarter Camp, before Sebastopol,
26th June, 1855.

The accompanying Weekly Return of Sick and Wounded, it is to be regretted, exhibits a considerable increase of both admissions and deaths, arising chiefly from the accidents of war, occasioned by the assault of the 18th inst., on the Redan Battery and the Works in the Dock Yard Creek. Many of the injuries received were occasioned by grape-shot, fired at short range, and were of a very serious nature. The loss, consequently, has been heavy, but it is very satisfactory to know that prompt aid was afforded to all, and the action having taken place within a short distance of the fixed Hospital-establishments, accommodation was provided for them at once. This is an advantage rarely attainable on active service in the field, so that, the wounded were placed under as favourable circumstances as could be expected. The amount of mortality, therefore, among them is mainly attributable to the severity of their wounds, and not to any want of either surgical aid, or hospital accommodation, as both were at hand. Nor was there occasion to remove the more seriously wounded, when once they were brought in; and the cases selected to be sent down to the Surgical Hospital, at Balaklava, were of a nature not likely to be injured by the journey, and it is reported that they are nearly all progressing in a most satisfactory manner. Indeed, they have done so well that it is matter of regret that the accommodation at the Castle, Balaklava, is not more extensive; but, unfortunately, the ground will not admit of its being enlarged.

The hospital now in course of erection on the high, bold promontory near the Monastery of St. George, will soon be ready for the reception of patients; and so far as position is concerned, it is considered they will be placed under as favourable circumstances as can possibly be obtained. The situation is high and dry, overlooking the sea, and subject to no malarious influence that can be discovered; and whatever the result may be on trial, the site is admitted by all who have seen it to be unexceptionable.

Cholera and bowel-complaints still prevail, and have been on the increase within the last two or three days, but neither the admissions nor deaths have been so marked as to attract special attention, though numerous enough to create uneasiness. Last week the admissions from diarrhœa were 762; deaths 6: from cholera, admissions 198, deaths 119. This week the admissions from diarrhœa have been 940: deaths 10; admissions from cholera 277; deaths 140.

Last week the admissions from fever were 490; deaths 30. This week the admissions have been 614; deaths 28.

Taking the whole force, the admissions to strength during the week have been in the ratio of 10·52 per cent., which is very high; but the deaths to strength are in the ratio of 0·68 per cent., which is more moderate; but it must be borne in mind, that 1659 of the admissions during the week were from wounds alone.

The Artillery and 1st Division have suffered most from cholera during the week. It has attacked the newly-arrived batteries and regiments, though placed in the most favourable positions.

The Artillery, in particular, are encamped on ground that is, in every respect unexceptionable; and it is difficult to trace the rise and progress of this malady among them with anything like satisfaction. New-comers seem to be most liable to attacks of the disease, and this applies to all. The Sardinian Contingent, for instance, has suffered much more than the British troops have done since the epidemic first made its appearance at the end of April.

Great attention is paid to the cleanliness of the different camps; and on the first appearence of cholera, the attention of Medical Officers was drawn, in a Circular Memorandum, dated 30th April, to the great importance of detecting and arresting the premonitory diarrhœa, which generally precedes the more formidable stage of the disease.

MEDICAL NEWS.

Royal Medical Benevolent College.—We have heard that, on the late memorable occasion of the opening of the Royal Medical Benevolent College by His Royal Highness Prince Albert, several ladies who had intended to testify their appreciation of this noble undertaking, by placing their contributions before His Royal Highness, refrained from doing so in consequence of the absence of better arrangements than those that were actually made for their comfort and convenience. We may take occasion to observe, that the accounts in some of the daily papers were grossly exaggerated, and having ourselves been present, we can testify that no other inconvenience was experienced by the visitors, except such as might fairly be excused by the novelty and magnitude of the undertaking, and the great concourse of persons who were assembled. It can hardly be believed that any of the fair sex would withhold their contributions on such trivial grounds, more especially any who are connected with our Profession, and who know, by the bitter experience of what often befals their Professional acquaintance, how many are daily added to the unfortunate list of claimants, whose distresses the Royal Medical Benevolent College has been founded to relieve. If any lady has withheld her contribution on such grounds, we hope that she will think better of the matter, and act up to her original benevolent intention.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted members of the College at the meeting of the Court of Examiners on the 29th ult:—Messrs.

Brook, Thomas George, Caxton, Cambridgeshire.
Fowell, Samuel, Army.
Hammond, Frederick Kaines, Southampton.
Jones, George Matthew, Jersey.
Legge, William, Fakenham, Norfolk.
Lemon, Oliver, Torriano-terrace, Kentish-town.
Mitchell, Joseph Thomas, Clapham-road.
Morgan, William Henry, Colombo, Ceylon.
Plank, Charles, Crescent-row, Canonbury.
Roche, Alexander Franklin, Army.
Ross, John Brown, High-street, Shadwell.
Wallace, Richard Unthank, Hackney-road.

The following gentlemen were admitted members on the 2nd inst.:—

Baretti, Thomas George L'Enardi, Army.
Busteed, Henry Elmsly, Army.
Dunwoodie, John, Royal Navy.
Edwards, William Parry, Maentwrog, Merionethshire.
Horne, Lewis Keele, Staines.
Hughes, Hugh Spencer, London.
Ross, Charles, Gloucester-street, Belgrave-road.
Slorach, Henry, Army.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons of England, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 3rd instant:—

Abraham, James, Barton-upon Humber; diploma of membership dated June 15th, 1855.
Beck, James Theophilus, Greenwich; June 4th, 1855.
Clough, Charles Frederick, Worksop, Nottinghamshire; June 22nd, 1855.
Cogan, Joseph, London; June 23rd, 1851.
Hammond, Frederick Kaines, Southampton; June 29th, 1855.
Helsham, Hector, Funtington, Sussex; Aug. 14th, 1846.
Muller, Charles, Sydney, New South Wales; June 8th, 1855.
Procter, William Birket, Royal Mail Packet Service; April 7th, 1854.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received certificates to practise, on Thursday, 5th July, 1855:—

Carmichael, Andrew Halliday, Mexbrough, Yorkshire.
Corbould, George Giles, Newbury, Berks.

APPOINTMENT.

Mr. J. R. Spender has been elected to the post of Medical Officer to the Eastern Dispensary, Bath, vice Mr. J. Taylor, resigned.

BEQUEST.

Kent County Ophthalmic Hospital, Maidstone.—The late Reverend John Richè Coombe, of Rolvenden, Kent, has bequeathed £50 to this Hospital.

DEATHS.

Houghton.—On the 2rd inst., James Robert Houghton, Esq., Surgeon and Accoucheur, of No. 2, Earl-street, Blackfriars, where he had practised his Profession for upwards of thirty-five years, beloved and esteemed by all who knew him, aged 65, after many months' suffering from chronic bronchitis. His loss will be severely felt and deeply lamented by his family and numerous friends.

Ormerod.—June 20, at Balaklava, of cholera, Laurence Ormerod, Esq., Surgeon, attached to the Medical Staff at Eupatoria, aged 23.

Rosas.—June 2, Dr. A. E. von Rosas, Professor of Ophthalmic Medicine in the Vienna University. He was born in 1791, and became the assistant of Beer in 1816, and his successor in 1821. He contributed much to the reputation the Vienna school enjoyed as a place of study for the eye. A beautiful operator on this organ, his views on its pathology and therapeutics were those of a by-gone period, whereof he was one of the last supports.

Provincial Medical and Surgical Association.—The Monmouthshire and South Wales branch of this Association held its fourth anniversary meeting on June 28, in Abergavenny. The Council met at two o'clock, and at half-past two the proceedings of the annual meeting commenced in the Town Hall. The chair was vacated by the ex-president, in favour of the president elect, E. Y. Steele, Esq., who delivered a long and able address. The report of the Council was read, and other business disposed of. At six o'clock the members of the association and a few friends dined together at the Angel Hotel.

University College, London.—At a session of the Council on Saturday last a donation for the Hospital, out of the residuary estate of the late Mr. Charles König, was received from Dr. Brown, Mr. König's acting executor; and a legacy to the Hospital of £500, by the late Mrs. Caroline Cuming, was announced. The Council determined to unite the professorships, hitherto distinct, of Chemistry and Practical Chemistry, and appointed Dr. Alexander W. Williamson, Professor of Chemistry, as successor to Mr. Thomas Graham, now Master of the Mint.

Bedford Infirmary.—The Governors of this Institution give notice that since their advertisement for the election of a Physician, a change has occurred in their Medical staff, so that all proceedings for the present are stayed. The constitution of the Medical staff will be taken into consideration at the annual meeting, on the first Monday in August.

John Gay, Esq., late Surgeon of the Royal Free Hospital of London, has been unanimously elected an Honorary and Corresponding Fellow of the Pathological Society, of the College of Physicians and Surgeons, and of the Medico-Chirurgical Society of the University College of New York.

The "Guide to Living Medical Authors."—The following is an extract (taken from the *Association Journal*) from a speech delivered to the Lancashire and Cheshire Branch of the Provincial Medical and Surgical Association, by Dr. Dickinson, the President of the Branch:—"Frequently and eloquently have the various forms and guises of quackery been exposed and condemned at our several meetings; but, Phœnix-like, it seems to rise up from its ashes after each seeming destruction, and with renovated strength and vigour commence its work of ruin and misery on its hapless and helpless victims. (Cheers). Within the last few months this Protean demon has again insinuated itself into our ranks, seducing from their loyal allegiance to strict integrity of purpose, and enlisting in its own service men whom we might

once have regarded with veneration and esteem. If the great body of the Profession were to imitate the example of these degenerate few, and, forsaking the paths of principle and honour in exchange for an ephemeral and false reputation, should join the ignoble herd of impudent puffers and dishonest pretenders—were the editor of the "Guide to Medical Authors" to succeed in his undertaking, the science of medicine would thenceforth date its degradation, decline, and fall, and the rewards of our Profession would be given, not to the high-minded and patient observer of disease at the bedside, or to the hard-working promoter of true Medical science, but to shallow advertising quacks and puffing charlatans. (Applause).

The Senate of the University of London has adopted the following form of a Diploma, to be prepared and given to each M.D. :—

"We, the Chancellor, Vice-Chancellor, and Fellows of the University of London, certify that (J. N.) obtained the degree of Doctor of Medicine in the University, on the day of , in the year one thousand eight hundred and , having previously passed through all the examinations required by the charter and by-laws of the University, in Medicine, Surgery, Midwifery, and Pharmacy.

"And by the authority conferred on us, we grant him licence to practise in Medicine.

"In testimony of which we affix our common Seal to the present Diploma.

(Seal.) "(M. N.) *Registrar.*"

Dr. Anderson, who has for some months been in charge of the hospital in Balaclava, has been compelled to ask for a Board, and has been invalided home. The union of qualities which made a man at once valuable as a Medical attendant and an administrator, is not so common but that it produced, when found, a very wide-spread regard. Dr. Anderson leaves the Crimea without any special marks of favour, but with respect of equals as well as inferiors, and the grateful remembrance of many who have been under his care.

Death of Mr. W. Gavin.—A letter from Dr. Sutherland announces the death of Mr. William Gavin, who "never recovered the shock of his brother's death." The stroke falls severely on Mr. Gavin, of Edinburgh, as this was the last of his three sons, all of whom have fallen when on foreign service.

The Cholera in Italy.—Letters from Ferrara and Bologna announce that the cholera continues to spread there with increasing virulence.

Death of Lord Raglan.—Deputy-Inspector-General Dr. Alexander met the other physicians in consultation. Dr. Prendergast was the Medical attendant in ordinary of the Field-Marshal.

Committee on the Adulteration of Food, Drinks, and Drugs.—This Committee met for the first time on Tuesday, and, having chosen Mr. Scholefield chairman, and considered the course of proceeding to be taken, adjourned to Friday.

Dr. Rae, Inspector of Hospitals, has received from Her Majesty the insignia of a Companion of the Bath.

Poisoning by Hemlock.—The following event occurred at Belluno on the 25th ult. Nearly all the boarders of the college were suddenly taken ill. The Physicans called in thinking they were attacked with cholera, applied the remedies usual in that disease, but without effect, and fifty died. It afterwards appeared from a post-mortem examination that they had all been labouring under the poisonous effects of hemlock, which had been unintentionally used in the kitchen for parsley.

The Hango Outrage.—A letter has been received from Dr. Easton, in which he says:—"I am well and kindly treated. I was left at Ekenas to take charge of our four wounded men. On Saturday morning, at half-past three, I was called out of bed to start at once for Helsingfors, where I arrived about eleven o'clock, a.m., after a rapid and tiresome ride, along a sandy, monotonous road, skirted almost continually by dreary pines, and in small carts without springs, which jolt one to pieces. I have a large airy room for my habitation, I think in officers' barracks; to it I am at present confined; from the windows there is a pretty, though circumscribed view. I have enough to do to get through the day. Since the first day (Saturday) I came, I had no one who understood a word of English. The weather is very warm; we want rain; not a drop has fallen since my Finnish experience; my room, however, is delightfully cool."

Cholera in Italy and Bohemia.—In Verona, from May 28 to June 9, 43 cases of cholera occurred, of which 28 have died and 12 continue under treatment. In Venice, from May 6 to June 10, 521 cases had occurred. In Prague, from May 20 to June 10, 230 persons died of diarrhœa and other intestinal affections. The largest number on any one day being (June 7) 25.

Still-born Children in Berlin.—Formey, in his "Medical Topography of Berlin," published in 1796, stated that from the year 1758 to 1794 the proportion of children that were still-born varied from 1 in 17·7 to 1 in 27·9. Notwithstanding the improvements in the art of midwifery, and the almost universal substitution of male for female practitioners, the proportions continue as follow :—

In 1842	1 in 23·37
1849	,, 20·57
1851	,, 22·57
1852	,, 25·41
1853	,, 25·31
1854	,, 24·20

Moreover, for entire Prussia, in most parts of which Medical attendance is procured with more difficulty than in Berlin, the proportion, according to Dieterici, is 1 in 25.

Health of the Army.—It seems that the army in Galicia has suffered very much; the loss is estimated at 30,000 men. Cholera is now raging in the camp; and numbers of additional men are sent for the treatment of the sick.

Mortality Notabilia.—The deaths registered in London, which in May rose to nearly 1200 in a week, and in June to nearly 1100, fell to 926 in the week that ended last Saturday. The average number in the ten corresponding weeks of 1845-54, when corrected for increase of population, is 1058. The present return is therefore of a favourable character. Diarrhœa was, however, fatal in 28 instances, cholera in 6: and one of the cases of cholera was of a severe type, as in eleven hours it killed a labourer in the Battersea Workhouse on Friday 6th July; one warning day of diarrhœa preceded the cholera. The temperature of the Thames was 66·2° during the week, and its waters were exceedingly impure; the water supply is not yet good, and the sewers are left untrapped and ill-ventilated, while the streets are imperfectly cleansed; so that if London is left much longer without some sensible sanitary control, the public health must inevitably soon decline, and the population be afflicted with a great epidemic.

Deaths in Public Institutions for the Week ending July 7 :—

	Males.	Females.	Total.
Workhouses	49	46	95
Prisons	1	1	2
Military and Naval Asylums ..	3	..	3
General Hospitals	41	17	58
Hospitals for Special Diseases ..	4	1	5
Lying-in Hospitals	..	1	1
Military and Naval Hospitals ..	16	..	16
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	1	4	5
Total	115	70	185

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	3	13	6	5	8
North	490,396	6	2	4	7	8	7
Central ..	393,256	1	3	17	6	3	6
East.....	485,522	6	2	8	4	6	11
South	616,635	9	1	14	11	6	23
Total..	2,362,236	22	11	56	34	28	55

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, July 7, 1855.*

Causes of Death.	In the Week ending Saturday, July 7, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	62·9						61·0
All Causes	926	450	140	167	138	29	962·1
Specified Causes	921	450	139	166	137	29	958·3
Diseases:—							
1. Zymotic Class	239	180	23	18	14	4	232·6
2. Dropsy, Cancer, and others of uncertain seat	41	3	6	14	15	3	44·0
3. Tubercular Class	190	72	65	48	5	..	189·7
4. Of Brain, Nerves, etc. ..	109	46	12	25	24	2	113 6
5. Of Heart, etc.	36	3	5	14	12	2	35·1
6. Of Respiratory Organs ..	108	57	7	21	18	5	95·2
7. Of Digestive Organs ..	58	26	11	10	10	1	64·8
8. Of Kidneys, etc.	10	3	1	4	1	1	11·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	9	..	6	2	1	..	7·3
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	4	1	3	1	..	6·8
11. Of Skin, etc.	7	2	..	4	1	..	2·2
12. Malformations	6	6	..	..	..	..	2·6
13. Debility from Premature Birth, etc.	22	22	..	..	..	..	22·8
14. Atrophy	23	14	..	..	9	..	27·0
15. Age	35	..	..	..	25	10	33·4
16 Sudden	2	..	..	1	1	..	14·1
17. Violence, Privation, etc. ..	17	12	2	2	..	1	55·5
Causes not specified	5	..	1	1	1	..	3·8

BOOKS RECEIVED.

The Half-yearly Abstract of the Medical Sciences. By Drs. Ranking and Radcliffe. Vol. XXI. London: Churchill. 1855.

The British and Foreign Medico-Chirurgical Review. No XXXI. July. 1855.

Field Notes for Amputations and Ready Rules for other Operations in Surgery. By Dr. Allan Webb. Calcutta: Sanders, Coues, and Co. 1855.

Cholera in Tynemouth in 1831-2, 1848-9, and 1853. By Dr. Greenhow.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

We beg to remind our readers that, under the New Newspaper Stamp Act, which came into operation June 30, the following particulars are important to be observed:—

Stamped Copies can only be transmitted by Post within Fifteen Days from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

Truth.—We have received from a Correspondent under the above Signature, some severe remarks upon a Contemporary, both in his professional and editorial capacity; but it is no part of our system to give currency to personal attacks upon any individual, however much we may feel ourselves compelled to criticize their public acts.

W. J.—If the Surgeon is summoned by the Coroner, he is entitled to his fee of £1 1s. as a Medical witness; but if not regularly summoned he has no claim.

A Surgeon's Assistant.—Apply to Dr. Andrew Smith, Army Medical Department, Whitehall-yard.

M.R.C.S.—We cannot give any opinion as to the stability of the office alluded to. Our correspondent must draw his own conclusions upon the matter by referring to the names of the directors.

Mr. Hall's communication arrived too late for insertion this week, but we shall publish it in our next number.

Medico-Chemicus.—We shall be happy to insert our correspondent's letter when he forwards his name. It is our invariable rule not to notice anonymous communications, and we certainly cannot deviate from this rule in the present instance, where a criticism, although a very fair one, is forwarded upon a paper the author of which *does* sign his name. The subject of the paper in question is a very proper one for discussion, and we are at all times ready to invite it, but we see no reason why the disputants, on a scientific matter, should not openly enter the arena. We are sure that the author of the paper would wish for discussion rather than otherwise.

G. H. B. reminds us that our quotation from Horace last week should be written

> "Sive per Syrtes iter æstuosas,
> Sive facturus per inhospitalem
> Caucasum," etc.

We are obliged for our correspondent's correction, and we may quote another line of Horace in extenuation—

> "Aliquando bonus dormitat Homerus."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—An advertisement has several times appeared in the pages of the *Medical Times*, calling the attention of the Professiou to "the Patent Ferruginous or Steel Biscuits," prepared by a Mr. Allerton. For the last four or five years I have been in the habit of using occasionally a preparation of this kind in my private practice. The plan of mixing some article, intended to act medicinally, with biscuits or other kind of food, is by no means a new discovery. We have jalap biscuits and gingerbread, and in some experiments tried upon dogs a few years since by a French physiologist, a preparation of iron, made into bread with the addition of flour, was given as food.

I cannot but express my surprise, that any patent should have been granted for the application of a principle long recognized and acted upon by others. A patent might almost as well be taken out for a new kind of pudding.

I should feel greatly obliged if any of your readers could inform me whether I incur any risk in continuing to use my own preparation of biscuits, or what precautions may be requisite on my part to enable me to do it with safety? I am, etc. A. B.

We are requested to announce the death of Maria, the beloved wife of G. Selwyn Morris, Esq., Surgeon, and eldest daughter of the Rev. John Richardson, Vicar of Tinsley, at Guisbro', Yorkshire, aged 30 years, beloved and respected by all who knew her.

Mr. Prescott Hewett's Lectures delivered at the Royal College of Surgeons will be commenced in an early Number.

We are sorry to be obliged, from unavoidable circumstances, to postpone the conclusion of Dr. Walshe's valuable Clinical Commentary.

We regret that Dr. Greenhill's contribution to the "Notes and Queries," with many others, came too late for insertion this week. We feel gratified by the expressed approval of our efforts in this direction.

COMMUNICATIONS have been received from—

Mr. Prescott Hewett; Mr. Spencer Wells; Mr. G. L. Cooper; Dr. Allan Webb, Calcutta; Mr. Donaldson Mackenzie; Dr. Neale; Dr. Leared; Mr. T. Camps; Dr. Shute; Truth; Dr. Septimus Gibbon; Mr. W. G. Johnson; Mr. R. Barwell; Dr. Handfield Jones; Dr. Hyde Salter; Dr. J. W. F. Blundell; Mr. Haynes Walton; Dr. Weber; Obstetricus; Mr. W. Boyd Moss; Juvenis, M.D.; Mr. T. C. Shinkwin, Cork; The Secretary of the Kent County Ophthalmic Hospital; Dr. Snow; Mr. Sanger; Mr. Gay; Dr. Andrew Smith; Medico-Chemicus; M.R.C.S.; Mr. Hall, Sheffield; Dr. Greenhill.

APPOINTMENTS FOR THE WEEK.

July.	Miscellaneous Register.
14. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
16. Monday	
17. Tuesday	Operations at Guy's, 1 p.m.
18. Wednesday	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
19. Thursday	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
20. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic 1½ p.m.

ORIGINAL LECTURES.

CLINICAL COMMENTARY

ON THE

RECIPROCAL INFLUENCES OF CO-EXISTING DIATHETIC AND ACUTE SPECIFIC DISEASES.

DELIVERED AT

University College Hospital.

By W. H. WALSHE, M.D.

Professor of Medicine and of Clinical Medicine in University College, etc.

(Concluded from page 614.)

Gentlemen,—§ I. On the admission of this man, the diagnosis of his case was not free from difficulty. His cerebral state rendered him unfit to give the smallest information concerning the course of his disease; his affirmations as to his existing sensations were not to be trusted; and, as often happens with patients of his class, he had been brought to the Hospital by persons having a very limited knowledge of his antecedents. We were, in point of fact, thrown almost wholly on the objective phenomena, actually present, to release us from our embarrassment.

§ II. Now, the prominent features of the case were the pyrexia, the adynamia, and the cerebral disturbance. Were they the results of delirium tremens? The sufferer's fidgety, abrupt manner, a certain tremulousness of the muscles generally, his bewildered look on being roused, and the moisture of the skin, were enough to suggest this idea, but not to maintain it; for the tongue was not tremulous, and was dry, not moist; the man displayed neither imaginary terrors, apprehensions about himself, nor suspicions of the motives of those around him; and, on the other hand, he was deficient in the particular kind of coherence often observed in delirium tremens; he wandered at once, muttering unintelligibly, from any subject brought before him.

Still less could we recognize in the case the features of meningitis. Here were neither violent delirium, wild glistening aspect of the eyes, cephalalgia, heat of head, alternate flushing and pallor of face, photophobia, intolerance of sound, convulsive movements, nor muscular rigidity,—symptoms which would assuredly, in greater or less number, have been present, had the meninges been inflamed.

Could the man by possibility be the subject of acute glanders? His general aspect was not obviously discordant with the existence of that affection,—and unenlightened, as we were, concerning his habits, he might have been in recent contact, for aught we knew, with glandered animals,—the scarcely probable, as well as the probable, required to be fairly weighed. But the idea proved untenable,—for there was no nasal discharge, no pustular nor bullar eruption on the surface, and no indications of what is so frequent a co-existence with glanders—farcinous affection of the lymphatic system. Nor could we discover any positive ground for the admission of pyohæmia.

Turning to acute diseases of another class, we found typhus fever presenting itself for consideration. But the characteristic eruption of that fever was nowhere to be seen,—and we could not suppose the disease had not yet reached a sufficiently advanced day for its development; for, as you know, the eruption in true typhus makes its appearance from the fifth to the eighth day of seizure, and the man before us had very obviously been ill for a greater number of days than five to eight.

But, while the eruption of typhus was thus wholly deficient, that of typhoid (Peyerian) fever appeared, though not with all desirable perfection, in sufficiently characteristic form. The papulæ were few in number; a solitary specimen alone, indeed, appeared of indubitable Peyerian type; but upon that solitary papula I rested my diagnostic faith, rested it as implicitly as I should have confidently based the diagnosis of varioloid on a single typical pustule in a vaccinated individual(a). The dogma, in years past taught by Chomel, (whether he adheres to it at the present day I know not,) of the necessity of a full crop of the specific papulæ to warrant the diagnosis of typhoid fever, I cannot, I confess, believe to be either sound in theory, or accordant with observation. A papula or two seem to me as significant as a dozen, provided they really have the proper characters; the only difficulty is to ascertain those characters with surety, a difficulty which, it must be admitted, increases inversely as the number is discoverable.

But although the existence of typhoid fever was thus held to be established, the diagnosis did not appear wholly satisfactory or complete. There were present certain symptoms and appearances, to say the least, of unusual occurrence in that affection; while one important condition, wholly foreign to its symptomatology, (namely, albuminous urine, containing casts of the tubuli,) clearly pointed to the existence of Bright's disease. It seemed, then, probable, or, at least, possible, that the peculiarities of the existing typhoid fever might be the effect of the disordered state of the blood appertaining to the other affection. At all events, as these two diseases were actually present, it appears to be well worth our considering to what extent the symptoms of each varied from the usual type.

III. Although the general aspect of the patient was adynamic, and therefore such as should exist in typhoid fever, his fidgety, unquiet manner certainly appeared exceptional; it did not exhibit that curious mixture of heaviness and vivacity sometimes seen in pure typhoid fever, but suggested rather the uneasiness of delirium tremens. The opaque paleness of the face obviously depended on the renal disease, and replaced the peculiar, slightly dusky hue, mingled with flush, over the malar bones, observed commonly in typhoid fever. The moisture of the skin, noticed on the first day of examination, was unusual for either of the two diseases; subsequently harsh dryness of the surface, especially of the legs, replaced the previous moisture. It must not be forgotten, however, that in a certain small proportion of cases of typhoid fever, slight moisture of the skin is, more or less, constantly present.

Not only were the lower extremities free from any marked amount of dropsical infiltration, but no œdema could be detected about the ankles. Had this common symptom of Bright's disease previously existed, and disappeared under the influence of the typhoid fever? This is a question easier put than answered; but it is not irrational to suppose such influence possible; the anasarca of Bright's disease, though in some cases so unmanageable by art, in others comes and goes under influences so slight, that they can with difficulty be ascertained—influences greatly slighter in probable activity than a fresh modification in the state of the blood, such as that arising in typhoid fever. At all events, while the occasional disappearance of such anasarca is confessedly involved in mystery, it cannot be out of place to direct your attention to a possible cause of such disappearance in intercurrent change in the composition of the blood, depending upon some superadded, obvious, or latent disease.

The rose-coloured spots, or papulæ, were few in number, in the main of ill-developed characters, and did not, as is the rule, continue to appear in successive crops. It is difficult, indeed impossible, to say, whether this imperfection was the result of the mere severity of the typhoid fever itself, or dependent on the blood-condition of Bright's disease. The inference fairly deducible, in truth, from the great work of Louis is, that the less the gravity of the case the surer the occurrence, and the greater the amount of its specific eruption, as you will see by referring to his volumes, or, if more accessible, to a tabular analysis of them, printed many years ago by myself (a). Still that inference is on certain grounds, which it is needless to digress into here, open to cavil; and hence it may not be amiss to bear in mind, as a possible cause of imperfect eruption in typhoid fever, some pre-existing perversion of the blood.

The absence of sudamina is not unworthy of note. These peculiar epidermic vesicles do not appear before the twelfth day of typhoid fever; but their non-appearance is not explicable in the present instance in this manner; for, setting aside the probability, as felt during the patient's life, that the disease had passed that day, the post-mortem examination proved it to have done so. Why, then, were none found? Was it because of the condition of the skin in Bright's disease? I doubt this; for, as originally taught by Louis, there is no relationship in typhoid fever between the amount of sweating, and the abundance of sudamina: the two things are

(a) In both cases I suppose the *typical* to be associated with other more or less *ill-defined* specimens of the particular eruption.

(a) Provincial Medical and Surgical Journal, May, 1841.

neither directly, nor inversely, as each other. Louis's teaching would, I may observe incidentally, tend to the inference that sudamina are not really, as is very commonly believed, simply sweat-vesicles; an inference supported by the fact, which I have repeatedly proved to you at the bed-side, in various diseases, that the fluid of sudamina, and of the perspiration of the contiguous skin, may differ completely in chemical reaction, the one being neutral, or even alkaline, the other acid. A ready explanation of the absence of sudamina in this individual is to be found, however, in his age, 45; if, at least, it be invariably true, as originally, I believe, announced by Dr. Jenner, that sudamina do not form after the fortieth year. With the general problem, why they should not appear in advanced, as well as in earlier life, we need not here busy ourselves.

The patient's tongue exhibited the characters observed in severe typhoid fever; the soft palate and pharynx, likewise, in their thickened mucous membrane and blood-exudation, presented a state met with in a certain proportion of bad cases. The dysphagia, so severe that drinks returned in part through the nares, was doubtless due, in some measure, to the inflammatory thickening of the mucous membrane of the parts concerned in deglutition, but in some degree also to defective innervation.

Nausea and bilious vomiting may appear at the outset, or towards the close of typhoid fever; or, in some instances, continue among its constant and most troublesome symptoms from first to last. In the case of Ellis, there was, consequently, nothing special in the existence of these symptoms. In his "Bright's disease" he had an additional cause of gastric disturbance; but whether it gave any special character to the vomited matters, I did not ascertain; they certainly exhaled no ammoniacal odour.

The alvine discharges possessed the characters commonly seen in typhoid fever; the absence of gurgling in the iliac fossa is too common to call for particular consideration. The enlargement of the spleen was in accordance with rule.

The loose crackling and sibilant rhonchi, heard in some parts of the chest, might have appertained, as effects of secondary bronchitic irritation, to either of the diseases present. These rhonchi were, however, slight in amount, and probably dependent rather on the recent than on the older disease. On the 5th of October, the breathing, noisy and somewhat sniffling, resembled that of a man out of breath with running, yet the act was not frequent, being repeated only twenty-two times in the minute. Such as the dyspnœa was, we could not refer it to bronchitis; for the physical signs of that affection were developed on too limited a scale: nor could it be explained by pneumonic inflammation, of which there were no physical signs, the percussion-sound especially at both bases being excellent. If it be objected that central pneumonia might very well have existed, and yet given no physical sign of its presence, I at once grant the force of the objection; but I appeal then to the pulse-respiration ratio of 112 : 22, or closely as 5 : 1 (a ratio I have never observed in, and which I believe to be incompatible with the existence of, pneumonia), as evidence that even the central parts of the lungs were not inflamed. To what, then, was the peculiar breathing due? I believe, to the state of the blood belonging to Bright's disease. In other words, we had, if I am correct, an example before us of urinæmic dyspnœa, developed, it is true, only to a slight amount. Now, on applying the hydrochlorie-acid test to the expired air, as originally proposed by Frerich's, we found no evidence of excess of ammonia; the resulting fumes were not denser than those furnished from the breath of healthy bystanders. I felt sure this would be the case; for I have never known Frerich's test to disclose anything particular, unless when the odour of the patient's breath was more or less strongly urinous; and here no smell of the kind could be discovered. The case seems to me to furnish an illustration, though not so convincing a one as we have more than once seen together, of the fact that dyspnœa, clearly independent of affection of the lungs and heart, may prove a more available sign of urinæmia than Frerich's test.

The frequency of pulse, and feebleness of the heart's sounds, clearly depended on the typhoid fever. There was no systolic murmur at the base, such as may, I think, be occasionally detected in cases of urinæmia, and more rarely of typhoid fever, independently of any chronic organic disease of the aortic orifice, or of recent endocarditis; neither, in such cases, is there necessarily any obvious evidence of anæmia: whence we are constrained to admit, that other perverted states of the composition of the blood, besides anæmia, may produce intra-cardiac murmur.

Our accounts of the urine are, unfortunately, very imperfect: a variety of accidental circumstances combined to interfere with our obtaining the usual daily specimens. Still we had enough to guide us to the diagnosis of Bright's disease in the albuminous impregnation of the fluid, associated as it was with the discharge of casts of the tubules; for I know of no other affection but pyelitis capable of producing these two conditions; and pyelitis could not be admitted here, for there was no pus visible, and the amount of albuminuria was greater than could have been fairly accounted for by even a considerable quantity of liquor puris.

So far, then, as our imperfect information goes, the typhoid fever led to no modification of the urine,—left the fluid precisely as it would have appeared had Bright's disease been the sole and uncomplicated affection present. But it is plain we cannot, on evidence so incomplete, infer that such would always be the case; and an analogy, far from a forced one, renders it probable that typhoid fever may temporarily suspend, or at least diminish, the albuminuria of Bright's disease. The analogy I refer to is, that of the influence of typhoid fever on saccharine diabetes. We had a man some years since in the Hospital with the latter complaint. The daily discharge of sugar ranged high; the gastric and general symptoms of the disease were besides thoroughly well marked. Slight impression only had as yet been made by diet and medicinal treatment on the specific gravity of the urine, when suddenly typhoid fever supervened. From the moment the new conditions of this acute specific disease set in, the most important sign of the chronic diathetic affection, namely, the sugar in the urine, became less perceptible, and at the height of the typhoid fever disappeared wholly, gradually returning with the patient's convalescence, until it regained the original prominence. And yet here was a case in which we may fairly assume the diabetic taint had been developed to a high point,—for, not only was the disease well marked in itself, but distinctly a family appanage. One of the patient's brothers had already died of it, another was at the time under treatment as an out-patient of the Hospital, and there was strong reason to believe (but of this we could obtain no actual proof) his father had been a victim to it also. It is necessary, I should add, that, although change of diet may have had some slight influence in lessening the saccharine discharge, it was quite inadequate to fully account for the diminution. Now, if typhoid fever does play this part in regard to sugar in the urine, may it not act in like manner in regard of albumen? True, the cases are not precisely similar,—and to those who persist in regarding Bright's disease as primarily an affection of the kidney, will scarcely appear logically assimilable at all; but if the doctrine, to which I have for years endeavoured to make you converts, (namely, that that malady is essentially and primarily a blood-disease, with its anatomical character simply in the kidney,) be correct, as the entire of this commentary assumes it to be, then logical ground for instituting the comparison, I now suggest, plainly exists.

In the cerebral state of the patient the effects of typhoid fever seemed predominant; the delirious desire to rise from bed at all hours of the day and night was clearly unconnected with the existing urinæmia. There was less disposition to somnolence than is usual in the latter affection; once roused, the patient remained conscious longer than is the rule in the quasi-comatose state of urinæmia. Possibly the poisoned blood of the typhoid fever and the urinæmic blood acted, *quoad* the cerebrum, as antidotes to each other, just, as it would appear from the interesting experiments of Dr. Anderson, belladonna and opium actually do. At all events, typhoid blood is an unhealthy stimulant to the convolutions, for it excites delirium; urinæmic blood is an unhealthy depresser of them, for it produces stupor and somnolence; that, conjoined, these morbid conditions of blood may each lessen the activity of the other seems, especially on the ground just referred to, a perfectly reasonable hypothesis.

The motor perversions of the patient betrayed their origin in the typhoid fever, rather than in the urinæmia. Subsultus tendinum, and carphology, as observed here, are, in truth, common in the former, rare in the latter. Besides, neither convulsive movements nor muscular rigidity existed—symptoms which, extremely unusual in typhoid fever, are pretty

frequent in urinæmia. The absence of paralysis of the limbs accords with the ordinary course of things in both affections.

The absence of injection of the conjunctivæ may be noted as rare in typhoid fever. The small and almost immoveable state of the pupils was probably a joint effect of the blood-poisons of the two diseases. Smallness and sluggishness of the pupils may, it is true, be noticed in either of the two affections separately; but this state of pupil was conjoined in the present instance with a form of imperfect vision. Now, on the one hand, it is rare to observe such blindness in typhoid fever; and, on the other, the amaurosis of urinæmia is, as far as I know, accompanied with a more or less dilated condition of pupil.

§ IV. What was to be said of the prognosis? Viewing the case simply as one of typhoid fever, the chances seemed strongly against the patient. In the first place, his age (one of the major circumstances regulating the prognosis in all acute diseases) was very seriously unfavourable. I cannot more strongly impress this on you than by submitting for your consideration the results obtained in regard to this point by observers of eminence in different parts of the world:

Chomel (*Paris.*)		*Jackson* (*Boston, U.S.*)		*Lombard* (*Geneva.*)	
Ages.	Deaths per 100.	Ages.	Deaths per 100.	Ages.	Deaths per 100.
15—20	23·08	Under 20	9·19	Under 20	00·00
20—30	34·48	,, 30	12·84	20—30	23·07
30—50	38·09	Above 30	26·67	30—60	20·00

The number of patients included by Lombard in this return, above the age of 30, is only 10; hence, probably, the small mortality was accidental. A man, aged 45, as was our patient, stands, *ipso facto*, a somewhat feeble chance of recovery. His sex told against him also; for, though the experience of different localities differs on this head, on the whole the returns tell against males. Again, the mortality among those attacked in summer is less than in other seasons; even in this respect the chances were not on his side. The dysphagia was a symptom of evil, though by no means of fatal, augury; and the general aspect of the case was bad. On the other hand, the fact of the patient's having been thoroughly acclimatized by long residence in the place of his seizure militated in his favour. The results, in this respect, obtained by MM. Louis and Chomel are exceedingly striking:

Louis.		*Chomel.*	
Patients living in Paris.	Deaths per 100.	Patients living in Paris.	Deaths per 100.
Less than 11 months	44·44	Under 12 months	31·37
11 months to 8 years	27·68	,, 24 ,,	20·83
		Above 24 ,,	6·66

But, in spite of this saving clause, on the whole, the case of Ellis, regarded as one of typhoid fever simply, would, in all probability, terminate fatally—the mass of argument deposed against the man. But how, if at all, was that prognosis modified by the pre-existence of Bright's disease? If the question be looked at in a more common-sense sort of way, thus: Here is a man with a serious chronic blood-disease, anatomically involving the kidney—a disease in itself inevitably fatal sooner or later; and this man is seized with another malady, acute in its course and grave in its character;—if, I say, the question be looked on thus, the ready inference at once arises, that the prognosis of the new is made greatly worse by the existence of the old disease. But ready though it be, this inference is not altogether incontestable. It may be that the poisoned blood state of Bright's disease might antagonize that of typhoid fever, and thus diminish its immediate danger to life, (so far, at least, as the pyrexial state of that fever was concerned,) though not favourably modifying the anatomical changes in the intestine, but leaving the individual to struggle in the ordinary way through the activity of the ulcerative process, and the difficulties of cicatrization. There is no absolute want of reason, it appears to me, in this method of putting the mattter; and hence we must appeal to experience to teach us which of the two parts—a protective or a destructive one—is played by the blood-state of Bright's disease in respect of the immediate fatality of intercurrent typhoid fever. We are, of course, well aware that urinæmia impresses a specially baneful character on inflammations generated under its own direct influence; that serous inflammations, and particularly pericarditis, are peculiarly mortal, when generated through the diathesis of Bright's disease. But the cases are not logically comparable; in the former two poisons are at work, which might, by possibility, be antagonistic; in the latter there exists, from first to last, but one species of poison; hence antagonism is impossible, while, *per contra*, a resulting increase in the virulence of the solitary poison may easily be conceived.

§ V. The treatment was that we habitually employ in uncomplicated typhoid fever—that of saturated saline and wine. Although we cannot suppose the result would have been different under any system of management, we may ask, in a scientific point of view, whether it might not have been better to give wine in larger quantities than four ounces in the twenty-four hours. Had the case been one of typhoid fever alone, I should certainly have administered that calorific agent in considerably larger doses—the co-existing Bright's disease made me hesitate. Speculative arguments might easily be adduced in favour of limited or free use of wine in the combined diseases; it seems useless to dwell on these, while, on the other hand, it is to be feared a long time must elapse before examples of the combination will have been met with in sufficient number to supply experimental conclusions at all trustworthy.

§ VI. Before we separate, let us glance at some of the facts disclosed by the post-mortem examination;—I will take them up just as they occur to me, without following any particular order.

The pulmonary arteries contained fluid and imperfectly clotted blood; the lower parts of both lungs had reached the stage of red hepatization. Now, many years ago, Bouillaud taught that the pulmonary arteries were invariably more or less closely plugged with firm fibrinous coagula, of highly plastic force, in subjects cut off by acute hepatization. And the researches of Andral and Simon, proving, as they do, that pneumonia is one of the acute diseases in which the relative amount of fibrin most largely increases, would tend to corroborate the conclusions of Bouillaud. And I fully believe that such is, *ab initio*, the quality of the blood in sthenic idiopathic pneumonia,—hyperinotic to a high degree. The theory of Simon, that hyperinosis is the effect of increased rapidity of circulation and of respiration, ingenious though it be, seems to me untenable; for, on the one hand, frequency of pulse is carried to an extreme in numerous affections, wherein the blood becomes the very reverse of hyperinotic; and, on the other, neither he, nor any one else, has shown that the hyperinosis of pneumonia rises directly as the frequency of breathing. In the case of Ellis, the hypinosis of typhoid fever would certainly counteract the tendency to hyperinosis, that might otherwise have been induced; the pneumonic inflammation itself must have occurred between two o'clock p. m. on the 5th of October (when both bases gave excellent percussion-sound), and the period of death, 6 p. m. the following day; it was evidently congestive and hypostatic, and, in the rapidity of its production and increase, followed the known laws of the pneumonia of typhoid fever. Each lung weighed somewhat more than double the healthy standard.

The body was well supplied with fat, a circumstance remarkable for both diseases: fat had even accumulated in a most unusual site,—in old pseudo-cellular pleuritic adhesions. There was no œdema of the cellular tissue anywhere; that of the lung can scarcely have been supposed to have been a dependence on the urinæmic state of the blood.

The heart's condition was in nowise discordant with the observations made during life. The feebleness of its sounds depended at once on the fatty sub-pericardial infiltration, combined with fatty atrophy, to a slight extent, of the ventricular wall,—and besides, on the defective innervation appertaining to the existing typhoid fever. No murmur had been caught during life, neither was any valvular change discovered after death.

The liver large, congested, and soft, presented the anatomical conditions usually found in typhoid fever, when the organ deviates from the normal state: as in this instance, what I have on other occasions seen, corroborates the inference of Louis, that this alteration of the liver is of non-inflammatory character. The bile differed in colour from that observed in the greater number of cases of typhoid fever. I have rarely found it green as in this instance, but generally of slightly reddish-yellow tint. It was thin, as is the rule. The spleen large, and gorged with grumous matter, did not remarkably deviate from the typical condition.

The disease of the small intestine was that observed in persons cut off by typhoid fever between the fifteenth and thirteenth days; no bluish tint in the ulcerated patches of

Peyer, indicating retrograde action, and commencing cicatrization, could anywhere be discovered,—now these are appearances which are not to be expected when death has occurred before the thirtieth day. The accumulation of typhoid deposit in one or two of the patches was very considerable, and the destruction of substance extensive. The degree of disease contrasted, in truth, forcibly with the small number of patches implicated; and, when we consider the total freedom of the solitary glands, and the tolerably healthy aspect of the large intestine, the idea suggests itself whether this topographical limitation of the usual changes in typhoid fever may not have been by possibility due to the previously perverted condition of the blood. Not that such limitation has not been observed and described in certain of the cases of Louis, Chomel, and others, but that no explanation of the peculiarity has ever been tendered or even thought of; while, on the other hand, the absence of pre-existing chronic blood-disease, is not demonstrated by the details furnished in published records. The suggestion may then be borne in mind, and, if failing to establish itself hereafter, of course rejected as inadequate.

The kidneys presented, unmistakably, one of the forms of material change which experience connects with the clinical disturbances of Bright's disease.

§ VII. Let me, in concluding, remind you, Gentlemen, that much of what I have ventured to place before you in this commentary is completely hypothetical. You will separate this from the very important series of facts which the case of Ellis has put us in possession of.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

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Lecture XI.

TREATMENT.

CHRONIC DISEASE OF THE TYMPANIC CAVITY.

Chronic catarrhal inflammation of the mucous membrane lining the tympanum, is usually attended by so extensive a destruction of the membrana tympani, that fortunately the discharge has a free outlet, and although it is often extremely viscid it is not retained in the tympanic cavity. The effects, therefore, produced by this simple catarrh and hypertrophy of the mucous membrane are merely a certain amount of congestion of the dura mater covering the petrous bone, the vessels of which are continuous with those of the tympanic mucous membrane. In cases of this kind, therefore, it is not uncommon to have symptoms of slight cerebral irritation, which will be found to yield to simple treatment, consisting of local depletion and gentle counter-irritation. The majority of these cases occur as the result of an attack of scarlet fever. The following is an instance of the kind:—

Catarrh from the tympanic mucous membrane after scarlet fever; destruction of each membrana tympani; subject to attacks of giddiness.—Miss A. H., aged 15, consulted me in November, 1845, on account of a discharge from each ear, accompanied by dulness of hearing and frequent giddiness. She stated that seven years previously she had an attack of scarlet fever, for which she was confined to her bed. During the fever a copious discharge took place from each ear, attended by a very considerable diminution of the power of hearing. For the last three years there has been less discharge, so that it has not appeared at the orifice of the ear for two or three weeks at a time. The diminution in the quantity of the discharge was attended by an aggravation of the deafness. She now complains of frequent attacks of giddiness.

Upon examination each membrana tympani was observed to be entirely absent; the mucous membrane of the tympanum was thick and red, and was the source of the secretion. The Eustachian tubes were pervious, and air was freely blown through them. The watch was heard at a distance of one inch with the right ear, and of two inches with the left. The treatment consisted in the application of leeches below the ears, the use of a very weak solution of the diacetate of lead as an injection after tepid water, and the administration of the twentieth of a grain of the bichloride of mercury twice daily. Under this treatment the congestion of the mucous membrane of the tympanum much diminished, the discharge gradually decreased in quantity, and the giddiness disappeared.

I might enumerate several other cases in which catarrhal inflammation of the tympanic mucous membrane had been accompanied by symptoms of giddiness. Sometimes, as in the case just cited, they resulted from scarlet fever, others were caused by measles; the treatment in each case was very similar, and although, in some instances, the pain extended over a considerable portion of the head, and was even at times accompanied by attacks of vomiting, they all ultimately recovered.

In the case above cited the entire membrana tympani was absent, so that there was no difficulty in removing the whole of the discharge by means of the syringe. In the following cases part only of the membrana tympani was destroyed, and the remaining portion prevented the free egress of the matter; additional care was therefore required to secure a removal of the whole of the discharge.

Catarrh from the mucous membrane of the left tympanum; perforation of the membrana tympani; pain in the left side of the head.—F. H., an architect, aged 44, consulted me, in 1852, respecting a discharge from the left ear, accompanied by pain and tenderness over the left side of the head. He stated that since a child he had been subject to a discharge from the left ear, which had never ceased for more than a few days. During the last five or six years he has also complained of pain in the left side of the head, extending in front as far as the temple, and behind over the region of the mastoid process. Slight excitement or fatigue produces considerable aggravation of the symptoms. At times the pain in the ear comes on suddenly, and is followed by a very abundant secretion. About a month ago, during a cold, he had an attack of pain in the ear, attended by a loud whizzing sound, and great additional tenderness over the left side of the head. Upon examination an ulcerated orifice, about two lines in diameter, was observed in the posterior part of the left membrana tympani, through which oozed a considerable quantity of thick tenacious discharge, having an offensive odour. Upon its removal the mucous membrane of the tympanum was seen to be red and much thicker than natural, so that it projected towards the orifice in the membrana tympani, and, in some degree, prevented the free passage of the secretion through the orifice. The treatment in this case consisted in keeping up a discharge from the surface of the mastoid process, and in administering small doses of the bichloride of mercury in conjunction with sarsaparilla. The ear was syringed twice daily with warm water, care being taken that the stream was directed to the orifice in the membrana tympani, so that the water might be made to enter the tympanic cavity, and, by mixing with the mucous secretion, sufficiently soften it as to permit of its easy discharge through the orifice of the membrane. This treatment succeeded extremely well; by degrees the pain around the ear was much diminished, and the attacks of pain within the ear became much less frequent. The quantity of the discharge, however, remained much the same, until a weak solution of the diacetate of lead was injected. This treatment was pursued for four months, at the end of which time the patient no longer complained of any pain in the ear or head, and the quantity of the discharge was much lessened.

Cases similar to the above being of frequent occurrence, and as you may frequently have occasion to treat them, I will briefly give the particulars of another case, very similar in its character to the one just related.

Catarrhal inflammation of the tympanic mucous membrane; perforation of the membrana tympani; pain in the head, and giddiness; irritation of the portio-dura nerve.—Miss M. S., aged 30, says that, since a child, she has had a discharge from the right ear, following an eruption on the head, with the ex-

ception of an interval of two years' duration. For eight or nine years has complained of pain at the top of the head, accompanied by heat, and a sense of weight. This pain sometimes suddenly shoots across the head from the right ear. She suffers from giddiness at times, and for the last few months has had a feeling of confusion in the head. Six months since had twitchings of the muscles on the right side of the face. Upon examination, the membrana tympani of the right ear was observed to be perforated at its upper and anterior part, the aperture measuring about a line and a half in diameter. Mucus oozed through the aperture, and when it was removed, the mucous membrane of the tympanum was observed to be thick and red. The treatment in this case was the same as in the last, with the exception of the application of leeches below the ears once a week. After three months all the symptoms were much diminished, and the patient was ordered to continue the counter-irritation and the injection with warm water.

From the situation of the orifice in the membrana tympani in the above case, you will observe that, in the usual position of the head during the day, a portion of the mucus must have been confined to that part of the tympanic cavity which was beneath the orifice, there was, however, a free escape of the mucus during the recumbent position, as there was an opportunity for the complete evacuation of the contents of the tympanic cavity, and as the symptoms were not very urgent, it appeared advisable to try the effect of counter-irritation, etc., instead of enlarging the orifice in the membrana tympani.

In the treatment of the class of cases now under consideration, it is of considerable importance to be able to decide when the membrana tympani should be perforated by artificial means, or when an orifice in it should be enlarged. To the performance of the operation of perforating the membrana tympani there is a considerable objection on account of the difficulty of keeping the aperture pervious. It is very rare that a punctured aperture, even of large size, does not close in the course of two or three days. I have even found that, after having made a triangular flap, and turned it downwards, that the orifice thus produced sometimes closes in a few days by the effusion of fibrin. It is, however, not always possible to make a triangular aperture of this kind, either on account of the small calibre of the meatus, or the extreme sensibility of the surface of the membrana tympani. The only sure way of keeping open an aperture in this membrane, with which I am acquainted, consists in applying to it the point of a fine stick of potassa cum calce. Such a proceeding, at first sight, appears to be attended with danger to the adjacent parts, but in reality the action of this substance is wholly under control, for the injection of warm water at once entirely stops its escharotic properties. During and after the application of this remedy, to which I have resorted, in the destruction of polypoid growths, I have never known any inflammation to arise. At the same time, there is no doubt that in cases such as we are now considering, where there are symptoms of cerebral irritation, extreme caution should be used, and every other possible measure adopted, before resorting to this, or any operative proceeding, and as other remedial measures are generally sufficient to alleviate or cure the disease, it is but very rarely that the operation of perforating the membrana tympani is required; I have only used the potassa cum calce in one case.

In those cases of catarrhal inflammation, where the quantity of discharge from the tympanic mucous membrane has not been sufficient to cause ulceration of the membrana tympani, but where the superabundant quantity has passed away through the Eustachian tube, I think, as a general rule, unless the disease has made great progress so as to threaten the life of the patient, that the ordinary remedial measures to which I have adverted will be found sufficient to arrest its progress and to produce considerable improvement.

The following cases are illustrative of this branch of the subject; you will observe that they differ from those last quoted in the circumstance of the membrana tympani still being entire.

Chronic inflammation of the mucous membrane of the tympanum, without perforation of the membrana tympani; giddiness, etc.—M. C., aged 27, consulted, on the 15th of February. She said that for four months she has had at times a sensation of pricking in the right ear, accompanied by a humming noise, deafness, giddiness, a sensation of swimming in the head, and pain over the right side. During the last few days has complained of a throbbing in the ear, accompanied by great pain, and discharge has followed. She has been "light-headed" at night. She says that every time she draws in a breath through the nose, she has a rattling sound in the ear, and for a minute or two she has heard better. The hearing is also slightly better after a copious discharge. Upon inspection the surface of the meatus was found to be red, denuded of epidermis, and secretes a muco-purulent fluid. The membrana tympani was opaque, especially at its lower part. The Eustachian tube was pervious; the power of hearing was much diminished. Considering the case to be one of chronic inflammation of the mucous membrane of the tympanum, with a collection of mucus in the lower part of the tympanic cavity, and that the irritation of the meatus was only a symptom of this inflammation, the treatment adopted consisted in the application of leeches below the ear and of blisters behind it; under this treatment the head symptoms greatly diminished, and the hearing power was much improved. On the 12th of May she was again seized with violent pain in the right ear which extended across the head and towards the forehead: on the 17th she became much worse, and for some hours she was insensible. Blisters were applied to the nape of the neck, and thereby a constant discharge was kept up for some weeks; small doses of calomel were also administered until the gums were made tender. The acute symptoms were soon abated, but counter-irritation was kept up for a considerable period, and afterwards iodide of potassium and sarsaparilla were administered. Under this plan of treatment the symptoms of cerebral irritation wholly subsided, and the power of hearing greatly improved.

Although it is difficult to determine positively whether there is a collection of mucus in the tympanic cavity, the history and symptoms of the case, and the peculiar sodden condition of the membrana tympani, such as was presented in this case, especially at the lower part, leave but little doubt in my mind that mucus had collected; and the second attack was, I think, probably the result of a collection of this fluid causing irritation and pressure on the labyrinth. It is possible that more speedy relief might have been effected, by allowing an escape of the mucus through an orifice in the membrana tympani; but I was quite aware from previous operations, of the great difficulty I should have encountered in keeping open the aperture, even supposing the means whereby it had been effected had not caused a serious increase of the inflammation. The important rule to be kept in mind consists in keeping up counter-irritations sufficiently long to produce absorption of the fluid and to arrest the inflammatory action whereby the secretion is produced.

I have said that there is some difficulty in ascertaining positively whether there is a collection of mucus in the tympanic cavity. Sometimes the opacity and sodden appearance of the membrana tympani is the chief indication, but often the gurgling sound, produced by the entrance of air into the tympanum, or the peculiar flap resulting from the air striking against a soft flaccid membrane, shows, at least, that there is a considerable quantity of mucus in the cavity. I cite the following case, in further illustration of this subject.

Chronic catarrh of the mucous membrane of the tympanum; giddiness and symptoms of cerebral irritation.—E. Middleton, aged 14, was admitted under my care at the St. George's and St. James's Dispensary, in December, 1849. She had an attack of measles at 4 years of age, since which she has complained of much pain in both ears and the front of the head, attended by throbbing and frequent attacks of giddiness, especially upon walking quickly. At times, also, she has been delirious, and very violent. The head symptoms have much increased in severity since the cessation of the discharge, which took place nine months previous to her consulting me.

Upon examination, the membrana tympani of the right ear was observed to be very white, and parts of it fallen in: hearing distance with watch ½ an inch. *Left ear.*—The membrana tympani is white, like milk; hearing distance the same as in the right ear. Air passes into each tympanum, during an expiration with closed nostrils, producing a gurgling sound. The treatment consisted in the use of a blistering ointment to the nape of the neck, whereby a constant discharge was kept up for more than one month, and tonic medicines were administered. By slow degrees the head symptoms abated; for some days she was wholly free from giddiness, which now and then returned, but in a mitigated form, and only for a short

time. At the end of two months she was sufficiently improved to be able to enter service as a nursemaid.

The cause of chronic inflammation of the mucous membrane of the tympanum is most generally an attack of scarlet fever, or measles, or of common cold. Sometimes, however, this affection is produced by a blow on the ear or head. It is probable that, in the following case, a blow was the primary cause of the disease.

J. S., aged 35, was admitted under my care in the Hospital on May 1, 1853, complaining of pain in the right ear, and down the back, accompanied by faintness upon blowing the nose, or upon pressing the ear. She stated that when 10 years old, she had a blow on the right ear, since which she has been deaf in that ear. Two years ago, discharge took place from the right ear, and this has remained. Upon examination, the membrana tympani was observed to be fallen in, and there was a valvular opening at the lower part, through which discharge was forced upon blowing the nose. Looking upon the case as one of long-standing disease of the tympanic mucous membrane causing irritation of the brain, I at once ordered a seton to be placed in the back of the neck, the effect of which was slowly, but entirely, to remove pain from both the ear, the head, and the spine.

In my next, the concluding Lecture, I shall consider the treatment of disease in the Mastoid Cells.

ORIGINAL COMMUNICATIONS.

ON THE USE OF COD-LIVER OIL OLEINE.

By ARTHUR LEARED, L.R.C.P., M.R.I.A.

Vice-President of the Smyrna Medico-Chirurgical Society, Physician to the Royal Infirmary for Diseases of the Chest, London, and to the British Hospital, Smyrna.

The utility of Cod-liver oil in a great variety of diseases is now so fully established, that the mode of its administration is a point of corresponding interest. From my experience of this remedy, however, chiefly at the Brompton Hospital for Consumption, and at the Royal Infirmary for Diseases of the Chest, London, I have satisfied myself that, in certain cases, it cannot be at all tolerated; while, in others, the inconveniences from a persistence in its use are so great, as to render it of very questionable propriety. Every one who has extensively prescribed the oil internally will, I think, agree with me in this. In many instances, however, this arises merely from a repugnance to the sensible properties of the medicine. Its taste, smell, or the oily sensation left by it in the mouth or fauces are complained of, and occasionally induce nausea, and even vomiting. By proper management, the difficulties in question are, nevertheless, usually got rid of. But it is not my intention to enter here into these matters. More serious obstacles present themselves, in the shape of dyspeptic symptoms, of various degrees of severity, occurring some time after taking the oil. These are—loathing of food, eructations having the taste of the oil, nausea, sometimes attended with vomiting, cardialgia, severe abdominal pain in the region of the duodenum, etc. I have observed the last-named symptom to be in some cases a prominent one, and I lay stress upon it for reasons to be afterwards explained. Against the foregoing train of symptoms the measures usually employed in dyspepsia are sometimes successful, but in other cases they utterly fail. I have tried bismuth, hydrocyanic acid, bitters, mineral acids, and alkalies, with the same negative results. The times of taking the oil, as well as the kind taken, have been changed in vain. Although otherwise strongly indicated, a persistence in the use of the oil under such circumstances would of course be highly injurious. I have frequently observed that patients who suffered most from the after-effects of the oil, exhibited no repugnance to the act of taking it. The practice I am about to advocate in cases so refractory as those referred to, was suggested by a theory of my own of the digestion of fat. I must beg to refer to the *Medical Times and Gazette* of June 3, 1854, for a detailed explanation of my views. It will suffice to mention here that I regard the pancreatic secretion as subservient to the digestion of fats and oils, in virtue of its power of resolving these bodies into their immediate principles, stearine, margarine, and oleine, or into the two latter, which are those of cod-liver oil. I have also advanced the opinion that it is the oleine which is alone available for nutrition, and that the others are excrementitious. This theory, it will be observed, is very different from that of Bernard. According to the latter, fatty bodies are absorbed in a state of minute mechanical division, effected through the emulsifying power of the pancreatic fluid. From my own experiments, and having observed that the digestibility of fats and oils appears to be directly proportionable to the relative amount of oleine in their composition, I determined to try the effects of oleine practically pure, derived from cod-liver oil.

For this purpose a considerable quantity of it was prepared, from my directions, by Messrs. Butler and Harding, Chemists, St. Paul's Churchyard. The process employed consisted in submitting the oil to a very low temperature, and separating the oleine by pressure from the semi-solid mass thus produced. I am informed that 75 per cent. of oleine was about the average yielded. Thus obtained, it is a very liquid, and, at ordinary temperature, a very transparent fluid, agreeing in colour with the oil from which it is prepared.

Its freedom from margarine may be tested by submitting it to as great a degree of cold as possible, when there should be no actual precipitate, but a certain amount of cloudiness usually occurs. Of its exact analysis I can only speak conjecturally; that of the oil itself is, however, well-known. If, therefore, the good effects of cod-liver oil are largely ascribable to certain substances in combination with it, as iodine and bromine, there is a strong presumption that oleine is superior, as containing a larger proportion of them. Gaduine, a peculiar principle of cod-liver oil to which its efficacy has been also ascribed, according to De Jongh, who discovered it, adheres to the oleine when the margarine is separated, and is isolated only with great difficulty. Gaduine, therefore, will be administered in larger proportion in the oleine than in the oil itself. If, then, in the latter case, olcine is assimilated to the exclusion of margarine, no doubt can exist that oleine is the most active remedy in all cases in which the oil is indicated. It is my present purpose to maintain that in certain cases oleine is alone available, and that its efficacy is at least not inferior to the oil. The question, in its more extended shape, remains to be tested by further clinical experience. When I left London to take my present appointment I had, chiefly out-patients at the Infirmary, a considerable number of cases under observation in which, on account of severe dyspeptic symptoms, cod-liver oil could not be borne at all, or was borne with great difficulty. I regret to say that, with two exceptions, I have not brought the notes of them with me. I cannot, however, recal a single instance in which the use of the oleine in the same or even larger doses than the oil, was unattended with good results. In some instances, as will be seen, severe pain and obstinate vomiting caused by the oil, were at once removed by changing it for oleine. I may here observe, that although in many cases dyspeptic symptoms are at first induced by taking the oil, a persistence in it appears to overcome them. There are other cases in which, although the oil is well borne at first, the system afterwards rejects it. In the latter cases the oleine is most useful, and I have almost invariably found, that the oil could be replaced by it with the best effects. I have also noticed in England, as no doubt others have as well, that taking cod-liver oil is much less irksome to certain patients in winter than in summer. Inquiries which I made among retailers of the drug in London as to its sale at different seasons go to prove this remarkably. In this point of view cod-liver oil oleine is of interest as regards warm climates like this. For although the well-known theory of Liebig of the uses of fat in the economy may be adduced to explain the effects of temperature alluded to, it is highly probable that the superior digestibility of oleine would cause it to be better tolerated in hot climates than the oil. The following abstracts are taken from my notes of the two cases alluded to:—

E. D., aged 16 years, became an out-patient at the Infirmary, October 3rd, 1854. He had phthisis, and cod-liver oil in drachm doses three times daily was prescribed. At his next visit he said the oil made him so sick that he had constantly vomited at intervals varying from a quarter of an hour to an hour after taking it. He was then given a finer kind of oil in the same doses for a week. At its expiration, he reported that he had invariably vomited between two and three hours after taking the oil, with the exception of the doses taken at

night. Oleine, prepared from the same kind of oil as that last taken, and in the same doses, was now prescribed. For the week following the report is, that he had not vomited at all after the oleine, and felt no inconvenience from it. The oil he had last was now again ordered, and the following week he stated that although it did not actually cause vomiting, he was greatly tormented by its rising in his throat. Recourse was now had to the oleine, which he continued to take up to the date of the last entry (some weeks) with the same good results as at first. It is noted that during the week preceding one of his visits his stomach had been so irritable that he had sometimes vomited after his meals, and the oleine had, nevertheless, not induced vomiting or rising in the throat. It should be stated that no alterations were made from the first in his other medicines, consisting of a mixture containing dilute sulphuric acid and a linctus for his cough.

W. B., 9 years of age, was admitted an out-patient at the Infirmary on account of cachexia, February 16th, 1854. He was extremely thin, pale, and languid-looking. He was ordered a drachm of cod-liver oil twice a-day, together with iron in quassia mixture, which was not, however, very long continued. He took the oil more or less regularly until the 18th of August, when I was informed by his mother that he had latterly suffered from great pain and tenderness, on pressure, between the epigastric region and the navel; that she had traced these symptoms to the oil, and that it made no difference whether it was taken before or after meals. Cod-liver oil oleine in the same doses was now substituted for the oil. He took it with remarkable improvement of his general health, and without any complaint for nearly three months. It then occurred to me to try the effects of the residue in the preparation of the oleine, chiefly margarine. This was given for a few days on two occasions, but with considerable interval, in the same way as the oleine. It caused such nausea and "drawing pain," as he described it, in the upper part of the abdomen soon after taking it, that it could not be longer continued. It also appeared to cause obstinate constipation on both trials. On the latter occasion the bowels were not moved for an entire week. In both instances the oleine was resumed with the same beneficial results as attended it at first. I may add that, previous to my last note, January 26th, 1855, I on more than one occasion tried the same sort of cod-liver oil as that from which the oleine was obtained, but was very soon obliged to let the patient resume the latter. Precautions, it may be observed, were used with regard to these cases to test the merits of the oleine fairly. But in substituting the oil for it, or the reverse, any intimation to the patient of the change was also carefully avoided, so that the matter might be tested still more fairly.

The bad effects of the residue in the preparation of the oleine were remarkable, and, conversely, went to prove the truth of my theory, that in the digestion of fatty bodies it is the oleine they contain which is alone assimilated. The seat of pain and tenderness on pressure, in the case in which the residue was administered, was exactly that which might be expected from derangement of the duodenum in reference to the pancreatic functions. But, omitting all theoretical considerations, I would at present merely ask for a trial of the substitute I have proposed for cod-liver oil in certain cases. I believe that oleine can be administered, as far as regards digestion, in all cases where the oil is desirable.

Smyrna, June 25, 1855.

CASE OF POISONING BY LIQUOR AMMONIÆ FORTIUS—SUCCESSFULLY TREATED.

By H. WILSON REED, M.D.
Surgeon to the Royal Berkshire Militia.

Cases of poisoning from the effects of this powerful irritant being of such rare occurrence, I have thought it worth while to communicate the subjoined report of a very severe case, which terminated favourably, in the Royal Berkshire Militia Hospital, Reading.

I was summarily called to attend John Butler, who had previously exhibited marks of great mental imbecility, aged 35—some days previously admitted into Hospital, the subject of acute rheumatism, on the report of his having poisoned himself. On arrival I found the patient in great agony, writhing in bed; when upon inquiry I ascertained that he had, about half-an-hour before, either through accident or intention, swallowed the following liniment at one draught:—

℞ Liquor ammon. fort., ammon. sesquicarb. āā ʒiij., ol. olivæ ʒij. Fiat. liniment.

Immediately after swallowing the above he was seized with the following symptoms:—Intense and excruciating burning in the mouth, œsophagus, and stomach, gasping for breath, hoarse croaking respiration, and loss of speech. I found his face flushed; the carotids beating vehemently; the mouth open; lips and tongue red and denuded; trachea spasmodically rising and falling; and profuse albuminous, viscid, bloody secretion pouring from the mouth and nares. He was bathed in a profuse perspiration, which was speedily followed by severe tremors, cramps, and coldness of the surface and extremities, mental despondency, and cold sweats. His countenance assumed a very deadly aspect; the eyes were spasmodically turned up and the eyelids closed, and the lips grew livid. These alarming symptoms were followed by several very ineffectual efforts at vomiting, and ultimately by insensibility; the power of deglutition being nearly lost, and the patient manifesting the greatest disinclination to be subjected to any treatment. After several ineffectual attempts to induce him to swallow antidotes of any kind, the tube of a stomach-pump was introduced, and about one pint of dilute acetic acid was injected into the viscus. After allowing the above to remain in the stomach a short time, it was pumped out again with the poisonous contents, and this treatment was repeated three times at some intervals. The salutary effects of the first injection were marked and immediate; manifested in the great relief of the intense burning pain so distressing in this case. After the removal of the pump the first time a copious draught of olive oil was administered, and this repeated after each injection, with the addition of milk, to which he least objected. The power of swallowing was partially restored after the first evacuation, and he continued to improve. Notwithstanding these favourable symptoms, he nevertheless remained in a most alarming condition, and though the breathing and convulsions were relieved he became gradually cold, and in about three hours insensible. During this period of collapse hot fomentations were assiduously applied to the cold extremities, and these assisted by bottles of hot water to the feet and hams; and when almost every hope of a favourable termination was lost two warm strong purgative injections were thrown into the intestines. The first consisted of 15 drops of croton oil, and 1 drachm of aloes and olive oil mixed with barley water, which produced no effect. This was followed by another of less strength, and in about twenty minutes afterwards produced a full evacuation, with symptoms of returning animation. The pulse from this time forward gradually rose, but he evinced no desire for drinks; nevertheless we persisted in administering cold draughts of orange-water, acacia mucilage, and milk, all which he vomited almost as soon as swallowed, mixed sparingly with streaks of florid blood and white shreds of what appeared to be portions of the mucous membrane of the stomach and œsophagus. At 11 p. m. the urgent symptoms being somewhat relieved, we directed our efforts to counteract the impending inflammation, which was certain to follow. His pulse continued to rise considerably, and beat at 100. One grain of the hydrochl. of morphia was now ordered to be administered in two doses, half immediately, and the remainder to be given according to its calmative effects. He was left for the night, and the following morning a favourable report was given, although it included that he had not slept at all, and had been occasionally delirious. Perhaps one of the most remarkable effects observed on this day was the fact that his hair had perceptibly turned greyer during the night. His general appearance was that of a man who had endured intense suffering; his face and throat were much swollen and congested, his eyes suffused. He complained of great pain in the head, œsophagus, and stomach; the latter extending to the bowels, which were acutely sensible to pressure. The pulse certainly indicated some considerable inflammatory action. The skin was hot and dry; tongue was protruded with difficulty, or rather scarcely capable of protrusion, swollen, and abraded. Bowels not moved since the last injection. Urine moderate in quantity, very high coloured, and thick, with an abundant heavy lateritious elimination.

It was reported that he had voided blood with the urine.

Fourteen leeches were now applied to the region of the

stomach, and twelve were put on the throat, after which the bleeding was encouraged by continuous warm fomentations.

Calomel and opium were given in small doses, and a mixture of the nitrate of potash in almond emulsion. To have ol. ricini ʒj. statim.

The bleeding produced most beneficial effects, and the pain in both throat and stomach were almost immediately relieved. At 11 p.m., in every respect improving, though still in a highly dangerous state. Ordered hydrochl. morph. ¼ gr. and to continue the drinks. Next day improved in every way, but still complains of pain in his throat and stomach, the former continuing much swollen. Blisters were now applied to both these parts, followed by emollient poultices, and the discharge kept up for two or three days by savine. He now began to take arrow-root. — Continuentur medicamenta. — By these active measures the inflammation was kept down, and he progressed as favourably as could be desired, and, in about eight days after this accident, by such treatment as it is unnecessary here to detail, the man had sufficiently convalesced to be considered fit for discharge.

Remarks.—The principal features which present themselves for observation in this interesting case, are, first, that recovery should have taken place after so considerable a dose of this powerful irritant poison, mitigated though the effects doubtless were by its admixture with the olive oil. If we refer to Christison upon the subject of poisoning by ammonia and its compounds, we discover that he reports only a few cases with very imperfect details, and these principally resulting from the inhalation of ammoniacal vapour; but they are instructive as showing the very small quantity of this substance, even when only inhaled by the nostrils, which is sufficient to produce death. In one case it is related that a medical man, liable to epilepsy, was found in a fit by his servant, who ignorantly tried to rouse him by holding to his nostrils a handkerchief dipped in ammonia. In which instance, it is to be observed, that though only 2 drachms appear to have been consumed, and which must necessarily have been imbibed gradually and diluted with atmospheric air, it nevertheless proved fatal; while, in the present instance, not less than 3 drachms were suddenly taken into the stomach, to say nothing of the carbonate of the alkali, of which half a drachm, according to the same authority, has been reported to have killed a rabbit in ten minutes; and 2 drachms a small dog in one hour. There does not appear to be any case recorded in which the strong ammonia has been actually swallowed by man, though there are several instances where it had been introduced artificially into the system of dogs. It is related in one of these, that upon half a drachm of a strong solution being introduced into the stomach of a dog, the gullet being tied, that the animal was first much agitated, in five minutes he became still and soporose, after five hours he continued able to walk, and in twenty hours more comatose, death ensuing in four hours more. A second instance related, is one in which 2½ drachms of the carbonate were given, wherein the dog died in twelve minutes.

The second feature which strikes attention in this case, is that after recovery from the insensibility induced by the immediate effects of the poisons, the man should not have succumbed to inflammation, which must of necessity have been extensive and violent. This no doubt would have occurred had not extreme attention and active measures been promptly adopted and persevered in.

There remains yet one feature in this case worthy of remark, that is that the man, up to this date, experiences no difficulty in swallowing, and that the functions of the stomach, although the mucous membrane was certainly partially destroyed, are performed healthily.

CHEMICAL EXAMINATION OF THE AIR CONTAINED IN BUOYANT LUNGS, IN CASES OF SUSPECTED INFANTICIDE.

By HENRY HOUGH WATSON, Esq.

It has long been matter of surprise to me, on reading reports of suspected infanticide, that Medical men, in examining the state of the lungs, frequently, if not generally, resort to the hydrostatic test, almost *per se;* and that from the floating or the non-floating in water, they conclude that a child has or has not breathed. I cannot but conceive that, unless, in addition to the usual hydrostatic test, a chemical examination be also made of the air contained in the lungs, when this organ is found to float, and particularly when even the slightest indications of putrefaction or decomposition are perceptible, that full and sufficient investigation has not been made, which ought to be required before an opinion should be relied upon, that the buoyancy is owing to inflation with atmospheric air, or with the products of breathed atmospheric air. No member of the Medical Profession is ignorant of the facts, that atmospheric air, and the products of breathing it, are not the only air capable of giving buoyancy, and that other kinds of air are liable to inflate the lungs in a greater or less degree, according as decomposition has advanced much or little; and it might be thought that persons, not ignorant of those facts, could not, without hesitation, make a decided assertion of their opinion, that a child has been born alive, when the principal evidence is the floating of the lungs in water, and when an examination of the quality of the air contained in the lungs has not been made; yet we sometimes do find Medical men stating, that they consider the fact of the lungs (or of part of the lungs) floating in water to be conclusive proof that the child has breathed; and, while admitting that the lungs would float from decomposition, still, at the same time, saying that, in the instance in question, decomposition has not proceeded "far enough" to be the cause,—there is not "sufficient decomposition" for the lungs to float in water from that cause, and they have "not the slightest doubt but the child has breathed."

It is admitted that, in some instances, only a very small quantity of air is sufficient to cause lungs to float; but I am not aware that it has been satisfactorily determined how little decomposition may be sufficient to produce that small quantity of air. I believe, however, that it has at least been intimated, that air from putrefaction may be formed in lungs, without any change in colour, smell, or other properties of the lungs being observable. Why, then, not resort to a chemical examination of the air, the cause of the floating of the lungs, before a decided opinion is formed of this cause? Comparatively few Medical men are practically acquainted with chemistry, and probably this may be the chief reason why the examinations in cases of supposed infanticide are often thus defective: still, where there is a risk of innocence being charged with crime, this consideration should not allow superficial examination to be accepted, instead of a searching inquiry, carried to the utmost limit to which the power of science can assist. To a chemical mind, after the question, Do the lungs float? and an answer in the affirmative, the next required to be answered must be what is the character, quality, or composition of the air contained in the lungs? and nothing short of an attempt to ascertain the fact can satisfy. Few, if any, authors on forensic medicine, whose works are usually consulted, give instructions for examination on this head; neither do they suggest that the examination be made. But, without the examination having been made, it seems to me quite as unreasonable to conclude that a child has been born alive, or has breathed, because its lungs or a portion of them float in water, as it would be to assert that one has been born dead, or has not breathed, merely because its lungs sink in water. In two suspicious cases which were submitted to me, and in which the lungs floated, I carried out the investigation; and in both instances the result was, that, decomposition having taken place, the air I obtained from the lungs contained combustible gas, as proved by firing it by an electric spark when mixed with oxygen in a Volta's eudiometer. I cannot but think it would be well if a similar examination was always resorted to; particularly in cases where putrefaction is in a slight degree perceptible; in which cases it might be that the examination would give rise to a doubt in the mind of the operator as to whether the buoyancy was due to respiration, while, by neglect of the examination, he might, perhaps, too boldly conclude that respiration had taken place; be thereby being the means of an innocent person being accused of guilt. If the operator found the presence of combustible gas, he might say, I have tested the air which caused the lungs to float, and have found combustible gas in it (hydrogen, carburetted hydrogen, or carbonic oxide, as the case might be); and this not being a constituent of atmospheric air, nor a product of respiration, but a product of organic decomposition, it follows that decomposition of the body has commenced, and it is impossible to conclude otherwise than that the floating of the lungs may be owing to decomposition

wholly or in part; that there is no proof that atmospheric air has been inspired; on the contrary, if he found no combustible gas, but indications of oxygen, carbonic acid, and nitrogen, he might say, I have tested the air, and have found it to consist of such gases as may be the result only of atmospheric air having been inspired. It certainly will be much more agreeable to a conscientious man to have facts such as these to base his opinion upon, rather than the restricted and doubtful evidence afforded by the hydrostatic test simply, and the hazardous conjecture as to whether decomposition has proceeded "far enough" to give buoyancy to the lungs. The experiments required in making the investigation are not difficult, and, in skilful hands, they may be performed on a small quantity of air. To collect the air, it is only necessary to immerse the lungs in a vessel of water, and under a funnel the neck of which is inserted in the neck of an inverted vial filled with water, and also immersed; then to puncture the lungs in several places, and to squeeze them, when the air will ascend into the vial, which, with the funnel, should be carefully held by an assistant. The operator should be careful that no small bubbles of air be adhering to his hands or to the outside of the lungs, etc., in the water, before he begins to squeeze, lest such ascend into the bottle. 100 or 200, or even 50, water grain measures of the air of the lungs will be sufficient, if no more can readily be obtained; and when so much has been received into the vial, it should be transferred to a graduated eudiometer (of about three-tenths of an inch in diameter) and the quantity measured. I first fill the eudiometer with clear lime-water, and then pass the air up into it from the vial, noting any milkiness which may be formed owing to the presence of carbonic acid, and which is likely to be formed whether the air be that of putrefaction or the result of breathing. I continue to wash with lime-water in the usual way till all the carbonic acid is removed; and then I divide the remaining air into two or more portions; to one of which I add about a third of its bulk of nitrous gas (deutoxide of nitrogen), and if any yellow fume and diminution of volume are produced, the presence of oxygen is indicated, the quantity of which I calculate. To the residue, I add oxygen, 90 or more per cent. pure (the degree of purity having been previously ascertained by firing it with hydrogen), and so much of it as not only to take out the whole of the nitrous gas, but as to add about one-third to the residue thereafter. The whole is then transferred into the Volta's eudiometer, and an electric spark passed: if explosion take place, the residue is transferred back into the other eudiometer, filled with lime-water; any milkiness, indicating that carbonic acid has been formed by the explosion, being noted. In another experiment, I take one of the other portions of the air left after washing with lime-water, in the first instance; add to it about one-third of its bulk of the oxygen gas, pass the spark, and note whether there be explosion; and, if there be explosion, pass again through lime-water, as before, to detect any carbonic acid which may have been formed.

From the above it will be perceived that several experiments may be made on a very small quantity of air. It is advisable, however, that the water used should be rain or soft-water, and that it should have been boiled, and allowed to grow cold, while excluded from the atmosphere in corked bottles or the like, so as to prevent as much as possible the air in question from becoming mixed with other air from the water.

I do not recommend this testing to the exclusion of all or any of the other various means and circumstances from which opinions are sometimes formed. I advise that it be had recourse to as a useful auxiliary to the hydrostatic test, in directing the answer to that often very difficult question, Has the child been born alive, or has it ever even breathed?

The Folds, Bolton-le-Moors, June 22, 1855.

The Bordeaux Railway Medical Society.—Among other characteristics which distinguish the superiority of the management of the French Railways to that of our own, is the appointment of a Medical Practitioner for every important station. Those belonging to the long Paris and Bordeaux line amount to a considerable number, and they have determined, at the suggestion of Dr. Bisson, Principal Medical Inspector of the line, upon holding a convivial meeting every year at some town upon the line. Last year the festivity took place at Orleans, and the present year at Paris.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING JUNE.

(Concluded from page 38.)

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A man, aged 26, under Mr. Simon's care, in St. Thomas's Hospital, on account of an enlarged lymphatic gland in the parotid region. It was removed, and the wound soon healed. *Case* 2.—An unmarried woman, aged 30, was admitted under the care of Mr. Fergusson, into King's College Hospital, on account of a great and very painful enlargement of the right breast. It appeared that she had been quite well until five months before, when she received a blow on the part, which was followed by inflammatory indurationr This subsided, and two months afterwards a small tumour appeared, which during the next three months increased to the size of a fist. The tumour could not be distinguished from the gland with which it is connected; it had no attachments to the pectoral muscle, but was adherent to the skin, and in one spot the latter was ulcerating. There was an enlarged and painful gland in the axilla. The entire breast, and the lymphatic, from the axilla, were removed. The patient is doing well. *Case* 3.—A girl, aged 30, under Mr. Fergusson's care, in King's College Hospital, on account of an epulis growing from the lower jaw. Excision. Recovery. *Case* 4.—A woman, aged 36, under the care of Mr. Partridge, in King's College Hospital, on account of a tumour the size of a small orange, over the lumbar vertebræ, which had occasioned much pain. It was excised, and proved to be a sebaceous cyst. *Case* 5.—A woman, aged 55, under the care of Mr. Walton, in St. Mary's Hospital, on account of a tumour the size of a walnut, between the fifth and sixth ribs on the left side, and which had been increasing for several months. After removal, it proved of fibrous nature. Recovered. *Case* 6.—A woman, aged 25, under Mr. Simon's care, in St. Thomas's Hospital, on account of a sero-cystic tumour in the breast. Excision. Doing well. *Cases* 7, 8, 9, and 10.—These were examples of fatty or atheromatous tumours, not possessing any peculiarity. All removed without ill consequences. *Case* 11.—A girl, aged 25, under Mr. Birkett's care, in Guy's Hospital, on account of an hypertrophy of one nympha. Excision. Recovery *Case* 12.—A woman, aged 25, under the care of Mr. Luke, in the London Hospital, on account of a tumour the size of a pear, in the left submaxillary region. It had existed thirteen years, but had been increasing rapidly during the last six months. It was excised, and was found afterwards to consist of hypertrophied and softened gland tissue. During the operation, the sheath of the facial artery was laid bare, but the vessel was not injured. The wound is now nearly healed. *Case* 13.—A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of two large tumours dipping deeply among the muscles of the back part of the thigh. The largest was much larger than an orange. Both were found in the operation to be suppurated sebaceous tumours, with much thickened walls. It was not practicable to remove the cyst wall, except in parts, and the wounds were accordingly stuffed with lint, and allowed to suppurate from the bottom. Doing well.

REMOVAL OF NECROSED BONE.

Seven operations of this class have been performed during the month, and, in several, large portions of sequestrum were removed. All the patients remain under care, and are doing well.

LIGATURE OF SPINA BIFIDA.

A healthy infant, aged 6 weeks, was placed under Mr. Erichsen, at University College Hospital, on account of a tumour the size of a small orange, quite translucent, and attached over the lumbar spine by a pedicle not larger than one's forefinger. Although it could not be altered in size by compression, yet the diagnosis that it was a spina bifida seemed the most probable. Mr. Erichsen passed a double ligature through its base, and tied it in two halves. A considerable part of the

tumour has sloughed away. The infant is doing well thus far (8th day).

TRACHEOTOMY.

A woman, aged 42, under care in King's College Hospital, on account of syphilitic laryngitis. During a relapse, she became reduced to a condition of such imminent danger from suffocation, that tracheotomy was necessitated. It was performed by Mr. Tatum, the House Surgeon in charge of the case. Very great relief resulted, but she ultimately sank exhausted on the fourth day afterwards. There was much pulmonary congestion.

OPERATION FOR URETHRAL STRICTURE.

A man, aged 64, under the care of Mr. Coulson, in St. Mary's Hospital. Perineal section had been performed two months before, and had left a fistulous opening. The stricture also had again contracted. Mr. Coulson passed down a Syme's staff, and then divided the stricture upon it at the same time, enlarging the perineal opening. A No. 8 catheter was afterwards introduced, and retained for two days. The patient has suffered considerable constitutional disturbance, but is now doing fairly.

PARACENTESIS THORACIS.

Case 1.—A man, aged 24, under the care of Dr. Burrows, in St. Bartholomew's Hospital, on account of what was believed to be an encysted empyema on the left side. He was in delicate health, and much reduced by the disease. Puncture between the fifth and sixth ribs in the lateral region was performed by Mr. Stanley. About 12 ounces of healthy pus flowed by the canula, and as much more during the following night through a catheter, which was left in the wound. The catheter was retained, and the escape of matter continued for four days. Since then the tube has been passed night and morning, and a syringe occasionally employed, in order to aid the complete evacuation of matter. Air has been permitted to pass freely through the catheter, and the case has thus been converted into one of pneumo-thorax. An acute attack of inflammation on the same side, involving probably both pleura and lung, necessitated recourse to mercurial and depletive treatment; but, in spite of these drawbacks, the man is doing fairly. *Case* 2.—A boy, aged 3, was admitted into St. Bartholomew's Hospital, under the care of Dr. Farre, with the account that he had been ill for some weeks, and had had symptoms of acute pleurisy. He was emaciated and very ill; countenance anxious; alæ nasi dilating with each inspiration. The left side of the chest was generally prominent, and everywhere dull on percussion. The apex of the heart pulsated to the right of the sternum. The symptoms thus being well marked, thoracentesis was determined on. The puncture was made by Mr. Stanwell, the House Surgeon, the spot selected being between the fifth and sixth ribs, posteriorly. About 34 ounces of healthy pus were evacuated. The child was much relieved by the operation. He has since, however, suffered from hooping-cough, which has prevented his improving in health. About ten days after the first puncture, a second was practised, and about 8 ounces removed. The wound has on each occasion been allowed to heal, and no air has been admitted. The child remains under care. *Case* 3.—A girl, aged 18, under the care of Dr. Sibson, in St. Mary's Hospital, on account of acute pleurisy, with effusion. The pleural cavity being filled, and the dyspnœa caused being urgent, it was determined to resort to paracentesis. A small hydrocele trocar was used, the operation being performed by Mr. Tyrwhit Smith, the House Surgeon. Thirty ounces of clear serum were removed. Much relief was afforded by the measure. On the following day, at Dr. Sibson's request, a second puncture was made, and again about 30 ounces of serum removed. These operations did not, of course, empty the chest; they were rather intended only to relieve the excessive distension. A large quantity of fluid remained behind, which has since been removed by absorption. The girl is now convalescent.

Besides the above, several cases mentioned in our previous reports, in which paracentesis of the chest has been performed, remain under care in the different Hospitals. A very interesting case is under the care of Mr. Skey, in St. Bartholomew's Hospital, in which an opening into the right pleural cavity has formed spontaneously; and another of similar character is under the care of Dr. Ramskill and Mr. Hutchinson, at the Metropolitan Free Hospital.

PLASTIC OPERATIONS.

Case 1.—A woman, aged 28, under the care of Mr. Fergusson, on account of a contracted cicatrix after burn, which connected the fore-arm and upper arm at an acute angle. Much benefit has resulted from the free division of the contracted bands. The case was mentioned in our report for March, a former operation having been performed, to liberate the upper arm from the side of the chest. Under treatment. *Cases* 2 and 3.—These cases are examples of vagino-rectocele, both under the care of Mr. I. Baker Brown, in St. Mary's Hospital. In both, the usual operation for diminishing the calibre of the vagina, and the size of the external opening, has been performed, and with very good results. *Case* 4.—A woman, aged 46, under the care of Dr. Barnes, in the Metropolitan Free Hospital, on account of ruptured perinæum, and consequent prolapse of the vagina, bladder, and rectum. The accident had occurred two years before. The whole perinæum was torn through, but the sphincter ani was entire. Dr. Barnes's operation consisted in paring the edges of the lacerated sides of the perinæum, and then uniting them together by means of shotted sutures. The sphincter ani was divided from the bowel on each side, in order to liberate the perinæum, and prevent traction. The parts were got into very good apposition. The catheter was used several times daily for the week following the operation. On the fifth day, the patient had an attack of secondary hæmorrhage from the wound, which was so profuse as to cause alarming faintness. By the use of ice to the part, and the internal administration of tannic acid in large doses, the bleeding was arrested without its being needful to open the wound. Good adhesion has taken place through the greater part of the united surfaces, but an aperture remains just in front of the rectum, which will have to be closed by a future operation. *Case* 5.—A child, with single hare lip, under the care of Mr. Lloyd, in St. Bartholomew's Hospital. The usual operation was performed by Mr. Jowers, (House Surgeon,) and succeeded well. *Cases* 6 and 7.—Cases of hare-lip, under the care of Mr. Erichsen, in University College. In neither case were the pins employed. Both united well. *Case* 7.—A boy, aged 15, under the care of Mr. Cock, in Guy's Hospital, whose case has been frequently mentioned in these reports. He had a very large polypus in the nose and pharynx, for the removal of which it was necessary to slit up the left nostril; and in order to allow of applications being made by the aperture to the base of the growth, the opening had to be kept patent. The operation this month performed consisted in paring the edges, and then uniting the sides of this aperture. It succeeded perfectly. See "Operation for the Closure of Artificial Anus."

OPERATIONS FOR NÆVUS.

A case, under the care of Mr. Fergusson, in King's College Hospital, two under that of Mr. Erichsen in University College, and one under that of Mr. Hutchinson, in the Metropolitan Free, have been operated upon. In all the ligature was employed, and in all perfect cure resulted.

OPERATION FOR THE CLOSURE OF ARTIFICIAL ANUS.

A man, aged 32, under the care of Mr. Fergusson, in King's College Hospital. Nine years ago a gun went off in his hand, and the charge of large shot passed through his right side from before backwards; a week after the accident several pieces of bone came away (rib), at which time fæcal matter began to escape from the wound, and continued to do so entirely for seventeen months, none passing by the anus. The hole in the side was subsequently firmly plugged, and the fæces then took their natural course, and have done so ever since when the plug is used, with the exception of slight oozing at the wound. The aperture is two and a-half by two inches, with a large surface of mucous membrane exposed, in which two openings into the bowels could be felt, one of them appearing to be the junction of the ileum with the colon. *Operation.*—The mucous membrane was first loosened from the bordering skin, and then a flap of skin with a broad base of attachment taken from the walls of the belly, in front of the opening, and fixed over the raw edges of the opening by means of sutures. Chloroform was administered. The patient appeared well for a few hours, but gradually sank, and died in 40 hours. *Post-mortem* revealed nothing remarkable. There was slight peritonitis on the left side, some blood in the colon, no apparent wound of peritonæum.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

ARTIFICIAL EYES.

The following scraps of information as to the employment of artificial eyes, which we have acquired in watching the practice at the Royal Ophthalmic Hospital, may be welcome to some of our readers. (*a*) The success in the deception as to appearance is generally most complete. Several very pleasing cases have fallen under our notice, in which a glass eye, by hiding a loathsome deformity, and restoring personal appearance, became the means of effecting a complete revolution in the worldly prospects of the wearer. (*b*) In order to complete success, it is very desirable that the substitute eye should move well. This, however, is not essential, as should the two eyes not move equally the only defect suggested to the casual observer is that of a slight squint. (*c*) To secure the movements of the artificial organ, the natural globe, in its collapsed state, should, if possible, be retained in order to serve as a stump. This stump, or cushion, receives the attached muscles and obeys their movements, of course carrying with it the concave glass eye which has been fitted upon it. (*d*) If the entire globe be diseased, and its removal necessary, the operation should be conducted on the modern plan, viz., by division of the muscles close to their attachments, nothing whatever excepting the globe itself being taken away. By this precaution the muscles will be left in their full length, and, becoming connected, in the course of healing, with the mass of cellular tissue, fat, etc., which remains in the orbit, will constitute a cushion possessed of a certain degree of mobility. (*e*) Glass eyes will not wear for ever. Even with careful patients the artificial eye generally requires to be renewed, or at least re-enamelled, once a-year. It becomes coated at the back by concretions from the tears, and is then so irritating that its disuse becomes necessary. To obviate this inconvenience, patients should always remove them at night, and have them carefully washed; they should also, if convenient, lay them aside for a few days whenever the eye becomes irritable, or a greater tendency to deposit is observed than usual. (*f*) Among the poor this liability to soon become unwearable is a serious objection to their use. Some Surgeons have, indeed, almost ceased to recommend them to their Hospital patients on this account, reserving their employment for cases in which the sufferer appears more than usually intelligent, and likely to succeed in the management. (*g*) Mr. Gray, (of Goswell-street,) the maker of artificial eyes to the Ophthalmic Hospital, informed us, in answer to inquiries on this head, that he thought an artificial eye might, with ordinary care, be kept in a good state at a cost of about fifteen shillings a-year. This estimate, of course, applies only to a pauper patient, to whom cost price only would be charged.

LUBRICATION OF CATHETERS, ETC.

The practical Surgeon can afford to regard nothing as insignificant which can exercise the slightest influence on the result of his treatment. Although not a matter which generally claims much attention, we observe that several of our Hospital Surgeons, and those, too, among our best, are very particular as to the kind of grease which they employ for smearing catheters, etc. A moment's consideration will, indeed, convince any one, that the question of preference is one of some importance. To say nothing of pain, etc., to the patient, the difference between a well-lubricated urethra, and one which is not so, may not unfrequently decide the success or failure of the attempt at catheterism. The objects to be gained by lubrication are several:—1st. Mechanical friction is diminished; 2ndly, the mucous membrane is shielded and rendered much less sensitive; 3rdly, the mouths of follicles, crypts, etc., are filled; 4thly, the prevention of irritation to the mucous membrane prevents also spasm, a circumstance which, as the muscularity of the urethra is now generally admitted, is of the greatest consequence; 5thly, the mucous membrane is rendered (mechanically) supple, and the chance of its laceration or abrasion is very much diminished. Now, in order that these intentions be well fulfilled, it is necessary that the grease used be of a kind likely to be carried with the instrument down the whole tract of the urethra. It must, therefore, possess a certain amount of cohesion, and not be easily rubbed off. The ointment used for this purpose at St. Bartholomew's and several other Hospitals, consists of equal parts of olive oil and fresh lard, at others, castor oil is employed. We are inclined on the whole to give preference to the latter. When cold, it is very viscid, and adheres well to the catheter, and it loses its viscidity just at the proper time, as it becomes warmed by the instrument and the urethra. It keeps much better than anything containing lard. Olive oil is much too liquid, and should never be used. If the urethra be known to be very irritable, it may be well to adopt a plan to which we observe Mr. Wormald often resorts, of employing two instruments, the first of which is withdrawn just before touching the stricture, being used merely for the purpose of lubricating the canal, and the second again, well greased, is carried onwards.

BROWNING OF THE CONJUNCTIVA FROM NITRATE OF SILVER.

When solutions of nitrate of silver are long employed as eye-drops it is not unusual for the conjunctiva to assume a brown or olive hue. The staining is permanent unless removed by remedies. Mr. Critchett ordered, in a case of this kind which presented itself at the Moorfields Ophthalmic Hospital a few weeks ago, a solution of iodide of potassium (gr. viij. ad ℥j.) to be freely used. He stated that he had seen this lotion diminish the stain, but had never known it effect a complete removal. Cases in which nitrate of silver drops are used should always be carefully watched, in order at once to desist, should this change of colour be caused. The sulcus of junction of the ocular and palpebral conjunctiva is the part where the staining commences, and if the Surgeon be particular to inspect this frequently, he will run no risk.

MECHANICAL SUPPORT IN CASES OF PENDULOUS ABDOMEN.

There are certain cases of enlarged and pendulous abdomen which, when they occur in women, often excite suspicions either of pregnancy or of ovarian disease. Their true pathological nature we once heard pointedly indicated by a Borough obstetrician in three words—"fat, fæces, flatus." Every one of experience will recognize the condition we refer to, the subjects of which are usually stout phlegmatic women, liable to flatulence and intestinal torpidity. The state is one often found difficult of relief. We observe that Dr. West, at St. Bartholomew's Hospital, insists strongly upon the benefits derivable from affording to the bowels mechanical support. By the use of an abdominal bandage, applied as tightly as it can well be borne, the symptoms often disappear very quickly, and a patient whom nothing could convince that she was not either pregnant or dropsical, may have at once her hopes dissipated and her fears dispelled. The use of tonics, and mild purgatives (*e. g.* aloes) at the same time is of course advisable. Dr. West often employs frictions with tincture of aloes over the abdomen, with the object of restoring tone to the muscles of the abdominal wall and the intestines. We believe, however, that he considers mechanical support as the most important part of the plan.

PERCYANIDE OF MERCURY IN SYPHILITIC ULCERATION OF THE TONGUE.

Mr. Wormald, at St. Bartholomew's Hospital, has recently been employing a saturated solution of the bicyanide of mercury, as an application to syphilitic ulcerations, abrasions, etc., on the tongue. Without speaking very enthusiastically respecting it, he states that he has obtained more satisfactory results from it than from any remedy he had previously employed. The solution is painted over the affected part, care of course being taken that the patient do not swallow any quantity of it. The extremely intractable nature of this form of syphilis is matter of general remark.

APPLICATION OF COLD TO SPRAINS.

Many different opinions have been entertained as to whether recent sprains should be treated by warm or cold applications. We find that Mr. Cock, of Guy's Hospital, entertains, as the result of his large experience, a very strong preference for cold. He states that the consequences of a sprain may be very much limited, both in duration and severity, by the early and efficient employment of cold. It should either be done by iced water, or by irrigation. Mr. Cock is accustomed to quote, by way of illustration of the powers of cold, the certainty with which the application of ice will induce the absorption of effused blood in an ordinary ecchymosis, a power

which, by the way, in certain cases of "black eye" may be turned to good account.

EXTERNAL TREATMENT OF STRICTURES OF THE URETHRA.

Among the plans of treatment in severe cases of stricture which are in common use in the Hospitals, and of which some of our readers may be glad to be reminded, are those which are employed externally. Leeches, blisters, or mercurial inunction on the perinæum, are remedies which, with some Hospital Surgeons, are great favourites. In several cases which we have recently watched in Guy's Hospital, under the care of Mr. Cock and Mr. Birkett, very great benefit was apparently produced by these remedies. In cases of large indurations, in which the use of the catheter irritates very much, more may often be done by these than by perseverance with instruments.

NOTES AND QUERIES.

He but questioneth much shall learn much.—*Bacon.*

No. 11.—Oleum Balenæ.

the Editor of the Medical Times and Gazette.

Sir,—I have been informed that the oil prepared from a species of whale, I think the "bottle-nosed," is as useful in medicine as the cod-liver oil, not more nauseous, and much less expensive. Has it been tried on any large scale, and, if so, with what results in these three particulars? A reply to these questions will much oblige.

I am, etc. A Dispensary Physician.

No. 12.—Enlargements of the Abdomen and Mesenteric Disease.

Sir,—It is customary, I believe, to speak of enlargements of the belly in children as indicative of mesenteric disease. I have for long doubted such explanation of their production, and will now beg to avail myself of your Notes and Queries to ask whether any one can explain to me how, by any possibility, disease of the mesenteric glands could induce general enlargement of the abdomen? I am well aware that the simple increase in bulk of the glands themselves would do something towards this, but in no case that I ever examined after death were the glands large enough to have caused any perceptible fulness of the belly generally. It is the general distension, the "pot-belly," to which my question refers. I have my own theory as to its real cause, and will, if you will allow me, propound it at some future time.

I am, etc. Sceptic.

No. 13.—Copaiba and its Mode of Action.

Sir,—Will you allow me, through the medium of your "Notes and Queries," to put a question to your readers which has long puzzled myself. It refers to the *modus medendi* of copaiba, cubebs, etc., in the treatment of gonorrhœa. How do they exert their power? Is it that the active principle is eliminated by the kidneys, and is thus, in urinous solution, brought into direct contact with the inflamed tract? or is it that the mucous membrane of the urethra itself seizes upon the efficacious essence, and excretes it into its own tissue, and applies it directly to its object? A third theory might be proposed, viz., that the remedy is never made to act directly on the tissue diseased, but influences it only indirectly, through the medium of the nervous system. This last might perhaps, for the sake of convenience, be termed the dynamic theory, and the other two mechanical ones. If either of the first be the correct explanation, it would seem almost to follow, that the injection of the remedy directly into the urethra would be preferable to the round-about method of administering it by the stomach, and through the blood. I have no doubt that strong facts may be cited on both sides, and can easily suppose it possible that there may be some other *modus* which I have not yet thought of; but, being in great doubt, and believing the subject of such interest, I would ask the help of yourself or contributors.

I am, etc. B. S.

Finsbury, July 10.

No. 14.—Extra-mural Interments.

Sir,—A philosophic Physician, whose tomb is in the churchyard of St. Giles, Shrewsbury, has expressed in his epitaph the motives why our ancestors, who lived unwholesomely close for mutual protection, yet wisely placed their hospitals and their spacious burial grounds without their towns. It is as follows:—

"Ut Nemini noceret Mortuus, qui Unicuique pro re nata succurrere voluit Vivus, hic extra urbem sese contumulandum præcipiebat. Cheney Hart, M.D., Warringtoni, in agro Lancastriensi, natus Nov. 17—28, 1726."

Another Medical moralist, Mr. John Whitfield, Surgeon, is commemorated by an inscription which is justly termed "the very quintessence of chemical brevity:"—

"J. W.,
Composita solvantur."

Gentleman's Magazine, August, 1837.

ANSWERS.

To the Editor of the Medical Times and Gazette.

To Query No. 6.—Muscular Coat of the Urethra.

Investigator will find full information respecting the muscular coat of the urethra in Mr. Hancock's papers on the "Anatomy and Physiology of the Urethra," and also in Kœlliker's Manual of Special Histology (Vol. II., page 235, Sydenham Society's Translation.) The demonstration that the urethra does possess a layer of organic muscular fibres throughout the whole of its course is, I think, demonstrated beyond question. Professor Kœlliker and Mr. Hancock, for the most part, support each other's conclusions. ⊙

To Query No. 7.—Muscular Action after Death.

Sir,—The phenomenon of post-mortem muscular contractions after death from cholera has been treated of at considerable length by my late much-lamented friend, W. F. Barlow, in the *London Medical Gazette*, 1850, where, with his well-known literary ability and industry, he collected many instances thereof.

I am, etc. W. B. Kesteven.

Medical Times & Gazette.

SATURDAY, JULY 21.

THE LONDON SCHOOLS OF MEDICINE.

We observed, at the close of our last article on this subject, that Schools of learning may spring up in one of two ways. Sometimes it happens that a liberal government, or some politic and enlightened prince or munificent individual, desirous of introducing letters and civilization into a community just emerging from ignorance and barbarism, founds a College, or endows a Professorship, so as to bring opportunities and facilities for learning within the immediate reach of the people whom it is desired to improve. So, Alfred the Great founded at Oxford colleges for the instruction of the barbarous Saxons; and so, in our own day, the Colleges, which well-meaning ignorance called "godless," have been established in Ireland.

In these instances the schools were established in the hope that the concourse of scholars would follow. In the case of the London Schools of Medicine, on the contrary, the concourse of scholars preceded and caused the establishment of schools.

We believe that we are correct in stating, that with the exception of the few lectures on Physic read publicly to all comers at the nobly meant, but unhappily abortive, College founded by Sir Thomas Gresham, the only lectures on Medical science delivered in London for a long series of years were those delivered at the Royal College of Physicians. These were the days when the College was actually the head-quarters of the Medical Profession, and the centre of all scientific life, in all branches of Medicine; when William Harvey delivered lectures on Anatomy and Surgery,

announced his discovery of the Circulation; when a rising artist, Christopher Wren by name, made the plates to illustrate the anatomical labours of Thomas Willis, whose magic circle still has charms for every tyro in the schools of anatomy; and of Richard Lower, whose investigations on the structure of the heart and movements of the blood are commemorated in the "Tuberculum Loweri," a name that will, we hope, survive, long after the time when the moths and worms shall have devoured the "Tractatus de Corde." But, alas! time would fail us if we were to attempt even to mention Morton, Sydenham, and others who then conferred lustre on the College, and taught within its walls. But these lectures, like those afterwards given at Surgeons' Hall, were as much for the improvement of the Practitioner as for the first instruction of the Student; and when young men intending to practise as Surgeons and Apothecaries in various parts of England, after they had exhausted their seven years' apprenticeship, and had learned all their masters' art, mystery, and secrets, used to flock to to London to "walk the Hospitals," and to observe the treatment pursued by the eminent men who had charge of the sick; then *private individuals* began to teach anatomy, and to deliver courses of lectures on other subjects, in buildings which they hired for the purpose, or, possibly, in their own houses. Thus, the first lectures on Midwifery delivered in London were, if we mistake not, a course of about twenty, which Dr. John Maubray read in his own house in Bond-street, about the year 1721. Thus arose the School of the Hunters, in Windmill-street, which passed afterwards, by purchase, into the hands of Charles Bell, and then of Herbert Mayo, and which only expired within the last year or two. In like manner the Borough Schools, in their palmy days, were private speculations. Teachers, some officially connected with various Hospitals, and others not so, used to open houses in the neighbourhood of Hospitals, for the practice of dissection and the delivering of lectures, in the hope of attracting the young men who came to walk the Hospitals. Thus the concourse of students to London created the establishment of Medical schools, which were set on foot by private individuals, as private speculations.

Then at the beginning of the present generation ensued two independent, but simultaneous sets of occurrences. First, there was enforcement by the Society of Apothecaries of an admirably-framed curriculum, which rendered it necessary for Students, who intended themselves for English General Practitioners, to attend systematic courses of lectures. Then there was the establishment of the London University, now called University College, an institution intended by its founders to supply to the Metropolis a thorough University education, free from the religious and political influences and restrictions which then prevailed at Oxford and Cambridge. Of the London University, a Medical School, organized under authority, not left to the caprice of individual speculators, and framed in accordance with the fuller system of instruction given at Edinburgh, formed an important part. This was the beginning of a system, which in a quarter of a century has extinguished private Medical Schools in London in the following way.

Not the least among the benefits arising from the establishment of the London University, was the fact, that it called forth the energies of the opposite political party, who, desirous of showing that the truth never need fear the light, and that religion and order can march side by side with enlightenment and progress, founded the King's College, in which instruction in the positive truths of religion was superadded to the improved secular instruction given at the rival institution. It must be manifest that the inauguration of such Colleges, under high public sanction, and the fact that the instruction was delivered by robed Professors in public halls, instead of by private teachers in dingy back parlours, and still more, that Medicine, instead of being divorced from every other liberal study, was associated with instruction in languages, philosophy, morals, sciences, and in every other branch of liberal knowledge which can prepare the mind for special studies, and give them breadth, and solidity, and extension; these things, we say, soon put the private Schools into a position of inferiority. This they have remedied, in great measure, first by causing themselves to be affiliated to the University of London, —a University now embracing not merely the University College, but a vast connexion of Schools and Colleges in all branches of knowledge; and next, by gradually shuffling off their private character, and acquiring that of Public Institutions. Thus has the Medical School of St. Bartholomew's been converted into St. Bartholomew's College, with a Warden, and residence for Students; and in this path, there is no doubt, that the other Hospital Schools will, sooner or later, follow.

From this rapid sketch we hope the reader will gather the idea which we desire to convey, that the London Schools of Medicine, although they boast of no ghostly cloisters, or time-hallowed associations, or ancient endowments, yet are living realities, shaping themselves to the pressure of the times, and assuming the form which is most dignified, and most useful.

"THE GUIDE TO LIVING MEDICAL AUTHORS."

It will, perhaps, be remembered that some time since considerable astonishment was evinced at the appearance of the respected name of Dr. George Burrows, Physician to St. Bartholomew's Hospital, among the worthies who figure in the "Guide to Living Medical Authors." Being convinced that his name had been placed there by mistake, we expressed the same in the columns of this Journal; and when his name was withdrawn, we hastened to apprise our readers of the fact. We are now happy to announce that Dr. Burrows has himself confirmed the accuracy of our statement, by writing a letter to a contemporary journal, in which he denies having mixed himself up with the unprofessional scheme, developed in the so-called "Guide."

"If," says Dr. Burrows, writing to our contemporary, the *Association Journal*, "you had inquired of me whether I approved of such a system, or had authorized the Editor of the *Medical Circular* to advertise my work on *Diseases of the Cerebral Circulation, with my address prefixed*, or to place my name in *the partial lists of* writers on different branches of Medicine and Surgery, you would have learned that I strongly disapproved of such a system of advertising, and had twice remonstrated (by letter) with the Editor of the *Medical Circular* for making such use of my name; and had desired it might be omitted from such lists of Authors. Indeed, to express my disapproval most strongly, I informed the Editor of the *Medical Circular* that he could not do me a greater professional injury than by *placing my name in such partial lists.*"

In addition to the information contained in the above extract from Dr. Burrows' satisfactory and gratifying letter, we are enabled to state, on the best authority, that Mr. Fergusson, the distinguished Professor of Surgery at King's College, has also repudiated all connexion with the disreputable features which distinguish the "Guide," and that his name has been inserted in this worthless publication contrary to his express desire, and continued there in spite of his remonstrances.

We cannot sufficiently admire the honourable and straight-

forward conduct of Dr. Burrows in thus publicly repudiating any connexion with the new puffing scheme, and we feel convinced that one or two more respected members of the Profession, whose names, like that of Dr. Burrows, have, we are sure, been inserted improperly, will follow the example so nobly set, and take an early opportunity of vindicating, openly and boldly, the honour of the Profession, which has been so unscrupulously assailed.

It is, indeed, true, as Dr. Burrows remarks, that a greater Professional injury could not be inflicted upon an honourable Practitioner than to publish, in partial lists, his name and address in connexion with his printed works, after the manner of the quacks who advertise themselves on our walls and in our streets; and the injury is by no means lessened by the fact that this attempt to degrade our Profession has been made in the pages of a pseudo-Medical Journal which invites pecuniary contributions from the victims which it immolates, and publishes, for two shillings a-week, the evidence of their degradation.

Since the above remarks were in print, we have learned that the "Guide" bubble has suddenly burst, and that all the "English Living Medical Authors" have evaporated into "the air." Their place has been temporarily occupied by a few Scotch figures or "dummies," who may well exclaim, with Macbeth and Banquo, when wondering at the mysterious disappearance of the witches from the enchanted heath in a Caledonian mist,—

> "The earth hath bubbles as the water has,
> And these are of them: whither are they vanished?"
>
> "Into the air: and what seemed corporal, melted
> As breath into the wind."

In fact, we learn that the evaporation of the English Medical Authors was so complete, that Professor Owen has been unable to succeed in preserving a single fragment of their remains, although a strenuous attempt was made to collect a few vestiges, to be preserved among the fossil skeletons of extinct animals now in course of classification in the gardens of the Crystal Palace.

THE WEEK.

An Assistant-Surgeon in the Navy, attached to the Royal Marines, serving in the Crimea, has been sentenced to be dismissed from the Service *and to be imprisoned for two years!* It appears that the charges brought against him, and which are said in the official reports to be fully proved, consist in neglect of duty, on various occasions, in not attending to the sick soldiers when requested to do so, and in using harsh and improper language towards them. If these charges have been really sustained, which, from recent information, we have great reason to doubt, we have nothing to say against some punishment being awarded to the offender, but we really think that dismissal from the Service is quite sufficient, without the addition of two years' imprisonment, which is the doom of a felon. From a letter which we publish to-day, we are inclined to think that this gentleman has been treated with brutal severity. We would also observe, that if our courts-martial are so zealous and severe in punishing neglect of duty, it would be desirable that equal zeal were shown in rewarding and honouring meritorious Medical services, of which many have been rendered during the present war.

While a Surgeon in the Crimea has been dismissed and imprisoned for neglecting his duty to his patients, a Surgeon in London, Mr. Mushet, has been dragged up before the members of the Marylebone vestry, for treating his patients too well. It actually appears that this gentleman has been compelled to defend himself before this august tribunal for ordering wine and comforts for the destitute and perishing sick under his care. The parish of Marylebone, being probably the most populous and the most wealthy in this great Metropolis, must be of course unable to bear the burden of paying for a few gallons of wine for their unfortunate paupers. While the aristocratic denizens of this rich parish are drinking their claret and champagne over the social board, one of their district Surgeons is defending himself from the monstrous charge of ordering wine for some unhappy wretches worn down by misery and disease. But we are convinced that the aristocracy are incapable of such persecution, which probably springs from some mob-orators desirous of a little temporary popularity, and who desire to be lauded for their economy at the expense of their suffering fellow-creatures. We should recommend Mr. Mushet to appeal to the Poor-law Board, if we did not know that that Board has but little sympathy with the Profession, and that an appeal to it has but small chance of success.

A Report has lately been prepared by the Order of the Court of Commissioners of Sewers, containing important calculations as to the best means of raising funds to the amount of £5,000,000, for the purpose of improving and extending the drainage of the Metropolis. The Commissioners have resolved that the health and welfare of London require that the sewage and drainage, instead of being allowed to flow with daily increasing pollution into the bed of the Thames, should be transferred on one side of the river to Barking Creek, and on the other side to the vicinity of the Plumstead Marshes. It is to be regretted that some plans have not yet been adopted for preserving the excrementitious matter of the Metropolis for the purpose of manure; for our legislators ought to know that, by throwing into the rivers and into the sea the sewage of our large towns, they are depriving the land of the sources of its fertility, and wasting millions of money. It is wonderful how little has been the practical effect of the writings of Liebig in this direction, and how slow our rulers are in appreciating the chemistry of common things.

The Committee of the House of Commons, obtained by Mr. Scholefield, to consider the adulteration of food, drink, and drugs, met on Friday week to examine witnesses. On that occasion, Dr. Hassall was the only witness examined, and he appears to have entered into a long and elaborate statement upon the details of this important subject. With respect to drugs, he stated that out of twenty-three specimens of opium, no less than nineteen were adulterated, and that out of thirteen samples of scammony, which were imported, only one was pure. The Committee met again on Wednesday last, when the witnesses examined were Dr. Hassall, Mr. Warrington, the Chemical Assistant at Apothecaries' Hall, and Dr. Normandy. Putting aside, however, the impurity of drugs, which might and ought to be obviated under a better system of medical police than that which at present exists, we are not aware that much injury to health can be said to result from adulteration of the *necessaries* of life; for however dishonest it may be to add alum to bread, and chicory to coffee, or to substitute potato-flour for arrow-root, yet none of these adulterations can be called dangerous to health. Nevertheless, we are rejoiced that the inquiry has been commenced, and we hope that results beneficial to science may attend the labours of the Committee.

Seventy-two candidates presented themselves on Tuesday and Wednesday last for the Preliminary Classical and Mathematical Examination at Apothecaries' Hall. Of this number fifty received Certificates of competence. The proportion of unsuccessful Candidates is large, but the test is the more honourable for those who have succeeded. It were to be wished

that a preliminary test of this kind were made compulsory upon all Medical Students previously to commencing their Medical studies. A boy who has acquired no knowledge of literature is hardly fitted for the gentlemanly position required to be maintained in the Medical Profession; and one who is unable to comprehend a demonstration of Euclid, or to perform a sum in Algebra, will very probably be led away by false reasoning in his after career, and, from his inability to draw just conclusions, will fall an easy victim to the absurdities of Homœopathy, Hydropathy, Coffinism, and other forms of quackery.

REVIEWS.

Heller's Pathological Chemistry of the Urine, with short and easy Directions for its Examination; to which is appended a brief Account of some of the other Excretions, and of the Blood and Milk. By Ludwig Dahl. Translated from the Norwegian by W. D. Moore, A.B., M.D. Dublin. 1855. Pp. 100.

Dr. Moore, thinking that, in a paper which he met with in a Norwegian Medical Magazine, he had discovered the materials of a Manual of Urology and Pathological Chemistry, has presented the English public with a translation of it in the volume before us. It appears that the author of the paper is a pupil of Dr. Heller, of Vienna, and Dr. Moore assures us that we may accept this epitome as representing fairly the opinions of Heller upon the subjects treated of.

The author enumerated briefly, in the earlier parts of the work, those tests by which the practical Physician may determine approximatively the quantity of the normal ingredients of the urine, at least relatively to their proportion in healthy urine, with such care, expenditure of time and labour only, as is permissible to an investigation carried on at the bedside of a patient. By the adoption of such a method, it is true, there is a loss on the ground of accuracy; but the advantage to the practical Physician is obvious, as he is enabled to avail himself of the imperfect knowledge he then acquires, at once for the benefit of his patient. At the bedside all we require absolutely to know is, whether certain constituents of the urine, for instance, are in excess or in defect as to quantity, and whether abnormal matters are present at all, and if so, whether their amount is large or small. The exact per-centage of each has a scientific interest and value, but to the prescriber is wanting in immediate utility. Now we think that this little book, pointing out, as it does, the method in which this sort of information may be obtained, will be acceptable to the working Medical man. The determination of the salts of the urine is described thus:—"The *chlorides* (chiefly chloride of sodium,—the amount of chloride of potassium is insignificant) are determined as follows:—a wine-glass is filled to about one-third with urine; nitric acid, perfectly free from hydrochloric acid, is added; this, at the same time, tests the fluid for albumen, as will be stated hereafter; but where much albumen is present, it is useful for testing for chlorides, and must be filtered; the mixture is then agitated, and the glass placed on the table. A single drop of a solution of one part of nitrate of silver in eight of distilled water, is now dropped in. If the chlorides are not diminished, a white spot appears on the surface, and from it a white, dense, distinctly lumpy precipitate descends when the vessel is shaken. But if the chlorides are diminished, the precipitate is finely divided; where the quantity is still less there is only a light cloud, and sometimes scarcely any precipitate is observed. A greater quantity of chlorides than usual has no special signification.

"*Sulphates* (almost entirely sulphate of potash). To the usual quantity of urine a couple of drops of nitric acid are added, and subsequently about fifteen drops of a saturated solution of chloride of barium. As usual, the amount of precipitate is estimated by comparison with normal urine.

"The *phosphates* are not all similarly circumstanced; in diseases, for example, the alkaline phosphates are usually in direct proportion to the sulphates, and often bear an inverse ratio to the earthy phosphates; hence no common test for their acid will be sufficient.

"The *earthy phosphates* (lime and magnesia). The glass is half filled with urine (not to a third only, as with the other tests); three drops of water of ammonia are added, which immediately produce an opacity, and after some minutes a precipitate (of ammoniaco-magnesian phosphate) with a clear supernatant fluid. For more accurately determining the amount, graduated glasses would in this case be useful.

"The *alkaline phosphates*.—The above fluid having been previously filtered is mixed with a saturated solution of sulphate of magnesia; to this are now added some hydrochloric acid and a sufficient quantity of ammonia to produce an alkaline reaction."—P. 26.

In the few pages devoted to the "Pathology of the Urine," this important subject can, of course, only be treated most superficially.

We have already shown where we think the value of the book lies.

Dr. Moore has interpolated into the text a little additional matter of his own. One of these additions relates to metastatic pyuria, which Dr. Moore seems to accept as a possibility on the evidence of two cases he refers to.

A Universal Formulary: containing the Methods of Preparing and Administering Officinal and other Medicines; the whole adapted to Physicians and Pharmaccutists. By R. Egglesfield Griffith, M.D. A New Edition, carefully revised and much extended. By Robert P. Thomas, M.D. Pp. 651. Philadelphia. 1854.

This is a comprehensive work, containing the Pharmaceutic and part of the Medical history of a great number of medicinal substances; besides formulæ for the preparation of many essences, perfumes, inks, soaps, and varnishes. There is a good introduction, containing, among other things, a vocabulary of the Latin words most commonly occurring in prescriptions, and some practical remarks upon the management of a sick-room, and upon the doses and uses of medicines.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. Tanner, M.D. London: 1855. Pp. 506.

This is really a *manual*, a little book that can be carried in the hand or pocket—not like some volumes thus designated, a thick octavo. It professes no originality, and, in fact, is a compilation from various authors who have written on the several topics embraced within the term "Clinical Medicine." Dr. Tanner puts it forth "with the intention of removing some of the difficulties which the Student always, and the Practitioner frequently, must encounter while studying disease in its Protean forms at the bedside." There is no doubt that the book will be found of use by Students on their first entrance upon their Hospital studies.

Fourth Annual Report of the Wilts County Asylum, Devizes, for the Year 1854. Pp. 42. Devizes. 1855.

This Report gives a favourable account of the Wilts County Asylum, in which all the modern improvements in the treatment of insanity have been adopted. The patients are treated without personal restraint, and are allowed occasionally to walk out into the country, and amusements of various kinds are afforded to them at intervals in the establishment.

The Cyclopædia of Anatomy and Physiology. Edited by Robert B. Todd, M.D., F.R.S. Part XLVI.

This portion of the Cyclopædia contains the conclusion of the article upon the Organs of Respiration, by Dr. Thomas Williams; and the rest of the number is occupied by an unfinished article on the Anatomy, Physiology, and Pathology of the Stomach and Intestine, by Dr. Brinton.

Chemistry, Theoretical, Practical, and Analytical, as applied and relating to the Arts and Manufactures. By Dr. Sheridan Muspratt, F.R.S.E., M.R.I.A. Part XVI.

The present part of this Dictionary comprises the entire history of Cobalt; and the geological, chemical, and manufacturing details relating to Copper are treated at length, but not concluded. This work continues to maintain its high character.

The Case of Luigi Buranelli, Medico-legally considered. By Forbes Winslow, M.D., D.C.L. Pp. 69. London. 1855.

This pamphlet, reprinted from the present number of the *Journal of Psychological Medicine*, contains a detailed account of the evidence adduced on the trial of Buranelli, and Dr. Winslow argues very forcibly that all the circumstances of the case prove this unfortunate person to have been of unsound mind. This case in its Medico-legal bearings is one well worthy of attention.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE REDUCTION OF DISLOCATIONS OF THE FEMUR BY MANIPULATION.

(By Dr. MARKOE)

In connexion with the mode of reducing dislocation of the femur adopted by Mr. Cock, noticed in our number for June 30, we are desirous of laying before our readers an abstract of an interesting paper recently published by Dr. Markoe.

A paper, from the pen of Dr. Reid, appeared, in 1852, in the Transactions of the New York Medical Society, in which he stated that dislocation of the femur on the dorsum ilii may be reduced without mechanical aid, by "flexing the leg upon the thigh, carrying the thigh over the sound one upwards over the pelvis, as high as the umbilicus, and then by abducting and rotating it." He furnished five cases as examples of the method. Dr. Fischer had already, in Casper's Wochenschrift, Nov. 1849, given very similar directions. In the present paper Dr. Markoe adduces several cases which he has recently treated with success upon Reid's plan, a plan, he believes, that will, in a large majority of instances, prove efficient. The importance of such a means for the country Practitioner, he observes, is very great, he being able to manage these cases without any assistance, save that derived from his ether bottle.

The head of a dislocated femur is retained in its position by a mechanism that does not prevail in any other joint, and which arises from the fact of the muscles not being inserted into the head of the bone, but into the trochanter, at nearly three inches from the head, the neck going off from the principal point of muscular insertion at a large angle to the axis of the shaft. When the head is displaced, the trochanter does not stand out more prominent than before, but, being held firmly by the muscles inserted into its base, it is prevented rising any more than enough to let the head out of the acetabulum. The head and neck, slipping to the one side or the other, are found lying in such a manner that the side of the head, neck, and trochanter are in contact with some part of the outer surface of the pelvis, varying in the different forms of luxation. Any attempt at reduction which merely brings the head to the acetabulum will not succeed, because of the lying-down position of the neck and trochanter against the side of the pelvis. The necessary raising of these by the ordinary procedure is strongly opposed by the muscles inserted into the base, causing the head to become pressed closer and closer against the side of the pelvis. The process of manipulation eludes, as it were, this opposition of the muscles. The trochanter being fixed by the insertion into its base of the pyriformis, the two obturators, the gemelli, and the upper part of the quadratus, act as a fixed point or fulcrum, upon which, by moving the limb, the head of the bone can be made to describe a circle. This fulcrum not being strictly a fixed point, by its means the head of the bone can be placed, by varying the motions of the limb, on almost any point within two inches around the acetabulum, and over the acetabulum itself. If this manipulation be made in such a way as not to raise the trochanter from its position against the pelvis, when the head comes over the acetabulum, a slight rotation, such as is given by the rocking motion employed, will sufficiently raise the trochanter to let the head slip in without provoking the opposition of the trochanter muscles: and if the movements be made in such a direction as to relax the stretched muscles, the whole may be accomplished without exciting the slightest muscular opposition.

The operation of this means is best shown in the dislocation on the dorsum ilii, and into the ischiatic notch. If we observe the procedure on the skeleton or subject, we find that, by adduction, the tense rotators are relaxed; and, by flexion of the thigh on the trunk, we cause the head to pass below and behind the acetabulum, and by carrying the knee out, so as to abduct the limb, we bring the head towards the lower portion of the acetabulum, where its margin is least prominent. Having brought it to this point, Dr. Reid recommends that, by a rocking movement, the head should be made to slip into the socket; but, although this manœuvre may succeed in many cases, Dr. Markoe has so often failed in its employment, that he adds to it the bringing down of the thigh to a straight position in a state of abduction, still keeping up the rocking motion. The reduction has always taken place during the act of bringing down the limb; this movement of the limb, when the head has reached the lower margin of the acetabulum, tending directly to roll the head upwards over the edge into the socket.

New York Journal of Medicine. 1855. Vol. XIV., p. 23.

ON THE FEBRIFUGE PROPERTIES OF SALICINE.

By Dr. MACARI.

Salicine is a white, crystalline, soluble substance, and is exclusively employed in Spain and Portugal in the treatment of intermittents. As there is reason to believe its importance as an indigenous febrifuge has been underrated, or that its employment has not been properly managed, it may be interesting to quote the conclusions Dr. Macari, a Sardinian Practitioner, has arrived at respecting it.

1. Salicine is an important succedaneum to quinine, both from its febrifuge power, and the repugnance many patients manifest to quinine. 2. The dose is from 15 to 45 grains, given during the intervals of a paroxysm, and repeated according to circumstances. 3. The first dose generally notably diminishes the intensity and duration of the next paroxysm, but rarely cuts the fever short. 4. The mode of action is analogous to that of quinine, but feebler, so that the drug is not suited to pernicious fever liable to fatal termination. 5. It is given most efficaciously in solution. 6. Its price, already much lower than that of quinine, is susceptible, in the event of a demand arising, of much diminution, owing to the little value of willow bark. 7. Salicine does not give rise to any of the perturbations of the nervous system producible by the preparations of bark. 8. It is successful in all simple intermittent fevers, at whatever age, or state of health, these may occur; and it may, therefore, be often used as a substitute for quinine, when this becomes distasteful or inefficient. There are cases, however, which resist its influence, and for which quinine is required.—*Journal de Pharmacie*, May, 1855.

PROVINCIAL CORRESPONDENCE

SCOTLAND.

Edinburgh, July 16, 1855.

The most important subjects which have occupied attention since I last wrote are—

1st. The formation of the

SCOTTISH METEOROLOGICAL ASSOCIATION.

A meeting has taken place in the Museum, of gentlemen favourable to the formation of an Association for Promoting the Observation and Classification of Meteorological Phenomena in Scotland. The Marquess of Tweeddale presided.

Sir John Stuart Forbes (who, with Mr. Milne Home, had taken the initiatory proceedings in the matter) stated that his attention had been first directed to this subject by seeing in the Transactions of the Royal Agricultural Society in England papers from various observers on the subject of the climate. He was sanguine in anticipating, that the demonstration arising from this movement would be such as to prove to Government that there was a great and universal desire for some intelligent and united methodical system of collecting the observations of meteorological phenomena.

Mr. Milne Home said that, in commencing this movement, they had a strong impression, arising from various sources of information, that there was prevalent universally throughout Scotland a desire to have an Institute of this description. In

reference to the connexion between the state of the weather and particular diseases, it was mentioned to him the other day, by a gentleman who had paid considerable attention to the subject of meteorology, that the yellow fever in the West Indies never rose above a certain level—3000 feet. If that fact were definitely ascertained, it showed that all their Hospitals should be put above that level; and if it could be definitely ascertained that particular diseases, such as influenza, cholera, or goitre, were to be ascribed to the state of the atmosphere, it was certainly most important for the community that that connexion should be ascertained and explained by a discovery of the laws regulating them. Looking to the immense benefits likely to accrue to the community at large, and to those special interests to which he had referred, and looking, also, to what other countries were doing in the matter, he did think that some effort ought now to be made to establish a Society such as that proposed.

Professor Rodger, from New York, said, very important materials had been accumulated in regard to the bearings of the weather on the public health; and it had been found that the exacerbations and subsidences of cholera were almost exactly parallel to certain conditions of the temperature.

A lengthened address was then delivered to the meeting by Dr. John Drew, F.R.A.S., author of Practical Meteorology," giving numerous valuable suggestions as to the observation and classification of meteorological phenomena.

PROCEEDINGS OF TOWN COUNCIL IN REGARD TO THE NATURAL HISTORY CHAIR.

Though it is said the question of dividing this Chair is not yet decided, it will be conferred, either in main or in part, on Dr. Allman, at present Professor of Botany in the University of Dublin. Dr. Allman is well known both in this country and on the Continent as an able and original botanist, zoologist, comparative anatomist, and physiologist, and has proved a very successful writer and lecturer on all those subjects. These are the chief desiderata of the Natural History Class as imperative on Students of Medicine. Dr. Allman does not profess to be eminent in Geology, but if the Chair is not divided, his proved quickness of capacity, and his habits of study, would of course be available for the supplying of that defect. This difficulty, it will be seen, would have arisen in one shape or another whoever had been the man appointed, unless a man had been found uniting proficiency in all the branches included in the Chair; and the question is, whether it would be more easy for Dr. Allman to "get up" Geology, in which he is deficient, or for any Geologist that might be appointed to "get up" the branches in which Dr. Allman is eminent. Of course, if it is resolved to divide the Chair, Dr. Allman will take the Zoological section, and the other will be offered to some Geologist of reputation.

GENERAL CORRESPONDENCE.

TUBERCLES IN THE BRAIN.

[To the Editor of the Medical Times and Gazette.]

Sir, In your number of the 7th of July, I have this moment observed a few remarks by Dr. Steavenson of Hastings, relative to my case of "tubercles in the brain," which appeared in your number of the 16th of June, page 607.

In the first place, he calls, my attention "to the loss of time always occasioned by trusting for any period, he cares not how short it may be, to a *système expectant*." There are, no doubt, diseases which demand prompt and energetic treatment, in order to prevent a fatal result, and in such cases, active, and not passive, medicine should alone be depended upon. But when tubercles exist in the brain, art is powerless. Grisolle, in his "Pathologie Interne," says, with reference to them, "Il est inutile de dire que l'affection est toujours incurable." Again, he says, "mais malheureusment l'art est toujours impuissant." We are, therefore, justified in confining ourselves more or less to the alleviation of suffering and sustaining the sinking powers by suitable support. We have to deal with the local and irremediable consequence of general causes which might have been resisted in their silent operation, but which now baffle all control. Besides, the diagnosis of cerebral tubercles is recognized to be almost impossible in its first stage, and extremely difficult in its advanced stages, circumstances which clearly inculcate reserve, and point out the impropriety of a senseless polypharmacy. From Dr. Steavenson's abhorrence of expectation in medicine, and from the superficial and cavalier manner in which he alludes to the French school, I apprehend that he has made himself but imperfectly acquainted with either. He asks me to "tell us" where I learned to forget my unmistakeable duty to my patient? I have only to reply that I know of no place where such instruction is communicated.

In a second and last remark, Dr. Steavenson observes, "I only assume to myself, after thirty years' experience, the liberty of pointing out to Dr. Moriarty, that although beef and mutton, milk and eggs, are very dear in England at present, such is not the case in his adopted country." Really I cannot see the necessity of thirty years' experience for such information, which, after all, is not correct, for beef and mutton are a much better bargain at present in England than in France. Dr. Steavenson concludes thus: "Let him, therefore, teach the mothers of France that the régime for scrofulous children in all countries is to consist of those four substances."

I deny the truth of his premises, with regard to the meat part, and can assure him that mothers in France require no incentive to give the four substances mentioned to their offspring, whether scrofulous or not. All that they require is the money to buy them—l'argent—which necessary passport to the enjoyment of beef and mutton and many other good things, your Hastings correspondent forgot to tell me where they were to find.

Before concluding, I shall take the liberty of intimating to Dr. Steavenson, that a substantial diet, animal and vegetable, with good wine, a dry spacious habitation, pure air and exercise, are known, in every civilized country, to be the proper régime for children labouring under or exposed to scrofula or lymphatism, and that close attention to the weak and irritable digestive organs of such subjects is necessary to render stimulating food safe and profitable. Alas! in our present state of society how many millions of our fellow-creatures are deprived of those hygienic advantages and others less costly. Dr. Steavenson considers no other treatment required beyond beef and mutton, milk and eggs. Has he no faith in any therapeutical agent, capable of modifying nutrition, and improving the tone of the animal functions? Are the labours of the philanthropic Lugol, at the Hospital of St. Louis, thrown away upon him, Lugol, to whom Europe owes a debt of gratitude for his discovery of the application of iodine in scrofulous affections, the value of which has been attested by the Institute after a scrutinizing examination, when it decreed him a reward of six thousand francs as a mark of its approbation?—I am, etc.

Dieppe, July 12, 1855. Stephen S. Moriarty, M.D.

IN-GROWING TOE NAILS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In pages 119 and 172 of Volume II., for 1852, of your Journal, I ventured to lay it down as a rule in the treatment of this affection, that poulticing, stuffing, scraping, cutting, and tearing away the nail, were all injurious, and, therefore, bad practice. That cutting the nail constantly produced the disease, and that the rational plan of cure was the reverse of that uniformly practised, viz., the removing and keeping away the soft parts from pressing on the nail. To do this, I advised the application of the hydr. nitr. ox. rubr. and the argent. nitr., with pressure on the fungus, by means of cork, so cut as to be adapted to the side of the toe, and thus prevent its impingement on the edge of the nail.

In slight cases, the caustic alone will often suffice, it being sufficient to depress and harden the fungus. In other cases requiring pressure, the cork was selected, as being flexible and easily cut to any required size, shape, and thickness. I was, therefore, gratified to find in your *Gazette* of July 7th, that Mr. Humphry, of Cambridge, adopted the plan of pressure on the fungous growth instead of removal of part or the whole of the nail.

I think his plan of adapting a thin piece of silver, the most elegant mode of pressure, and where there is any detachment of nail from the flesh, preferable to the cork. But there are many cases, the most painful and tumid, where there is no such separation, and where it is not possible, without using

the silver as a cutting instrument, to introduce it under the nail, so as to perform the double function of pressing up the nail, and depressing the ulcerated fungus. Pressure on this latter, as Mr. Humphry states, soon causes it to shrink, but whenever the toe is much swollen and inflamed, the Arg. nitr. passed gently over the entire reddened surface, reduces the pain and general inflammation; whilst its application to the fungus itself also allays the pain, and reduces the size. It is, therefore, probable that Mr. Humphry's improved mode of pressure cannot be used with advantage in many cases, if the form of plate he has suggested be adhered to. But why should not the silver be made of any form most applicable to the particular case in hand? That of a crescent will, I feel confident, be most generally useful; and I would suggest that a band of vulcanized Indian rubber will keep the plate *in situ* better than plaister, etc. It is a more cleanly, and hence more agreeable, mode of fixing the pressing substance, whatever it may be.

I am, etc.

Poole, July 14th. E. Lacey.

Note.—In two cases of hysteria, accompanied with chorea, lately under my care, chloroform was most effective. In one case, the left arm kept going round and round, night and day, except during occasional sleep. If stopped, the other arm took up the motion; if that arm was held, too, the head went. There had been constant sickness, with spasm of the muscles of the throat and the œsophagus, for three weeks,—nothing, even the smallest quantity being swallowed. Almost constant spitting. Five-minim doses of chloroform in 30 of water, after being violently rejected and wine, given every few minutes, and the inhalation (same time) of half a drachm of chloroform, stopped sickness, spasm, and motion. There were three after attacks of chorea, each of short duration, on waking from sleep. No other medicine was given, and the cure seems to be complete.

HUMAN RETROGRESSION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following anatomical deviation from the usual type of man may be of interest:—James S. Johnson, a stout, tall American mulatto, from the United States, was admitted with two flesh wounds of the chest, he having wounded himself in the police court, to avoid being sent on board his vessel. On examining the chest, my attention was drawn to the circumstance of his having six nipples, three on each side; the two upper were in the usual position, and the distance between them, from above downwards, was about four inches. The man was discharged in a few days, and returned within an hour, having deliberately broken the forearm with a stone, to avoid going in the vessel. Beyond his mutilating propensity, and a slightly ferocious aspect, there was no mental indication corresponding to the bodily retrogression to the inferior mammalia. I ascertained from him that his mother was similarly formed, and milk was secreted from four of her mammæ. He had several brothers, and a sister, all of whom, except one brother, possessed the same number of nipples. The sister had a child, but he was not aware whether it had the same peculiarity.

I am, etc.

E. W. Alexander, M.R.C.S.

Civil Hospital, St. Helena, Acting-Colonial Surgeon.
June 18, 1855.

THE VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Medical Times and Gazette* of July 7th there appears a letter from "A Surgeon," referring to the Vaccination Act, to which I wish to reply. I must commence by saying that a good deal of misconception has, I think, arisen in the Profession respecting the injurious effects that are likely to arise in that portion of it who are not connected with the Poor Laws.

"A Surgeon" states as a fact, that Private Practitioners are the only parties aggrieved by it, and that they must, in many cases, either vaccinate gratuitously or else resign their patients into the hands of the Public Vaccinators. Now, with all submission to your correspondent, I differ from him *in toto*, and for this reason, viz. that the Law compels all parents to have their children vaccinated "either by your own legally qualified Medical attendant, or else by the Public Vaccinator." This seems to me to prove that the only portion of his patients "A Surgeon" need be under any apprehension about, are those who are too poor to pay half-a-crown, which is, I believe, the Fee usually paid by the poorer classes. Now this seems to me to be a very small portion of any one's patients, in anything like practice, and to be really hardly worth while discussing. Even supposing the reverse, as this class of patients probably never had their children vaccinated under the old Law, what loss of Fees can be felt by the Private Practitioner? I believe also that the prejudice which exists among the lower orders against the "parish doctor," operates very much to his disadvantage in this matter, and, therefore, in favour of the Private Practitioner. I really cannot see, therefore, that among the honourable members of our Profession there is any cause for the "mortification" which your correspondent seems to fear so much; although among the less scrupulous, I do not deny that an undue advantage might be taken. Certainly, in my own practice I am not aware of having sustained any loss from any of the poorer patients having had their children vaccinated by the Public Vaccinator; and I cannot but think that your correspondent's fears on this head arise more from a general objection to the Bill as a whole, coupled with, perhaps, a little jealousy against the Union Surgeons, which I notice as pervading most of the letters that have appeared against it. Your correspondent suggests, as a "fairer" analysis, that every Private Practitioner should be a Public Vaccinator under this Act—the next step being, I should presume, that we should all be Union Surgeons. Now, according to my ideas of fairness, those who attend the higher classes of patients in confinements and other illnesses, (and, in fact, have all the cream) should, as a matter of course, vaccinate their children at their cost, as they did under the old Act—while those who attend the poorer classes in all their illnesses, for which they are miserably paid by the Guardians should also vaccinate their children, and at the expense of the Guardians. Much has been said also about the supply of lymph under the new Act; now in my locality, it is a common practice for Medical men to apply to Union Surgeons for a supply, and, as one of the latter, I believe I have always been both able and willing to furnish my friends who have applied to me. I do not agree with your correspondent in thinking that the supply of lymph would be any better under his plan than it is now, and, therefore, I cannot see any necessity for any change in the law on this account. I observe in other Journals, among other objections to the Law, that it provides payment for every one carrying it out, except the Private Practitioner, who has to fill up the Form gratuitously. Now, on this point, I cannot allow that the paltry Fee of 1s. 6d. or 2s. 6d. allowed us by the Act is payment for the Certificates, which are to be "without fee or reward," but for the operation itself. Many Practitioners, I believe, refuse to give Certificates of the cause of death, and they probably, and for the same reason, refuse in the first case. It seems to me that the above objection is easily refuted. Take the case of a Private Practitioner vaccinating the child of a rich patient—he, probably, has the same fee now, as prior to the Act, but refuses to fill up the Certificates, because he is not paid for so doing. His patient pays him for the operation in one case, and the Guardians pay me for the same in the other; *ergo*, in both cases, the Certificates are given gratuitously, and the objection, I think, falls to the ground. Now, I do not wish it to be inferred that I think the Act free from faults, and I will conclude by stating one or two objections I have to it. First, I consider the Fees absurdly and ridiculously small, considering that the Certificates are gratuitous; and, as regards these latter, I think much more trouble devolves upon Union Surgeons than many are aware of. I do not see how any plan could be devised for paying for the Certificates which would not lead to a great amount of confusion; neither do I see anything to prevent Private Practitioners charging a higher Fee to their patients for their extra trouble. Secondly, I object to the Act that it is not actually compulsory: no person or public body being named to enforce the penalty; and the penalty, if in any case enforced, is given entirely to the Union Funds. I would suggest, as an improvement, that half the penalty should be given to the informer; and that the Boards of Guardians should be directed, at certain times of the year, to enforce the penalties of the Act. I believe that this suggestion would, at the same time, meet the views of the District Registrars, who have now a great deal of gratuitous work to do, as they receive no Fee until the Vaccination is

successfully performed, and the Duplicate Certificate is forwarded to them by the Medical Practitioner. Your correspondent having written anonymously, I beg to enclose my name and address, and, at the same time, to add that it will give me great pleasure to communicate with him privately, at greater length than I can do in your pages.

I am, etc. A Union Surgeon.

P.S.—Since writing the above, I have read the remarks of "T. C." in the *Medical Times and Gazette* of July 14. In reply to them, I agree with him that there is not any scarcity of lymph, or that the cause of this, if it exists, can be attributed to the Act. I cannot think that any patient of mine, whom I cared to retain, would be influenced in the manner he describes by the "friendly terms" the Registrar was on with the Vaccinator; neither do I think that the Guardians or the Rate-payers would sanction the gratuitous vaccination of a "baker and shopkeeper, who burns bricks, and is the owner of several houses." Supposing even that they did so, the law is, in this respect, the same as it was previously to the passing of this Act, all parents being entitled, at their option, to gratuitous Vaccination, which is not considered in any way as Parish relief.

MEDICAL DISPENSARY OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In all applications from Government to Medical men for the Army in the East, one great and worthy portion of them has not (so far as I know) been asked to volunteer; I allude to the Dispensary Medical Officers.

They are mostly tried men, having stood the test of epidemics; and I feel persuaded that none of them (at the present time) would shrink from their country's call, if their Dispensaries were kept open for their return, and adequate remuneration allowed for their services.

They are a portion of the public officers who have never been rightly appreciated, and I am certain a slight must have been felt in many quarters when all other Medical men were called upon, and they only were the unappealed-to of the whole Profession.

I am, etc.

An Admirer of your Journal.

Ireland, July 13, 1855.

APOTHECARIES' HALL.

The following is the Examination Paper presented to the candidates for the Preliminary Classical and Mathematical Examination at Apothecaries' Hall on Tuesday last.

Gospel of St. Luke. Chap. XIX. Verses 40, 41, 42, 43, 44. Translate into English:

Καὶ ἀποκριθεὶς εἶπεν αὐτοῖς. Λέγῳ ὑμῖν, ὅτι ἐὰν οὗτοι σιωπήσωσιν, οἱ λίθοι κεκράξονται.

Καὶ ὡς ἤγγισεν, ἰδὼν τὴν πόλιν, ἔκλαυσεν ἐπ' αὐτῇ, λέγων·

Ὅτι εἰ ἔγνως καὶ σὺ, καὶ γε ἐν τῇ ἡμέρᾳ σου ταύτῃ, τὰ πρὸς εἰρήνην σου· νῦν δὲ ἐκρύβη ἀπὸ ὀφθαλμῶν σου.

Ὅτι ἥξουσιν ἡμέραι ἐπί σε, καὶ περιβαλοῦσιν οἱ ἐχθροί σου χάρακά σοι, καὶ περικυκλώσουσι σε, καὶ συνέξουσι σε πάντοθεν.

Καὶ ἐδαφιοῦσί σε καὶ τὰ τέκνα σου ἐν σοί· καὶ οὐκ ἀφήσουσιν ἐν σοὶ λίθον ἐπὶ λίθῳ· ἀνθ' ὧν οὐκ ἔγνως τὸν καιρὸν τῆς ἐπίσκοπῆς σου.

1. Translate the first of the above verses into Latin.

Homer. Iliad. Book I. Translate into English:

Φεῦγε μάλ', εἴ τοι θυμὸς ἐπέσσυται· οὐδέ σ' ἔγωγε
Λίσσομαι εἵνεκ' ἐμεῖο μένειν· παρ' ἔμοιγε καὶ ἄλλοι,
Οἵ κέ με τιμήσουσι, μάλιστα δὲ μητίετα Ζεύς.
Ἔχθιστος δὲ μοί ἐσσι διοτρέφεων βασιλήων,
Αἰεὶ γάρ τοι ἔρις τε φίλη, πόλεμοί τε, μάχαι τε.
Εἰ μάλα καρτερός ἐσσι, θεός που σοὶ τόγ' ἔδωκεν.
Οἴκαδ' ἰὼν σὺν νηυσί τε σῇς καὶ σοῖς ἑτάροισι,
Μυρμιδόνεσσιν ἄνασσε· σέθεν δ' ἐγὼ οὐκ ἀλεγίζω,
Οὐδ' ὄθομαι κοτέοντος· ἀπειλήσω δέ τοι ὧδε·
Ὡς ἔμ' ἀφαιρεῖται Χρυσηΐδα Φοῖβος Ἀπόλλων,
Τὴν μὲν ἐγὼ σὺν νηΐ τ' ἐμῇ καὶ ἐμοῖς ἑτάροισι
Πέμψω· ἐγὼ δέ κ' ἄγω Βρισηΐδα καλλιπάρηον,
Αὐτὸς ἰὼν κλισίηνδε, τὸ σὸν γέρας· ὄφρ' εὖ εἰδῇς,
Ὅσσον φέρτερός εἰμι σεθεν, στυγέῃ δὲ καὶ ἄλλος
Ἶσον ἐμοὶ φάσθαι καὶ ὁμοιωθήμεναι ἄντην.

1. What is the Attic form of the following words: εμειο, βασιληων, νηυσι, σῃς, σεθεν?

2. Give the pres. ind., the 1st future, and the 1st aorist (when it exists) of the following: αποκριθεις, σιωπησωσιν, κεκραξονται, ηγγισεν, εκλαυσεν, εγνως, εκρυβη, ἡξουσιν, περιβαλουσιν, περικυκλωσουσι, συνεξουσι, εδαφουσι, αφησουσ τιμησουσι, ανασσε, απειλησω, αφαιρειται, ὁμοιωθημεναι.

Virgil. Georgics. Book I. Translate the following

Tum ferri rigor, atque argutæ lamina serræ,
(Nam primi cuneis scindebant fissile lignum)
Tum variæ venêre artes. Labor omnia vincit
Improbus, et duris urgens in rebus egestas.
Prima Ceres ferro mortales vertere terram
Instituit: cùm jam glandes atque arbuta sacræ
Defecerent sylvæ, et victum Dodona negaret.
Mox et frumentis labor additus; ut mala culmos
Esset rubigo, segnisque horreret in arvis
Carduus: intereunt segetes, subit aspera sylva,
Lappæque, tribulique: interque nitentia culta
Infelix lolium et steriles dominantur avenæ.

Sallust. Catiline War. Translate the following:

Cæsar beneficiis, ac munificentiâ, magnus habebatur: integritate vitæ Cato. Ille mansuetudine, et misericordiâ clarus factus: huic severitas dignitatem addiderat. Cæsar, dando, sublevando, ignoscendo: Cato, nihil largiundo, gloriam adeptus est. In altero miseris perfugium: in altero malis pernicies. Illius facilitas, hujus constantia laudabatur. Postremò, Cæsar in animum induxerat, laborare, vigilare: negotiis amicorum intentus, sua negligere: nihil denegare, quod dono dignum esset: sibi magnum imperium, exercitum, bellum novum, exoptabat, ubi virtus enitescere posset. At Catoni studium modestiæ, decoris, sed maxumè severitatis, erat. Non divitiis cum divite, neque factione eum factioso: sed cum strenuo, virtute: eum modesto, pudore: cum innocente, abstinentiâ, certabat: esse, quam videri, bonus malebat: ita, quo minus gloriam petebat, eò magis adsequebatur.

1. What is the force of the imperfect tenses in the above extract?

2. Give the pres., the preterperfect, and the supine (when it exists) of the following:—scindebant, venêre, vincit, vertere, instituit, deficerent, negarat, esset, horreret, intereunt, largiundo, adeptus est, negligere, enitescere, petebat, adsequebatur.

ARITHMETIC AND ALGEBRA.

Find the interest on £7650 10s. for five years at $3\frac{1}{2}$ per cent.

Divide 4230·1952 by 6·512 and ·00169 by ·013.

Divide $3x^4+16x^3y-33x^2y^2+14xy^3$ by x^2+7xy.

$$\left.\begin{aligned} 2y-\frac{x+3}{4} &= 7+\frac{3x-2y}{5} \\ 4x-\frac{8-y}{3} &= 24-x \end{aligned}\right\}$$ to find x and y.

EUCLID.—Book I.

If a straight line falling upon two other straight lines makes the exterior angle equal to the interior and opposite upon the same side of the line; or makes the interior angles upon the same side together equal to two right angles; the two straight lines shall be parallel to each other.

PROMOTIONS IN THE NAVY MEDICAL DEPARTMENT.

In the promotions recently made in the Naval Medical Service the most fastidious scrutiny will fail to detect a single case in which the individual merit has not been the sole stepping-stone. Sir John Liddell, it is plain, has not only the discernment to perceive, but also the determination to reward, merit.

Four Deputy-Inspectors have been promoted to the rank of Inspector of Hospitals.

Dr. Rae, of Plymouth Hospital, after a long and honourable course of service, appropriately crowned by having the Companionship of the Bath conferred upon him, retires, and is succeeded by Mr. Hilditch, of Bermuda Hospital, an officer who has spent nearly twenty years of his life in Bermuda and the West Indies, and has combated some most severe epidemics of yellow fever.

The veteran Sir John Richardson, whose name will ever be mentioned with respect by all cultivators of the natural sciences and admirers of enterprise, is succeeded by Dr. Lindsay, who served at the battle of Navarino, and as Surgeon of the Wellesley, during the operations in China; as Deputy-Inspector of the West India squadron, and afterwards at Malta Hospital; and more recently at Haslar Hospital, of which institution he has most properly been raised to the post of First Inspector. Dr. Lindsay is also one of the recipients of Sir Gilbert Blane's gold medal.

Dr. Nisbet, of Greenwich, an officer whose services extend back as far as the period of the operations on the coast of America, in which he was engaged during the last war; but who, nevertheless, is as energetic and useful as ever, also becomes an Inspector at Haslar.

Of Dr. Bryson little need be said. His ability and zeal are familiar to the service, and his name is known wherever medicine is cultivated as a science.

The name of Dr. John Grant Stewart is honourably known in connexion with Her Majesty's ship Eclair, as he volunteered to attend the fever-stricken crew of that vessel on her arrival in England from the coast of Africa. He has held the appointments of Deputy-Inspector of Jamaica Hospital and of Malta Hospital, from which latter he returns to be the Deputy-Inspector at Greenwich.

Dr. Leonard, Mr. Rees, Dr. Mansell, and Mr. Salmon, have been promoted to the rank of Deputy-Inspector.

Dr. Leonard has always been regarded as a most judicious and well-informed Medical officer. He has served a good deal on the West Coast of Africa, and while there collected materials for a very interesting work on that coast. Of late, he has held the office of Surgeon of Melville Hospital, Chatham; and more recently, that of Surgeon at Haslar, where he remains as Deputy-Inspector. He is also a Blane medallist.

Mr. Salmon has served on the coast of Spain during the civil war in that country, and as Surgeon of the Neptune in the Baltic. His last appointment was that of Surgeon of the Excellent. The department will be well represented at Malta by Mr. Salmon.

Dr. Mansell is a Blane medallist, and was Surgeon of the Blenheim, line-of-battle ship, during the operations in China, and afterwards Surgeon of the flag-ship (Collingwood) in South America, of the Excellent, and of Haulbowline Hospitals; he now joins Haslar Hospital as Deputy-Inspector.

Mr. Rees, who proceeds to Bermuda Hospital as Deputy-Inspector, was in the *Orestes*, at Oporto, during the siege of Oporto by the Miguelites. He accompanied the expedition of Sir James Ross in the search for Franklin; and was Surgeon of the flag-ship of Admiral, now Sir James Dean Dundas, G.C.B., at the attack upon Sebastopol. Mr. Rees has been favourably mentioned in Parliament, and in the evidence given before the Sebastopol Committee, for his successful organization of the excellent Naval Hospital at Therapia.

The list of Staff-Surgeons, almost without an exception, exhibits names to each of which good, useful, and honourable service may be justly attached.

Dr. Bruce, who is to occupy the post of Staff-Surgeon of Chatham Yard, and whose services carry us back to the last war.

Dr. Allen, who was in the ~~Genoa~~ Asia at Navarino; afterwards Surgeon and Acting Deputy-Inspector of the Fleet in the flag-ship of Sir Edward Owen, in the Mediterranean; and for some years past Surgeon of Plymouth, is now appointed Staff-Surgeon of Portsmouth Dockyard.

Dr. Gunn, who, among other services, has been Surgeon of the Crescent, at Rio, of Bermuda Hospital, and lately of Deptford Victualling-yard, assumes the chief Medical charge at Sheerness Dockyard.

Dr. Munro, who was Surgeon of the flag-ship in South America with Sir Edward King, and of the *Devastation* and *Penelope*, commodore's ships, on the west coast of Africa, and also of the *Queen* at the attack upon Sebastopol, is now appointed Staff-Surgeon of Malta Hospital.

Dr. Muirhead, an old officer, who has served in the East Indies, and in Australia, as Surgeon of the *Fly*, surveying-ship; and since then as Surgeon of the *Ganges, St Jean d'Acre*, and *Victory*, succeeds Mr. M'Ternan (who retires), in the Surgeoncy of Greenwich Hospital.

Dr. Robertson, of the *Saturn*, promoted to be Staff-Surgeon at Deptford Dockyard, has accompanied long service, and Sir James Ross in his antarctic voyage, and was also with that distinguished navigator in his search after Sir John Franklin.

Mr. Fraser, transferred from Malta Hospital to be Staff-Surgeon at Pembroke Dockyard, among other services reckons that of Surgeon in the flag-ships of Lord Dundonald and Sir George Seymour in the West Indies.

Mr. Scott, who is appointed to Haulbowline Hospital, has seen a good deal of service, of which may be noticed that of five years as Surgeon of the flag-ship in the East Indies, where he participated in the operations during the Burmese war.

Dr. Graham, who goes to Deptford Victualling-yard as Staff-Surgeon and Medical Storekeeper, has also long service, and was present in the *Vengeance* at the attack upon Sebastopol.

Dr. Mackay, appointed Staff-Surgeon at Plymouth Hospital, was Surgeon of the *Agamemnon* at Sebastopol, and is one of the most painstaking and promising young Medical Officers in the service.

The *Morning Herald* remarks on these promotions as follows:—

"It is to be borne in mind that nearly all of the officers recently promoted, entered the Navy at a time when Medical employment was scant, and on that account, in spite of many discouragements, a certain amount of Medical talent has, ever since the last war, been from time to time infused into the service. At the present moment, however, and, in all probability, for a long time to come, the demand for Medical men is in excess of the supply, and in order that any service whatever should secure an efficient Medical Staff, it is indispensable that a corresponding degree of inducement be held out to the Profession. It is upon this principle that the East India Company have all along acted with regard to Medical Officers, and the beneficial result to that service is well known. The same principle was adopted when Surgeons were wanted for the Turkish Contingent, and the supply was speedily forthcoming. All occasions have served to show that there is no disinclination on the part of the Profession to devote their talents to the public service, under just and reasonable conditions, among which we may be allowed to reckon the removal of all unnecessary and injurious restrictions. It is perfectly immaterial what may be said in Parliament or elsewhere in favour of the present state of the junior branches of the Naval Medical Service; for it is quite notorious to those who have the best means of knowing, that the candidates admitted of late have, as a general rule, been of the most inferior description. They constitute, it is true, a numerical addition to the list, and, by filling vacancies, serve to cover up some of the more glaring wants of the Service; but it is an addition destitute of usefulness, yielding no real increase to the efficiency of the department. Truly, the Director-General must look with dismay upon the class of men which an obnoxious regulation continues to thrust upon his acceptance. To require of him that he shall from such miserable and inadequate elements furnish officers capable of holding the higher Medical appointments in the Naval Service, is about as reasonable as to exact the bricks after having refused the straw. All endeavours to redeem the tone and character of the Naval Medical Service must prove abortive, so long as the monster grievance is suffered to remain unredressed. It is now well known that the slight addition recently made to the pay of Assistant-Surgeons has had no influence whatever in drawing candidates to the service; and, if it were intended to divert attention from the main ground of complaint—the essential and deep-rooted objection against the Naval Medical Service—no failure could have proved more signal. We again repeat, what we have at least a hundred times stated, that the only real and acceptable remedy for the present dearth of junior Medical officers in the Navy is to give them that which an Order in Council, half a century old, entitles them to—that which their age, rank, and Profession require, and which the well-being of the Service (without injustice to any one) imperatively demands—namely, the position and privileges enjoyed by ward-room officers. Without these, all temptations to lure well-qualified men to enter the Service will be used in vain. With them, the Naval Medical Service will soon become popular, and efficient."

NAVAL MEDICAL REFORM ASSOCIATION.

Pursuant to a notice issued by the Directors of the Central Committee of the Naval Medical Reform Association, a meeting of the Medical Profession of the county and city of Cork, was held on Saturday at the Royal Cork Institution, for the purpose of invoking the assistance of Parliament on behalf of the Naval Assistant-Surgeons of Great Britain. Dr. Corbett presided.

The Chairman said, the object of the meeting had its full concurrence. He had on many occasions signed petitions on behalf of the Naval Assistant-Surgeons, and he hoped the gentlemen present would speak plainly on the subject, and try to do something for them. (Hear, hear.)

Dr. Cotter proposed the first resolution, which was as follows:—

"That this meeting, deeply impressed by the ill success which has hitherto attended the many efforts made by Members of Parliament and others, to improve the condition of the Naval Assistant-Surgeons, do now invoke the assistance of Parliament on their behalf."

He certainly did not know much on the subject himself, or what the pay of an Assistant-Surgeon in the Navy was, but from what he had learned from time to time, and hearing so much of the indignity that had been heaped upon them, he was sure their position was one that required great consideration and attention from the members of the Medical Profession, and he thought it was only through the influence and instrumentality of the latter that their case would be improved. (Hear, hear.) He was sorry on some points that the Profession was so divided as not to be in a position to take the standing it ought to take (hear, hear); but on the present question, at all events, they ought to be unanimous, for they knew that those who entered the Navy were gentlemen educated like themselves, and who of course must feel the many difficulties they were placed under. For his part, he should do all in his power to advocate the cause of the Assistant-Surgeon in the Navy, or anything taken up in Cork for the welfare of the Profession, by the members of it. (Hear, hear.)

Dr. Linehan, in seconding the resolution, said he was not conversant with the position of the Naval Assistant-Surgeons, as he knew but little of that department of the Profession. He had been a military Surgeon himself, and had been pretty well satisfied with his position as such; but he understood that the principal grievance of the Assistant-Surgeon in the Navy was the being obliged to mix with the junior officers, which he certainly considered a great grievance.

The resolution was carried unanimously.

Dr. O'Connor proposed the next resolution, which was—

"That the Medical Service of the Royal Navy has for a long time suffered under grievances, the tendency of which has been to deter the more highly educated members of the Profession from entering the Navy, and thus lowering the standard of qualification for that Service."

A much larger class than the Assistant-Surgeons were concerned in the object of the meeting, namely, the seamen whose lives were intrusted to their skill, for all knew that where the midshipmen assembled was not a proper place for the Surgeon to retire and reflect on the cases in which he was engaged, to consider what would be the proper line of treatment for them. (Hear, hear.) The college education of young men is only a sort of preparatory education—(hear, hear)—and a young Surgeon just entering the Army or Navy is only just commencing the most important part of his education, and consequently should have a cabin of his own to retire to, where he might consult his books, and see how he could apply the knowledge gained from them to the cases in which he might be engaged. (Hear, hear.) It was, therefore, for the general advantage of the Naval Service, as well as for their own, that some improvement should be effected in the position of the Naval Assistant-Surgeons.

Dr. Hobart having seconded the resolution, it was carried unanimously.

Dr. Harvey proposed the next resolution,—

"That the want of the necessary supply of Naval Assistant-Surgeons, induced by the unpopularity of the Service, has compelled the Admiralty to employ unqualified men as Dressers, to the great detriment of the sick and wounded among her Majesty's seamen."

He feared that the Medical Profession wanted that *esprit du corps* which characterized other professions, and the consequence of this was that it was an exception to the general rule if, in the long run, Medical men were respected as they should be. (Hear.)

Dr. Beamish having seconded the resolution, it was carried unanimously.

Dr. Shinkwin, local hon. secretary, having read a petition which had been drawn up for the purpose,

On the motion of Dr. Johnson, seconded by Dr. Hare, it was resolved that copies of it should be forwarded to both Houses of Parliament,—that to the House of Commons to be presented by the City Members, and that to the House of Lords by the Earl of Banden.

Dr. Linehan—What is the pay of the Naval-Assistant-Surgeon?

Dr. Shinkwin replied that it had formerly been 6s. 6d. a day, but in consequence of the exertions of the Association it had been raised to 7s. 6d. a day. The Assistant-Surgeons however, did not at present ask for any increase of pay, they asked for a private cabin to themselves. (Hear, hear.)

The Chairman remarked that the Association owed a great deal to Colonel Boldero—(hear, hear)—who had first taken up the matter in the House of Commons, and had insisted on the Assistant-Surgeons getting private cabins, but the Admiralty had refused them. Even in ships where the cabins were to be had, the Commanders would not give them.

The proceedings terminated with a vote of thanks to the Chairman

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDING 30th JUNE.

Head-Quarter Camp, before Sebastopol,
2nd July, 1855.

Dr. Hall writes—I regret to say that cholera and diarrhœa continue to prevail in all the Divisions of the Army. They have been rather on the increase of late; but the mortality continues nearly the same.

The admissions from all causes during the week have been in the ratio of 7.89 per cent. to strength, and the deaths 0.72 per cent. Last week they were 10.52 and 0.68 per cent. respectively.

The following Table gives a summary of the frequency and fatality of the most prevalent diseases.

This week of	Remained.	Were Admitted.	Died.	Ratio Per cent.
Fevers there . .	1998	543	22	0.86
Diarrhœa . . .	1200	1277	14	0.56
Cholera . . .	237	409	188	29.10
Dysentery . . .	105	124	1	0.43
Wounds . . .	1795	166	57	2.90
Last week—				
Fevers	1011	614	28	1.72
Diarrhœa . . .	916	940	10	0.53
Cholera . . .	201	277	140	29.28
Dysentery . . .	79	80	0	0.0
Wounds . . .	833	1659	85	3.41

The cases of diarrhœa have not only become more numerous, but they do not yield so readily to treatment as they did at first.

Cholera made its appearance in two squadrons of the 10th Hussars, which were detached on the 24th ult., to join Omer Pasha's army at a place called Vermoutka, about twelve miles from Balaklava, and two officers and two men have died.

The place where the 10th are encamped is on a slight eminence in a punch-bowl valley, abounding in springs and rank vegetation. The place selected for the camp of the 10th is dry; but they have been directed to remove to a higher piece of ground, and the change has only been delayed on account of the dampness of the ground from recent rains.

There is nothing in the site of the camp of the 10th that would lead one to infer a visitation of cholera; nor is there in those of some of the recently arrived batteries of Artillery, which have been carefully selected, away from the more frequented parts of the camp, and pitched on high and dry ground, and yet they have not escaped cholera, which seems to hang about and attack new comers.

The Land Transport Corps have suffered more in proportion than the troops, perhaps from their not being under the strict control that soldiers are.

Some cases of gangrene have occurred amongst the wounded in camp; but those that were sent down to the Castle Hospital, at Balaklava, have done remarkably well; and in a few days the Hospital on the sea-coast, near the Monastery of St. George, will be ready for the reception of sick.

It has every advantage of position and soil, and will, I trust, realize the expectations that have been formed of it.

THE COURT-MARTIAL ON MR. ELLIOTT.

A Court-martial having recently been held on Mr. J. W. Elliott, Surgeon R.N., attached to the Marine Brigade, at Balaklava, "Justitia" thus writes:—

"The cruel, unjust, and ignominious sentence passed in this case, in the opinion of competent judges, has no parallel on record, except perhaps that of Admiral Byng. That a sentence fit only for a swindler, or a felon, should be pronounced on a Medical officer of high character, and after not only good but meritorious service, is indeed astounding, and calls loudly for a reform in the administration of Naval courts-martial.

"Mr. Elliot, who served during the entire winter from September last on the heights of Balaklava, had no ordinary difficulties to encounter in the execution of his trying duties, the sphere of which extended full two miles, not on a level surface, but entirely on a hill side. He had the sole medical charge of 1500 men, 400 of whom were sick at one time, chiefly with dysentery and cholera, with only one assistant, and he was only temporary, being called away on board ship on every emergency. Mr. Elliott himself dwelt in a tent, pervious to every shower of rain, after the earthen cave in which he was first located had fallen in, with about a ton of earth upon him, when he himself was suffering severely from dysentery.

"The difficulty was often extreme in visiting his patients, spread over such an extent of ground, particularly in snowy weather, when he had often to crawl on all-fours, so deep was the snow in many places.

"It was not to be wondered at, under such trying hardships, that Mr. Elliott's own health should have given way, which it did on three several occasions, when he suffered so severely from dysentery that, had it not been from a feeling that it was preferable to die at his post than to escape by invaliding, any Medical board must at once have ordered him away. It must be admitted that here Mr. Elliott was to blame, for he ought at once to have officially represented his own long-continued illness, and his utter inability to perform such extensive duties; and to have officially remonstrated against the taking away of his sole assistant. This was the more necessary as he had to deal with a commandant who was unceasingly "taking notes," and never so happy as when he could get the doctor into hot water.

"One of the chief charges of neglect of duty brought against him is the 3rd:—

"For having neglected to visit, at the White-house, Quarter-Master's Store, in the plain behind the batteries, Private James Pinnock, Royal Marines, who was taken dangerously ill there, the said James Pinnock being then so ill that he died before he could be conveyed to the field hospital."

"Be it remarked that this is the chief charge against him. Now the facts of this case are simply these:—The White-house is distant from the tent where Mr. Elliott was located a full mile; the field hospital is about equidistant between the Surgeon's tent and the White-house where Pinnock was seized with illness; the messenger was told to run back and have the sick man conveyed to the field hospital, where Mr. Elliott said he would attend immediately. Before the messenger could reach the White-house, the unfortunate man was dead. Meanwhile, Mr. Elliott, who was in the act of writing at the moment he was summoned, necessarily lost a few minutes in locking up his desk, putting on his great coat, lighting his lanthorn, and walking half-a-mile to the field hospital, and just as he reached it, he met a party bringing to the hospital the man's dead body. The unfortunate man did not die of cholera, but of cerebral congestion, and that so suddenly that there was not an interval of thirty minutes between being seemingly in good health and death.

"Mr. Elliott's antecedents in the Service are pretty well known. Educated at King's College, where he bore off repeatedly the best prizes, he entered the Naval Service in 1848; served with credit in the Oberon—afterwards in the Prince Regent, whose Surgeon, Mr. Salmon, pronounced him the best Assistant he ever had; and in 1851, he joined the Britannia, bearing the flag of Admiral Sir J. Deans Dundas, as Senior Assistant Surgeon. Last year, in August, that ship had a most awful visitation of cholera, as cannot but be still well remembered. Admiral Dundas was an eye-witness of his conduct on that trying occasion; and he certified of him that he was a most zealous and attentive Medical officer, and an excellent man; and Dr. Rees, the then Surgeon of her, concludes his certificate with these words:—'But I have especially to certify that during the outbreak of cholera in the Britannia, in August last, I received from Mr. Elliott the most zealous, devoted, and energetic assistance." In September last, he was appointed Acting Surgeon of Marines, brigaded at Balaklava, and he was specially promoted for good service in February last, but his confirmation was antedated to November, 1854. Such were the immediate antecedents of a meritorious Medical officer, who has been doomed to a felon's punishment because he neglected to save cases of sudden death.

"In striking contrast to the finding of Mr. Elliott's court-martial was the one on Assistant-Surgeon Cockerill, of the Artillery, in the Crimea, who was found guilty, on the 15th June last, of neglecting to visit a patient, not through frost and snow, but in summer, for full twelve hours—he was sentenced to be put at the bottom of the list, which was tantamount to losing a year's time. Everybody remembers the case of Deputy-Inspector Lawson, at Balaklava; he also, no doubt, had insuperable difficulties to contend with in ministering to the numerous sick, but, though found guilty of apathy, indifference, and neglect, Lord Raglan thought, and justly thought, that under the trying circumstances a 'reprimand,' with removal to another station, would fully meet the demerits, such as they were, of the case. His neglect was stated to be the occasion of hundreds dying; Mr. Elliott's has been distorted into causing three.

"This is a time, as is well known, of great and increasing difficulty of inducing Medical men to enter the Naval Service; that that difficulty will be greatly increased when candidates learn the unmerciful and unmerited doom of such an officer and man as Mr. Elliott there can be no doubt, and this, too, in the height of war."

PROPOSED IMPROVEMENT IN THE REGISTRATION OF DEATHS.

The following Circular has been issued by Dr. Farr:—

General Register Office, June 14th, 1855.

Sir,—I have been requested, with Dr. Marc D'Espine, of Geneva, to submit a Classification of Diseases suitable for Statistical purposes, to the Statistical Congress, which is to be held this year in Paris. And we have agreed to submit our several plans to the most distinguished Physicians and Surgeons, who have attended to these subjects, in France and England, with a view of collecting their opinions.

I enclose a Copy of the "*Statistical Nosology*," which has been in the hands of the Medical Practitioners of this country since the year 1845, and has served as the basis of the classification of the causes of Death in the Registrar-General's Reports. I also enclose the modification of that classification which, after the experience of seventeen years, may, I think, be advantageously adopted.

The object of the classification is to exhibit a general view of the diseases of the population; and for this purpose the old division into plagues, (epidemics, endemics,) and sporadic diseases, has been adopted; leaving a separate group (1) for the malformations, and the debility and decay of infancy and age; (2) for diseases like "burns," directly referrible to external causes.

And I may also state that the classification was constructed after several trials, with extensive series of actual returns before us, and was found to work—that is, a place existed in

the classification to which every fatal disease or injury could be naturally referred.

In this work you will observe that the Registration has to follow the progress of Medical science at some distance, as it is brought into practice by Medical men, often unfavourably placed for the observation of the particular cases that they have to report upon. So, although the greatest refinement may be observed in the statement of a particular case where the diagnosis is complete, minute distinctions cannot, with any chance of success, be attempted in the ultimate classification of cases.

The Registrar-General thinks this a favourable opportunity of settling our classification for some time, and for obtaining uniformity in the official statistical returns of the principal States of Europe. And he will feel obliged if you will take the trouble to look over the annexed, to make any observations on it that may occur to you, and return it (by post, *unpaid*). Any observations or suggestions that you may be pleased to offer shall receive the most attentive consideration.

I have the honour to be, Sir,
Your very obedient Servant,
WILLIAM FARR.

MEDICAL NEWS.

NAVAL ASSISTANT-SURGEONS.—We are much gratified in being able to report that one of the vexed questions respecting this valuable class of officers has been, at last, settled by the present First Lord of the Admiralty, Sir Charles Wood. Orders, as we understand, have been issued from head-quarters that the Assistant-Surgeons are to be ward-room officers from the day of their entrance into the Service. We presume that such an arrangement involves the possession of cabins also. This great step is most probably owing to the influence of the new Director-General, Sir John Liddell, no doubt at the instigation of the Naval Medical Reform Association, aided by the Medical Press.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 6th inst.:—

CLARK, GEORGE, Royal Navy.
CROCKER, JONATHAN, Launceston, Cornwall.
DAVIS, THEODORE, Clevedon, Bristol.
DEANE, WILLIAM, Slaithwaite, Huddersfield.
FORSYTH, JAMES, Eyemouth, Berwickshire.
FURGUSON, FREDERICK, Charlemont-terrace, Dublin.
HUMPAGE, EDWARD, Army.
LAND, JOHN COATES, Spanish Town, Jamaica.
LORD, JOHN, Bury, Lancashire.
MASSEY, WILLIAM, Swarkstone Hall, Derbyshire.
SIMPSON, HARRY ERNEST, Army.

The following gentlemen were admitted members on the 9th inst.:—Messrs.

BROOK, HENRY, Army.
CARNE, CHARLES, Caledonian-terrace, Islington.
HEMINGWAY, CHARLES ALFRED, Dewsbury, Yorkshire.
HENCHLEY, THOMAS CAVILE WORSLEY, Army.
KEENE, JAMES, Clarendon Villas, Brook-green.
PARSON, WILLIAM, Godalming, Surrey.
PERKINS, THOMAS, Snaith, Yorkshire.
PRUEN, WILLIAM ASHMEAD, Bristol.
RIDINGS, WILLIAM GEORGE, Mercantile Marine.
WALL, GEORGE PARSONS, Errislannan, Co. Galway.
WESTWOOD, SAMUEL, Birmingham.
WILSON, FREDERICK WILLIAM, Clarendon-villa, Notting-hill.

The following gentlemen were admitted members on the 16th inst.:—Messrs.

BLAKE, THOMAS, United States.
COGAN, BERNARD, Bedford-square.
DOWSON, ARTHUR HOUGHTON, Geldeston, Norfolk.
HENSMAN, WILLIAM, Kimbolton, Hunts.
JENKINS, WILLIAM HENRY, Brighton.
LUBBOCK, WILLIAM JOSEPH L'OSTE, Scotorro, Norfolk.
MILLARD, WILLIAM JOSEPH, Whitchurch, near Ross, Herefordshire.
PLATT, THOMAS, Oldham, Lancashire.
ROBINSON, JOHN, Winterton, Lincolnshire.
SPICER, ROBERT HENRY SCANES, Islington.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on July 12th, 1855:—

DUKE, ROGER, Hastings.
HARTSHORN, WILLIAM TURNER, Iron Bridge.
PERCIVAL, JOSEPH MUMFORD, St. Mary's, Scilly Islands.
SMITH, ROBERT MYCOCK, Sheffield.
TERRY, JOHN NETTLETON, Bradford, Yorkshire.
TURNER, RICHARD, Lewes, Sussex.

The following gentlemen passed the Examination in Classics and Mathematics, on Tuesday and Wednesday, the 17th and 18th July, 1855:—

ARNISON, W. C., Newcastle-on-Tyne.
BRADDON, C. H., Upton-on-Severn.
BRACEY, C. J., Birmingham.
BLOOR, J. T., Birmingham.
BAKER, T. Y., Hargreave, Northamptonshire.
BAIN, J., Brunswick-street, Blackwall.
BOOTH, S., Aldersgate-street.
BROWN, J. B., Vernon-place, Bloomsbury.
BUBB, J., Cheltenham.
CAPESTAKE, J. C., Hulland, Derbyshire.
CLARKE, A. F. S., Moseley-street, Manchester.
DAVEY, A. G., Walmer.
FARRINGTON, W. H., Alfred-street, Bath.
FARRANT, S., Taunton.
GODWIN, C. H. Y., Droxford, Hants.
GALTON, J. H., Brixton-rise.
GREENHILL, J. R., Lewes.
GROSE, S., Boston.
HOLMESTED, T., Bocking.
HOCKING, J., St. Ives, Cornwall.
HARRIS, F. D., Gower-street, Bedford-square.
JAMESON, W. H., Caistor, Lincolnshire.
LANCASTER, W. T., Barnsley.
LEACH, J., Shaw, near Oldham.
LOCKWOOD, W., Huddersfield.
LEVER, R. C., Tavistock-square.
LEE, F. F., Salisbury.
LOVEGROVE, W., Tulse-hill.
MORETON, T., Marton Hall, Cheshire.
MURRAY, W., Chester-le-Street, Durham.
MORRIS, J., Shoreham, Sussex.
MITCHINSON, C. C., Lincoln.
NASH, F. —, Hitchin.
ORWIN, T. W., Shiffnal.
PRINCE, C. E., Balsham, Cambridgeshire.
PARSONS, C., York-place, City-road.
RIDLEY, J. S., Walton-le-Dale, Preston.
SMITH, T. B., Weatherham, Cheshire.
SISSONS, W. H., Huddersfield.
STARKE, C. H., Seacole-lane.
STEDMAN, J. H., Union-street, Borough.
SMITH, J. T., Queen's College, Birmingham.
SMITH, E., Victoria-terrace, Bedford.
TAUNTON, J. B., Hatton-garden.
TRUMAN, E. B., Nottingham.
WOOD, W., Ashton-under-Lyne.
WELCH, F. H., Stanstead.
WORKMAN, C. J., Castle-street, Reading.
WINGATE, R., General Hospital, Birmingham.
YEO, J. B., William-street, Lowndes-square.

COLLEGIATE ELECTION.—The annual meeting of Fellows of the Royal College of Surgeons of England for the election of three members of the Council took place in the theatre of the College on Thursday, the 5th instant, when Messrs. Partridge, Mackmurdo, and Pilcher, were re-elected, not more than fifty Fellows attending for that purpose, and those principally from the provincial towns. In the evening, Mr. George Norman, of Bath, presided over the annual festival, at the Freemasons' Tavern, when about eighty gentlemen sat down to an excellent dinner. Among the Fellows present we observed, Mr. Teale, of Leeds; Mr. Wiblin, of Southampton; Mr. Soden, of Bath; Mr. Terry,

of Northampton; Mr. Barrett, and Mr. Brown, of Bath; Mr. Marshall, of Liverpool; Mr. Meade, of Bradford; Mr. Garstang, of Clithero; Sir Benjamin Brodie, Mr. Fergusson, Mr. Guthrie, Dr. Hawkins, and Mr. Este.

BEQUESTS.

Mrs. Elizabeth Althea Heberden, of St. Sidwell, Exeter, has bequeathed to Exeter Dispensary, £100.

Mr. Henry Wood, of Clifton, Bristol, has, by a codicil, left £100 to the Tunbridge Wells Infirmary.

The Rev. Thomas Sanderson, Vicar of Little Addington, has bequeathed £110 to the General Infirmary, Northampton.

DEATHS.

ARNOTT.—July 6, Dr. Archibald Arnott, H.M.'s 20th Regiment of Foot, in the 84th year of his age. He was Napoleon's last Medical attendant.—Dr. Arnott entered the army upwards of sixty years ago, and retired from active service in 1826. He served with Her Majesty's 20th Foot, sharing the perils and exploits of that distinguished corps on the Nile, in Calabria, Portugal, Spain, and Holland, and earning a medal with clasps for Egypt, Maida, Vimiera, Corunna, Vittoria, the Pyrenees, Nivelle, Nive, Orthes, and Toulouse. After the war, Dr. Arnott accompanied his brave companions in arms to St. Helena and India, and at the former station became the Medical Attendant of Napoleon Buonaparte. His professional ability, ingenuous character, and upright and dignified deportment as an officer and gentleman, at once secured for him the confidence of that extraordinary man, whose good opinion, thus early formed, was strengthened by daily interviews during the progress of his fatal disease, and at last ripened into warm personal attachment and sincere esteem. These sentiments were cordially reciprocated by the Physician; and on the part of the illustrious patient were expressed on all occasions by delicate attentions and lively marks of affectionate regard. In particular, shortly previous to his dissolution, Napoleon gave a very interesting testimony of his respect for Dr. Arnott, and grateful sense of the warm sympathy and indefatigable zeal with which he had laboured to mitigate the cruel sufferings which no art could heal. To use the words of one then on the island, "The Emperor, on his death-bed, desired that a valuable gold snuff-box might be brought to him, and having, with his dying hand and last effort of departing strength, engraved upon its lid with a penknife the letter 'N.,' he presented it to his kind and valued friend, as a parting memorial of his deep esteem and heartfelt gratitude." Besides which, Napoleon bequeathed to him 600 Napoleons, and the British Government, to mark its approbation of his conduct, conferred on him £500. Dr. Arnott's masculine and tenacious mind was to the last richly stored with recollections and anecdotes of the period. These the public would have read with interest, but, except a clear and distinct "Account of the Last Illness, Decease, and Post-mortem Appearances of Napoleon Bonaparte," published in 1822, he could never be induced to commit them to print, being reluctant to mingle publicly in the keen and painful controversy of the time, although never concealing his opinion in private conversation. From the sphere of public duty Dr. Arnott retired to his native parish, and there, on his patrimonial estate of Kirkconnel-hall, spent the evening of his days beneficially to the neighbourhood and honourably to himself.

DOWLER.—July 11, at Devonshire-place, Portland-place, Thomas Dowler, Esq., M.D.

SIBBALD.—At Cape Ennekoi, head-quarters, Turkish Contingent Force, of Asiatic cholera, Acting Assistant-Surgeon Sibbald.

PARRY.—July 7, at Ems, Sir William Edward Parry, D.C.L. This distinguished seaman, whose name stands so high in the annals of naval science and research, was son of the late Dr. Caleb Hillier Parry, a Physician of Bath, and was born in 1790. Parry commenced his reputation as an explorer, when, being Lieutenant-Commander of the *Alexander*, he accompanied Captain (now Sir James) Ross, in 1818, in an expedition to the Arctic regions. In 1819 he commanded another expedition, which crossed the meridian 110 degrees West long., in 74 degrees 41 minutes N. lat.; and he returned in 1820. In the same year, 1820, he fitted out a second expedition, consisting of the *Hecla* and *Fury*, which sailed in 1821, and came back in 1823. He was at the head of a third expedition in 1825; and in 1826 of a land expedition, which reached 82 degrees 45 minutes N. lat. For these labours in the Polar regions, Parry was Knighted in 1829. He had previously received the freedom of the city of Bath, and had obtained £1000 from the Government, as part of the reward offered for penetrating the meridian 110 degrees W. long., within the Arctic circle. He also got, in 1823, the freedom of the city of Winchester. He filled the office of Hydrographer to the Admiralty from 1823 to 1829. Sir William was a D.C.L., a Fellow of the Royal Society, and (among other similar honours) an Honorary Member of the Imperial Academy of Sciences at St. Petersburg.

ST. MARY'S HOSPITAL.—The vacant Chair of Comparative Anatomy and Zoology at St. Mary's Hospital Medical School has been filled up by the appointment of Graily Hewitt, Esq., M.B., the Surgical Registrar.

SURGEONS OF NEWGATE AND HOLLOWAY GAOLS.—At a Court of Aldermen, held on Tuesday, a Report was read and agreed to on this subject, to the effect that, in addition to the salary, in each case, of £150 per annum, the Surgeon to be appointed for the Holloway Prison should be allowed £50, and the Surgeon to the Gaol of Newgate, £40 per annum, for providing medicines. That the Surgeons to be appointed should reside not exceeding a quarter of a mile from the prisons. That the ages of the candidates should not be under 25, nor above 40 years; and that the candidates should be Licentiates of the Apothecaries' Company, and Members of one of the Colleges of Surgeons. The six most eligible candidates for the said offices were—Dr. Maurice Davis, Mr. Thomas Graham, Dr. Frederick William Rawlins, Mr. Eade Sewell, for the City Prison at Holloway. Mr. John Rowland Gibson, Dr. Frederick William Wilders, for the Gaol of Newgate. Mr. Graham and Mr. Gibson were elected.

CITY DISPENSARY.—A general half-yearly meeting of the Governors of this charity was held, on Wednesday, in the Board-room of the establishment, Queen-street, City. The Report of the Committee for 1854 showed that the Dispensary was founded in the year 1789, since which period 349,880 patients have been cured or relieved, and upwards of 99,470 visits paid to patients at their own homes. On the 1st January, 1854, there were 1045 patients on the books, and during the year 11,935 were admitted (many of them cholera cases, which were received without letters of recommendation,) making a total of 12,980, of whom 1106 were under treatment on the 1st of January last. The receipts for subscriptions, donations, dividends in stock, etc., were £644 6s. 2d., and the expenditure was £739 0s. 3d., which thus exceeded the income by £84 13s. 1d.

THE WEST RIDING MEDICAL CHARITABLE SOCIETY.—The annual meeting of this Charity was held in the Theatre of the Medical School at Leeds, on Thursday last. There was a numerous attendance of the members, nearly fifty being present. Among them we noticed representatives of the Society from Sheffield, Wakefield, Bradford, Huddersfield, Dewsbury, Wetherby, Otley, and from many other districts, into which the Society divides its field of operations. The report, which was read by the Secretary (Dr. Chadwick), stated that upwards of three hundred pounds were distributed during the last year, to sixteen necessitous families, and that these grants were invariably received with becoming thankfulness. Referring to the recent opening of the Royal Medical Benevolent College, in London, at which the Prince Consort presided, the report, conveying the sympathy of the members in the success of a kindred institution, thus concludes: "The auspicious event which has recently transpired in the metropolis, from which the Royal Medical Benevolent College dates the commencement of its active operations, should call forth, from every member of the Medical Profession, his best wishes for its prosperity, and from none more cordially than the supporters of the West Riding Medical Charitable Society, who have been so long labouring to effect the more important of those objects, which this noble institution, with ample means at its disposal, and embracing a wider field of operation, is destined undoubtedly to realize." The

meeting then considered the various cases for relief, and liberal grants were awarded to fifteen applicants. The members then adjourned to dinner. The meeting was ably presided over by the President of the year, Mr. Garlick,

Statistical Society.—We understand that at the last meeting of the Council of the Statistical Society Mr. Scargill was appointed to the office of Assistant-Secretary, vacant by the resignation of Mr. Cheshire. Mr. Scargill's position in the list of Wranglers for 1849 sufficiently speaks for his qualifications for the appointment. In reference to the retirement of Mr. Cheshire, the Council passed the following resolution:—"That the Council of the Statistical Society accept with extreme reluctance the resignation of their Assistant-Secretary, Mr. Cheshire, and take the opportunity of expressing to him their high sense of the great advantages which have accrued to the Society from the zeal and ability with which Mr. Cheshire has discharged all the duties of his office."

Meeting of the British Association in Glasgow.—Some of the arrangements for the meeting of this Association in Glasgow in September next have been reported to a meeting of the local Committee. The funds for the expenses of the meeting were stated to be ample; several *conversaziones* and excursions were named; and, among other objects of interest, it was mentioned that a local geological museum would be formed, with collections of the chemical manufactures of the west of Scotland. It was also intended to have a photographic exhibition, and one or two salt-water vivaria, exhibiting the marine inhabitants of the Firth of Clyde. A letter was read from Sir Roderick Murchison, expressing his opinion that the meeting in Glasgow would be the most successful ever held in Great Britain.

Medical Reform in the Army.—The Petition of the Metropolitan Counties' Branch of the Provincial Medical and Surgical Association, praying for Reform in the Army and Navy Medical Departments, which was drawn up by Dr. Bird for the Medical Services' Committee of the Branch of which Dr. George Webster is Chairman, has just been printed by the House of Commons. It was presented to the House, on the 18th of June, by Mr. Roebuck; and on Thursday, the 12th of July, a Deputation of the Committee, consisting of the Chairman, Dr. Webster, Dr. Bird, Mr. Ancell, and Dr. Richardson, had an interview, by special invitation, with the Minister of War at the War Office, for the purpose of presenting him with the Petition, which was signed by seventeen members of the Metropolitan Counties' Branch. The Petition was read to Lord Panmure, who courteously signified his assent to the propriety and necessity of most of the changes prayed for; and was, moreover, pleased to say, that the recommendations in the fifth and sixth paragraphs for the original selection of Army Medical Officers to be made on the grounds of merit and fitness, ascertained by examination; and that in any improved system of Military Medical Organization, the administrative affairs of the department should be separated from those of purely Professional duties, met with his entire concurrence, and were about to be carried out. There were some difficulties in the way at present as to carrying into effect some other changes recommended, but to which, however, he promised to give his best and earliest attention.

The Cholera in Hungary and Italy.—The entire number of cases that has occurred at Pesth, between the 10th of October and the 20th of June, amounts to 1246; of these, 456 have recovered, 636 have died, and 156 still continue under treatment. The epidemic, after nearly ceasing in April, during which month only 7 cases occurred, assumed a much more aggravated form; 127 cases occurring in May, and 421 during the first fortnight of June. At Venice, from the 7th of May to the 17th of June, 737 cases occurred, of which number 148 still continued under treatment. At Verona, between the 28th of May and the 16th of June, 167 cases have been announced, of which number 105 have died. From the 10th to the 16th of June, the cases have averaged 17 per diem.

Academy of Medicine and Surgery of Toulouse.—The subject for the Prize of 1856 is "Glucosuria, its Seat, Nature, Causes, and Treatment." For that of 1857 it is, "Penetrating Wounds of the Joints, and their Treatment;" determining, by practical facts, the cases which require amputation, and the proper period for its performance. The Prize is of 300 francs' value, and the Essays must be delivered, free of charge, before the 1st of January of each year.

The Health of London during the three months of April, May, and June has been better than it was in the corresponding seasons of the two previous years; but the mortality is still higher than it was some years ago, and the deaths in thirteen weeks were 14,997, or more by some thousands, probably, than would have happened had the sanatory arrangements of London been in a satisfactory state. 328 persons, *nearly all children unvaccinated*, died of small-pox, 182 of measles, 589 of scarlatina, 626 of hooping-cough, 505 of typhus. Small-pox prevailed most in the East and South districts, measles in the East, scarlatina generally, hooping-cough in the West and North, fever and diarrhœa in the South districts. Erysipelas is still unusually prevalent: and 47 mothers died of metria, or fever after childbirth, and 78 of other diseases incidental to that state; of diarrhœa 222 persons died; of cholera 8. The deaths from cholera were only 11 in the corresponding season of the year 1854, which, nevertheless, subsequently witnessed a great outbreak of the epidemic. The deaths from consumption (2126) and from bronchitis (1175) exceed the average; a result which is perhaps referable, in some measure, to the preceding severe winter. 3870 men of the age of 20 and upwards died in London in the thirteen weeks; namely, 2 peers of the realm and 82 persons in the civil service, and 25 in the police and in offices of local government; 209 officers, soldiers, and pensioners, 103 members of the learned professions, including 9 clergymen, 4 barristers, 23 solicitors, 3 Physicians, 12 Surgeons, 43 men of letters, men of science, or artists; 478 men engaged in entertaining, clothing, performing personal offices, including 12 eating- and coffee-house keepers, 88 domestic servants, 60 inn servants, 15 hairdressers, 108 tailors out of 20,257, and 139 shoemakers out of 26,639. Of the mercantile class 189 men died, including 10 merchants, 1 banker, 5 stock brokers, 67 commercial clerks; of the carrying class 484 men died; of men engaged in agriculture and in gardens 85 died. The deaths of men engaged about horses and animals, as grooms, jockeys, horse-keepers and others, were 50; of men engaged in art and mechanical productions 670; butchers and men engaged in working and dealing in animal matters 201; greengrocers, bakers, licensed victuallers, and persons working and dealing in vegetable matters 469; men working and dealing in coal, iron, and other minerals 308; labourers and others (branch of labour undefined) 237; men of rank or property not returned under any office or occupation 142; and 81 men had no specified occupation.

Mortality Notabilia.—The present return, like that of the previous week, indicates a favourable state of the public health. The deaths of 941 persons, namely, 515 males and 426 females were registered in London in the week that ended on Saturday. In the corresponding weeks of the ten years 1845-54 the average number of deaths was 954. For comparison of the number now returned with the average the latter must be raised in proportion to increase of population, and, with this correction, it becomes 1049. The result of the comparison is a difference of about 100 in favour of last week, arising from improved health, and also, to some extent, from the high mortality of the winter and spring months. The mortality from the zymotic class of diseases is not high at present. In the corresponding week of 1848 and 1849 the deaths from that class were 319 and 630; in that of last year they were 270; last week they were 222. The diarrhœa, common in the summer months principally to children, is making some progress, the deaths caused by it in the last 5 weeks having been 17, 25, 33, 28, and (last week) 45. The deaths from this complaint in the week that ended 15th of July last year were 46. No cholera is reported, with the exception of 2 cases, in which the disease described as "choleraic diarrhœa" was fatal to infants.

Births.—The births of 679 boys and 691 girls, 1370 children, were registered, average 1296.

Meteorology.—The mean height of the barometer in the week was 29·649 in. The mean temperature was 64·5°, which is 2·8° above the average of the same week in 38 years. The mean temperature was above the average on every day except Wednesday, and rose on Tuesday and Friday above 67°, which is more than 5° above the average. The highest temperature in the week was 79·3°, and occurred on Tuesday; The lowest was 53·8°, and occurred on Sunday. The thermometer in the sun rose to 105° on Friday. The temperature of the water of the Thames was 67·7°. Rain 1·65 in. Horizontal movement of air 592 miles; electricity, weak positive.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending uly 14 :—

	Males.	Females.	Total.
Workhouses	57	44	101
Prisons	..	..	..
Military and Naval Asylums ..	7	..	7
General Hospitals	25	16	41
Hospitals for Special Diseases ..	2	7	9
Lying-in Hospitals	..	1	1
Military and Naval Hospitals ..	3	..	3
Hospitals for Foreigners, etc. ..	3	..	3
Lunatic Asylums	3	4	7
Total	100	72	172

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	1	3	4	5	5
North	490,396	2	1	9	6	5	9
Central ..	393,256	2	1	12	10	5	7
East.....	485,522	7	1	6	8	13	10
South	616,635	6	1	14	4	17	18
Total..	2,362,236	18	5	44	32	45	49

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, July* 14, 1855.

CAUSES OF DEATH.	In the Week ending Saturday, July 14, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp.	° 64·5						° 63·0
ALL CAUSES	941	473	116	165	138	37	954·1
SPECIFIED CAUSES	927	472	116	165	137	37	944·1
DISEASES:—							
1. Zymotic Class	222	171	20	14	15	2	265·2
2. Dropsy, Cancer, and others of uncertain seat	51	6	4	26	12	3	41·2
3. Tubercular Class	188	79	58	42	9	..	188·9
4. Of Brain, Nerves, etc. ..	118	60	11	17	26	4	106·8
5. Of Heart, etc.	40	6	3	20	11	..	29·4
6. Of Respiratory Organs ..	94	47	5	18	22	2	90·7
7. Of Digestive Organs ..	59	26	6	13	11	3	63·9
8. Of Kidneys, etc.	15	1	2	5	7	..	10·9
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	..	4	2	..	1	9·4
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	10	2	1	3	4	..	6·0
11. Of Skin, etc.	2	1	..	..	..	1	1·0
12. Malformations	4	4	..	..	..	..	3·1
13. Debility from Premature Birth, etc.	28	27	..	1	..	..	24·6
14. Atrophy	41	29	..	3	8	1	32·0
15. Age	28	..	..	..	9	19	40·0
16. Sudden	2	1	..	..	1	..	5·3
17. Violence, Privation, etc...	18	12	2	1	2	1	25·7
CAUSES NOT SPECIFIED.. ..	14	1	..	..	1	..	10·0

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

WE beg to remind our readers that, under the NEW NEWSPAPER STAMP ACT, which came into operation June 30, the following particulars are important to be observed :—

STAMPED COPIES can only be transmitted by Post within FIFTEEN DAYS from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

We must request our correspondents to affix their names to their communications, as we cannot undertake to notice those which are anonymous. The names are not required for publication, but as a guarantee of the respectability and trustworthiness of the writers.

Mr. H. H. Watson will perceive that his paper has not been forgotten. Our correspondents must excuse us if their papers are sometimes delayed, as our columns are so full as to render us unable to publish immediately all the communications accepted. When a paper is *not* accepted early notice will be given to the author.

Mr. W. W. Reed will see that the subject of his note has not escaped our attention.

M.R.C.S.E. and L.S.A. inquires whether we know or have heard of an instance in which a candidate for the degree of M.D, at the University of St. Andrew's has been rejected. We know ourselves of several of such instances, but do not know the proportion of rejections to the number of candidates. Perhaps some of our correspondents may be acquainted with the statistics of the subject.

Dr. Handfield Jones's case shall appear in our next number.

A. F.—We believe that the service in question is a desirable one for a young Surgeon to enter. We will inquire as to the pay.

A Correspondent in Macclesfield is thanked for the information forwarded to us, and for his approval of our editorial labours. We cannot, for obvious reasons, make public use of the former, but we shall be put upon our guard as to the individual referred to.

An M.B. Lond. in esse and M.D. in futuro.—We have not hitherto noticed the new Medical Reform Bill which is now before Parliament, because it was read a first time only on the distinct understanding that it was not to pass during the present session. If an attempt had been made to pass it there would have been a storm of opposition from a variety of quarters as great as that produced when the winds escaped from the cave of Æolus. Notwithstanding the objections which might be urged against the Bill, it contained some good features, but its promoters, in attempting to please all parties, have, we fear, succeeded in pleasing none.

We shall publish next week the first of a course of lectures delivered by Mr. Prescott Hewitt before the College of Surgeons.

Rusticus.—We believe that the "Guide" bubble has exploded, and that the Scotch gentlemen who now figure in the lists, to the entire exclusion of all English authors, have given no sanction for the use of their names.

S. H.—We cannot prescribe in our columns.

Medico-Chemicus.—If the name of the writer is sent to us in confidence, we will publish the letter. Our universal rule is to decline all anonymous communications.

Mr. Bulley's paper will be inserted next week. The delay has arisen solely from the pressure of unavoidable circumstances.

Dr. F. S. Arnott.—The paper has not come to hand; but we have obtained the account from another source.

COMMUNICATIONS have been received from—

Mr. KESTEVEN; Mr. HENRY SMITH; AN ADMIRER OF THE JOURNAL; Dr. MORIARTY; THE KENT AND CANTERBURY HOSPITAL; ONE WHO OBSERVES AND THINKS; M.R.C.S.; Dr. FERGUSSON; S. H. G.; Mr. ALEXANDER, St. Helens; Dr. JAMES BIRD; Mr. W. REED; M.R.C.S., AND L.S.A; Dr NICHOLLS, Sidney; Mr. E. LACEY; A. F.; A COUNTRY SURGEON; AN M.B. LOND. IN ESSE AND M.D. IN FUTURO; Mr. CHESHIRE; Dr. ANDREW SMITH; Mr. RIVERS; Sir JOHN FORBES; Mr. OSBORN, Sonthampton; Mr. F. A. BULLEY, Reading; S. H.; Dr. F. S. ARNOTT; A SUBSCRIBER; Dr. GREENHILL.

APPOINTMENTS FOR THE WEEK.

JULY.	MISCELLANEOUS REGISTER.
21. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
23. MONDAY.....	
24. TUESDAY	Operations at Guy's, 1 p.m.
25. WEDNESDAY ..	Operations at University College Hospital, 2 p.m. (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
26. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
27. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture I.

Mr. President and Gentlemen.—In selecting a subject for these lectures, I hope I have not erred in thinking that our time might not be unprofitably spent if we took a single region of the body, and examined it, both in its anatomy and in its diseases, inasmuch as they relate to Surgery. The region which I have chosen for this purpose is that of the Head.

First, let me premise that I intend to confine my observations solely to that part of the head more especially known in anatomy as the cranium, which, when viewed as a region, takes in not only the bones, but their coverings, and the delicate organs they are destined to protect.

In dealing with the anatomy of this region as a surgeon, I shall purposely pass over many details usually described at great length by anatomists, and I shall dwell principally on those points more immediately connected with practice.

The soft parts external to the cranium, are those to which we must first direct our attention.

Differing as these structures do in many respects, when viewed on the upper, and on the lateral aspects of the cranium, we must examine them successively in each of these regions, the limits of which, it will be found, are tolerably well defined by prominent landmarks.

The upper, or occipito-frontal region, has for its boundaries in front, the eyebrows and nasal eminence; at the back, the occipital protuberance, and the superior semicircular ridges; and on either side, two curved lines, the one, limiting the temporal fossa, and the other, the mastoid process.

If a knife be carried down to the bone in any part of this region, we find the following structures disposed in singularly regular layers. The integument—some dense cellulo-adipose tissue—the occipito-frontalis muscle—a quantity of loose, laminated cellular tissue—and the pericranium.

The integument, commonly called scalp, is remarkable for the more or less luxuriant growth of hair, covering the greater part of its extent. In the frontal region, where there is no hair, the integument is thin, and, in early life, smooth, but, in other parts, its cutis is remarkably thick and dense, and especially so at the back, where the hairs are coarser and stronger.

A simple section of the scalp shows that the cellulo-adipose layer is made up of bands, passing from the skin to the parts below, and of pellets of fat, lodged between these bands. The bands themselves may be clearly seen in every part of this region, but they are stouter and stronger at the back than at the front. Towards the forehead, these bands are fibro-cellular, but in the other parts, they are decidedly fibrous; they bind the skin firmly to the occipito-frontalis muscle throughout; in fact, so firm, and so intimate are the connexions thus established between these parts, that it is difficult even to dissect them off from each other. The fat between these bands is described as granular, and so it is, both to the naked eye, and under the microscope. Deeply imbedded in this cellulo-adipose tissue, are the bulbs of the hairs, with their numerous sebaceous follicles.

The occipito-frontalis, a two-bellied muscle, with its central tendon expanded, so as to form a broad aponeurosis stretched across the crown of the head, next covers in the whole of this region. Both the anterior and the posterior bellies of this muscle, are firmly attached in their respective localities; the former, by having its fibres intimately blended with those of the muscles in the immediate neighbourhood; the latter, by short aponeurotic fibres attached to the superior curved lines of the occipital, and to the mastoid process. The frontal fibres are longer than the occipital ones, but both are vertical in their direction. The expanded tendon of this muscle, often called the epicranial aponeurosis, is composed of more or less well-marked fibres, interlacing in every direction. Behind, in the interval between the occipital parts of the muscle, this aponeurosis is fixed to the occipital protuberance, and to the curved lines; in front, it presents, in the middle, an angular elongation, intervening, for a short distance, between the margins of the frontal muscles before they join. The tendinous fibres are best marked in the immediate neighbourhood of the muscular portions, but oftentimes the central fibres are just as strongly developed. Taken as a whole, the aponeurosis forms a membrane, dense in its centre, but gradually losing its tendinous appearance laterally, where it dwindles into a thin layer of fibro-cellular tissue, continuous with that covering the temporal fascia. A careful dissection of this aponeurosis shows that, throughout its whole extent, it is drilled with holes, for the passage of vessels and nerves. These holes vary very much, both in size and in shape; in the central parts, they are small, mere pin-points, and look like slits between the tendinous fibres; but in the confines of the region, they are much larger, and of a roundish shape. The margins of all these holes, clearly defined, are bounded by tendinous fibres crossing each other. Viewed with a glass, many of these holes present the well-known appearance of the external abdominal ring, strong pillars forming their sides, with an inter-columnar band running across. Firmly attached to the integument, by the fibro-cellular bands already alluded to, this muscle acts upon the skin; in all cases, energetically in the frontal region, where it produces wrinkles, and, in many cases, just as energetically in the occipital region, the skin of which I have often seen thrown into distinct folds by its action.

Beneath the occipito-frontalis, is a fine lamellated cellular tissue, lining the muscle throughout. Devoid of fat, very loose in its texture, and almost serous in its aspect, this cellular tissue connects the muscle to the pericranium, being firmly attached to both. It is this layer, which, by its great laxity, renders the scalp so movable, and allows it to slide to and fro over the bones. In post-mortem examinations, when we strip off the scalp, it is this layer which gives way, and is so easily torn through. The great laxity of this cellular tissue is easily shown, by suspending a piece of the integument with its corresponding portion of the calvaria. The bones dropping, soon elongate, simply by their own weight, this laminated cellular tissue, and throw it into festoons. The loose, cellular nature of this tissue may also be well seen by macerating a portion of the skull, with its coverings, in water for a few hours; this tissue soon becomes infiltrated, and presents a marked œdematous appearance.

Such preparations as these also serve to show the different and strongly-marked characters of the tissues between which the occipito-frontalis muscle lies: the great density of the tissue which is above, and the great laxity of that which is below the muscle.

The last layer in this region is the periosteum,—pericranium as it is called,—attached by cellular bands and vessels to the bones, from which it may, in after life, be easily torn, save at the sutures, where it is most firmly adherent. In the earlier periods of life it is connected with the fibrous structure intervening between the bones, and is then brought more directly into connexion with the dura mater, than it is at a subsequent period.

Such are the structures at the upper part of the cranium; and now let us turn to the lateral aspect, one part of which being characterized by the presence of a large thick muscle, the temporal, and the other, by a prominent piece of bone, the mastoid process, is known as the temporo-mastoid region.

The temporal subdivision of this region, commonly called temple, is bounded in front, by the external angular process of the frontal, and the corresponding part of the malar; below, by the zygomatic process; and above, by the curved line of the temporal muscle, the limits of which may easily be felt during life.

The integument here is finer than that of the occipito-frontal region, except at the upper and back part, where it is thickly covered with hair. The cellulo-adipose tissue resembles that of the forehead, and is continuous with the dense, subcutaneous layer of the hairy scalp. It, too, is largely supplied with hair-bulbs and sebaceous follicles.

Beneath it, is a thin cellulo-fibrous membrane, continuous with the tendinous expansion of the occipito-frontalis muscle; it is in this layer that the superior and anterior auricular muscles are contained.

The next layer is formed by a very dense, white, fibrous membrane, the temporal fascia, exactly limiting this region, to the osseous boundaries of which it is firmly attached. Along the zygomatic process, and especially in its front part, this fascia is composed of two laminæ; the one, attached to the outer, and the other to the inner surface of the bone. The deep lamina is thinner than the other. Between the two, there is a triangular space filled with cellulo-adipose tissue.

Lying under the fascia is the temporal muscle, the fibres of which are extensively connected, both with the fascia and with the bone; towards the lower part, however, the muscle is separated from the fascia by cellular tissue containing some fat.

The pericranium, which is connected with the temporal muscle, is more firmly attached to the bones than it is in the occipito-frontal region.

The bones of this region, and the strong temporal fascia form, by their peculiar disposition, an osteo-fibrous box, open only at the lower part, where it communicates freely with the neighbouring regions.

The mastoid subdivision of this region, placed immediately behind the ear, is distinctly limited by the implantation of the hair, forming a curved line at the upper boundary. Convex, more or less prominent, and corresponding to the mastoid process, this region is covered by a thin integument, under which is a layer of condensed cellular tissue, with but little fat, and some scattered muscular fibres, belonging to the posterior auricular, as well as a small part of the occipito-frontalis muscle, and deeper are the attachments of some strong muscles belonging to the neck.

The periosteum is exceedingly thick, and firmly adherent to the bone, which here presents a very rough surface.

Thus far, I have spoken only of the structures which are found in the various regions on the surface of the cranium; I proceed now to examine the vessels and nerves which supply these structures.

Save the pulp of the fingers, there is no part more plentifully supplied with blood-vessels and nerves than the scalp.

The arteries are large and very numerous, with their trunks disposed in such a manner as to encircle the cranium. In front, there are the supraorbital and frontal; on the sides, the temporal and the posterior auricular; and at the back, the occipital vessels.

The frontal and supraorbital, the smallest of all the branches, also lie deeper than most of the other vessels, their trunks being covered over by the muscles in their neighbourhood. As these vessels proceed from the orbit, they send off large branches which are distributed to the pericranium and to the subaponeurotic cellular tissue; the remaining branches, piercing the muscle, supply the subcutaneous cellular tissue and the skin of the forehead. The branches of these vessels anastomose most freely with each other and with the anterior temporal vessels.

The temporal arteries are, throughout the whole of their course, superficially situated. At first, contained in the cellulo-fibrous membrane covering the temporal fascia, these arteries, as they proceed upwards, perforate this membrane, and get upon the surface of the occipito-frontalis muscle and its expanded tendon, where they lie imbedded in the dense cellulo-adipose tissue, which so firmly binds these parts together. By their numerous divisions and subdivisions, the vessels on both sides communicate most freely with each other, as well as with the supraorbital and frontal vessels, and with the occipital and posterior auricular. They also partly supply the temporal muscles by the middle temporal arteries.

The posterior auricular vessels, lying immediately behind the ear, between it and the mastoid process, and superficial throughout, send off branches to the whole of the back of the ear, and to the sides of the cranium, where they also ascend between the occipito-frontalis and the skin, to which they are distributed, anastomosing freely with the temporal, and with the occipital arteries.

The occipital arteries are superficially situated immediately they reach this region; that is, like all the other main branches, they lie between the skin, and the occipito-frontalis muscle, where they divide into numerous and wide-spreading branches, which anastomose most freely with each other, and with the posterior auricular and the temporal vessels.

Such, then, is the situation, and such the distribution of the main arteries of this region; but from whence, then, do the pericranium and the laminated cellular tissue under the occipito-frontalis muscle receive their blood? They receive it from these very vessels which we have just been examining; branches of which pass through the holes in the musculo-aponeurotic layer to which I have already called your attention. No large arteries are found in this laminated cellular tissue; with the exception of the branches belonging to the supraorbital, and the frontal arteries, all the vessels are of the most diminutive size. But, however small in size, they are most numerous; and, in a well-injected preparation, every vessel in this laminated cellular tissue may be distinctly traced, following the original course of the mother-artery—thus, here may be seen long and slender vessels, passing from front to back; others, from the occipital towards the frontal region; and others, again, from one side to the opposite side, forming, as the temporal arteries do, numerous loops by their frequent anastomoses.

And, if we pass deeper down, that is to the pericranium, we shall find, in this membrane, a repetition, a perfect representation of what I have just been describing. The arteries of the pericranium are even of smaller size, almost capillary, and yet we may also here trace out distinctly from what trunk each separate branch comes by the course which these minute vessels pursue.

Once more, let me dwell for a moment on the peculiar disposition and distribution of the arteries which we have thus examined—for the situation of these vessels is a point of great practical importance. Making use of a geological expression, let me divide these vessels into three different strata. One, above the occipito-frontalis muscle, in which the arteries, very large and very numerous, and inosculating most freely with each other, afford a rich supply of blood, a supply of blood richer indeed than that which is, with one or two exceptions, distributed to the integument of any other part of the body; a supply of blood, which is in perfect keeping with the luxuriant growth of hair; the largest and most numerous arteries being in those parts where the hair exists, and the smallest, on the contrary, where the skin is bald. The second stratum is formed by the vessels in the laminated cellular tissue under the occipito-frontalis muscle; all of which, save one or two, are of a diminutive size. The third, by the vessels, capillary in size, which belongs to the pericranium.

And let us not forget that the two last sets of vessels, emanating from the first, must, to reach their destination, pass through the occipito-frontalis muscle, the only exceptions being in branches belonging to the frontal and supraorbital arteries.

Two other arteries, very deeply seated, are found in the lateral aspects of the cranium, the deep temporals: they belong to the temporal muscle, and serve also to supply the pericranium of this fossa.

The great disproportion in the size of the arteries above and below the occipito-frontalis muscle, so remarkable in the adult, does not exist in very early childhood. At this period, when a larger supply of blood is required for the rapid growth of the bones, the arteries below the muscle, that is, in the laminated cellular tissue, and in the pericranium, are much larger and much more numerous than they are subsequently; and at no period can the numerous holes, by which the tendon of the occipito-frontalis is drilled, be better seen than in early childhood.

The veins, for the most part two in number for each arterial trunk, follow the course of these vessels, which they not unfrequently surround by their branches. In some cases the veins in the frontal region join together, and give rise to one large single branch running down the middle of the forehead. Many of these veins communicate freely both with the veins of the diploë, as well as with the sinuses; and large foramina for the passage of these communicating veins may be found in different parts of the surface of the skull.

The lymphatic vessels, grouping themselves around the arteries, proceed in different directions; either backwards, along the occipital vessels, to join the numerous glands at the nape of the neck; or forwards, along the frontal arteries, to join the glands in the face; or laterally, following the course

of the temporal and posterior auricular vessels, they reach the lymphatic glands in the parotid or mastoid regions.

The nerves, like the vessels, correspond to the sides, to the front, or to the back parts. On the sides, there are branches from the facial supplying the frontal muscle, and the temporo-auricular distributed to the skin, with the temporal cutaneous branch of the superior maxillary; there are also the deep temporal nerves, belonging to the temporal muscle. In front, the supratrochlear and supraorbital branches of the frontal, dividing into numerous filaments extensively distributed to the whole of this region. At the back, the great and the small occipital nerves, supplying large and numerous filaments to this part of the cranial region, and the posterior auricular of the facial, a branch of which proceeds to the occipital muscle.

The peculiarities in the anatomical disposition of the soft parts on the surface of the cranium, necessarily entail some peculiarities in their morbid condition, the more prominent of which we must now proceed to examine into.

And first, taking a general survey, the disposition of the thin coverings of the skull, stretched as they are over a convex, unyielding surface, affords a ready explanation of the appearances met with in contused wounds of the scalp, which oftentimes look exactly like clean cuts. So much so, indeed, that it is sometimes difficult to believe that the wound was not inflicted by a sharp, instead of a blunt instrument. Such considerations as these may become of interest in a court of law.

Above the musculo-aponeurotic layer enveloping the whole occipito-frontal region, we have seen a remarkably thick cutis, united by broad and dense bands of cellulo-fibrous tissue to the subjacent structures, in fact, connecting these structures so intimately together that it was most difficult to separate them. Hence the reason why the integument is so seldom torn from the occipito-frontalis muscle; hence the little thickening which usually exists here, so long as inflammation is confined to these tissues only; hence, too, the hard, unyielding lump in the extravasations of blood, when the fibro-cellular bands have not been ruptured by the blow; and hence, also, the flattened form observed in the tumours developed in this locality, amidst these unyielding structures.

But under the musculo-aponeurotic layer there is, on the other hand, a tissue loosely binding the superjacent structures to the pericranium, remarkable for its great laxity, its readily yielding nature, and its cellular disposition. It is this tissue which allows the scalp to be so freely moved; it is this tissue which, by its great laxity, has, in some cases, admitted of the scalp being dragged up from the skull, and thus given rise to those large, loose folds of integument observed, now and then, in the occipital region of women who have been in the habit of dressing their hair too tightly. As examples of this, I may refer to the cases of Dr. Thirion, in one of which the rolls of integument disappeared as soon as the dragging ceased; but in the other two the constant traction and consequent irritation having been followed by effusion and thickening of the tissues, the rolls had become permanent. M. Diday has also published a similar case, and within the last two or three months I have had under my care, at St. George's Hospital, two young women in whom the scalp, in a circumscribed spot about the size of the palm of the hand, corresponding to the occipital region, presented a peculiarly lax appearance.

Again, it is the yielding nature of this laminated tissue which admits of the large flap-wounds of the scalp; and the great laxity of this tissue, and the rounded form of the skull, over which the integument and musculo-aponeurotic layer may easily be made to slide afford a ready explanation of the frequent occurrence, and of the great extent, of these wounds.

We have seen how readily the cellular disposition of this tissue admits of infiltration. Thus, in extravasations of blood in this region, the effusion seldom forms a hard lump, but, spreading through the meshes, soon becomes diffused. Already have we noted the little thickening caused by inflammation of the dense parts above the muscle; whence, then, the enormous thickness of the scalp so often observed in inflammation of these parts? Let us make a section down to the bone in one of these cases, and there we shall find the inflammatory effusions in this structure under the occipito-frontalis muscle; a structure so loose that it not only admits of rapid, but of extensive, infiltration; so much so, indeed, that serum or lymph poured out into its meshes may soon make it an inch-and-a-half, or two inches in depth.

Diffuse cellular inflammation does not, then, in this region, take place in the subcutaneous cellulo-adipose tissue, but always in that tissue which lies under the musculo-aponeurotic layer, by the attachments of which the infiltration is limited behind and before, but not laterally, as we there find the epicranial aponeurosis itself gradually dwindling into the cellulo-fibrous tissue, which is continuous with that covering the temporal and the mastoid regions. This situation of the inflammatory effusions, pent up between the bones, on the one hand, and a dense aponeurotic tissue, on the other, tells us why it is that Surgeons of the present day insist so strongly upon early incisions.

The pericranium, we have said, is only firmly attached to the bones at the sutures; it may then be torn off without much difficulty in scalp-wounds; in fact, it often is so; and, not unfrequently, we thus find the bones extensively stripped. We shall also, by-and-by, find this membrane separated from the bones by extravasations of blood, sometimes forming hard lumps, sometimes extensively diffused; and, again, in cephal-hæmatoma, a swelling observed now and then in new-born infants, the blood is poured out under the pericranium, generally over one of the parietal bones.

A few words as to the lateral region, in which we find the temporal muscle, and its thick fascia. Inflammation in this region may lead to effusions either above or below the temporal fascia, the density and unyielding nature of which must be borne in mind. Effused between the integument and the fascia, the matter proceeds under the skin of the face; if situated under the fascia, the effusion, being firmly bound down, takes another course, and tends towards the mucous membrane of the mouth; there is, in such cases as these, but little or no swelling, and the detection of matter is, at all times, most difficult.

The free communication of the temporal fossa with the neighbouring regions must not be lost sight of; for here, not unfreqnently, are found deeply-seated tumours, which may have their origin in other localities. Thus, for instance, some time back, in the course of an operation which I performed for the removal of a fibrous tumour, supposed to be connected with the antrum, two or three separate tumours were removed from the temporal fossa, into which they had crept from the nasal cavities, having passed through the perpendicular portion of the palate bone.

I proceed now to a consideration of the peculiar disposition of the vessels on the external parts of the cranium—a disposition so peculiar, indeed, that, with one or two exceptions, as I have already said, we find nothing like it in any other part of the body. I allude to the situation of the main arteries immediately beneath the skin, of which, indeed, they, as it were, form a part and parcel, firmly bound, as they are to it, by a dense fibrous tissue, in which they form, by their more than free inosculations, a network of large vessels ever carrying on an uninterrupted supply of blood.

And, first, as to the effects of this peculiar disposition of the vessels on wounds of the scalp.

The ready healing of wounds about this region is proverbial, and daily observation teaches us that even flap wounds seldom slough here. Whatever their size, whatever their shape, whatever their direction, these flaps, occurring as they do by the rending of the loose cellular tissue under the occipito-frontalis muscle, carry with them their own life-blood, in the large and numberless vessels which cannot be torn from the skin.

Let us remember, too, that these large arterial vessels crowd into the scalp on every side, and that the vessels of one-half of the cranial region communicate most freely with those of the other half, and then we shall have no difficulty in explaining the fortunate issue of so many of these wounds.

It is, too, to the peculiar disposition of the vessels that the scalp owes its remarkable immunity from sloughing in diffuse cellular inflammation. Few things are, I think, more striking than to watch this diffuse inflammation attacking the cellular tissue of the scalp, and that of some other part of the body. In the one, the skin most frequently is seen to resist the general destruction; but, in the other, should the patient live for some time, extensive mortification of the cellular membrane is, all but invariably, followed by a greater or a lesser destruction of the skin.

Take, as a contrast, the effects of diffuse cellular inflammation of the scalp and of the leg. In the scalp, the cellular tissue may separate in large sloughs, the integument may be extensively undermined, so extensively, indeed, that it may be reduced to a mere loose kind of cap, and yet this integument does not die. The arteries, lying as they do, both trunks and branches, immediately beneath the skin, and above the occipito-frontalis muscle, are, as it were, out of harm's way: the destruction going on in the cellular tissue below the muscle does not, save in some exceptional cases, reach these vessels. In the leg, on the other hand, all the vessels going to the skin are not only small ones, but they have to pass through the cellular tissue, that very tissue which is sloughing, and in the destruction of which they themselves are involved; so that the skin, deprived, at it is, of its nutrition, must necessarily give way also.

But, if the scalp readily escapes destruction in this diffuse inflammation, the cellular tissue under the occipito-frontalis does not; far from it, this cellular tissue sloughs, and sloughs most readily. With its scanty supply of blood-vessels, which are, moreover, very small, and, therefore, unable to resist the sudden pressure brought to bear upon them by the inflammatory effusions, how could it be otherwise? Hence, again, the expediency, the imperative necessity, of the early incisions to relieve this great tension, so threatening to these vessels. And when we recall to mind that the vessels in this cellular tissue, these minute vessels are destined to supply the greater part of the pericranium in this region, we shall be all the more anxious to prevent, if possible, their destruction, which may lead to the death of the periosteum, and consequent exposure of the bone.

It is curious to observe how, in all this, the order of things is altogether reversed in the cranial region. Here, it is the pericranium, which receives its supply of blood from minute vessels, which have to pass through holes in a dense fascia, and then through cellular tissue; in other parts, it is the skin which is thus circumstanced. In the cranial region, it is the cellular tissue, and the pericranium, which are in the greatest danger of sloughing, in diffuse cellular inflammation, unless relieved by timely incisions; in other parts, it is the cellular tissue and the skin which are thus placed in imminent danger.

Again: the situation of the arteries in this region, lying as they do, imbedded in, and strongly adherent to, a dense fibro-cellular tissue; and the relation of these vessels to an unyielding surface of bone, have led Surgeons to resort to pressure much more frequently here than in any other part of the body, in cases of wounds accompanied by hæmorrhage. Pressure is a practice strongly advocated in such cases, even in the wounds of large arteries, by French Surgeons; but I cannot say that I have ever found much difficulty in applying a ligature to the vessels, notwithstanding the dense tissue by which they are surrounded; and often have I seen secondary hæmorrhage, and that, too, to a large amount, where pressure had been tried. The large and free inosculations of the vessels naturally produce great tendency to bleeding, which oftentimes cannot be stopped, unless a ligature be applied to both extremities of the wounded artery.

The superficial situation of the arteries of the scalp renders these vessels liable to traumatic aneurisms, which may, placed as these vessels are upon an unyielding surface, occur even after a simple blow on the head, without any wound, or apparent injury of the integument. Cases of aneurism, after a blow or a fall on the temple, have been observed in the temporal artery. And so, too, may we have in this region an aneurismal varix, or a varicose aneurism arising from a blow, without any injury of the skin. There is, for instance, in the Musée Dupuytren, a preparation, presented by M. Laugier, in which existed the thrill peculiar to these aneurisms, and in which a communication, large enough to admit the end of a probe, was found between the posterior auricular artery and veins. The disease originated in a heavy blow of the fist, which the patient had received behind the ear.

The large number of blood-vessels about the scalp renders the epicranial region peculiarly liable to nævi; and, of all regions, this is the one most prone to that form of erectile tumour commonly known as aneurism by anastomosis. The arteries about the ear, and especially the posterior auricular, are those most commonly affected; but this disease may likewise affect any of the other arteries.

The nerves are not, in the present day, of much importance in Surgery; formerly, however, section of one of the branches of the frontal nerve was sometimes resorted to, for what is called brow-ague. A similar affection not unfrequently exists about the large occipital nerve, and sometimes about the temporo-auricular.

Lastly, in all affections of the scalp, the lymphatic glands are liable to become enlarged, and how frequently does it not happen that enlargement of the glands about the nape of the neck is the first thing noticed, the disease of the skin never having even been thought of? Pathology often teaches us some anatomical facts. Twice have I seen, in cancerous affections of the skin of the forehead, an enlarged lymphatic gland at the root of the nose, of the existence of which I was not aware, until these cases came under my notice.

ORIGINAL COMMUNICATIONS.

CASES OF HÆMATEMESIS, WITH REMARKS.

By C. HANDFIELD JONES, M.B., F.R.S.

No. I.
ULCERATION.

The study of various conditions connected with hæmatemesis is of so much interest to the practical Physician, and is too often so far from being without obscurity, that I am inclined to think the records of some cases in which this symptom has been a prominent one may be of some value.

Case 1.—M. S., aged 40, widow, admitted January 11th. She stated that she had never been strong and healthy, had had no children, though married ten years. Is rather short and slender; has lost much flesh. Ill four months, having at the beginning of this time brought up nearly a quart of blood; none has been vomited since, though she has frequently been sick three or four times a day. She has pain after eating, and tenderness on pressure at the epigastrium; two hours after taking food the sickness comes on, and she rejects much water and mucus with the ingesta. Appetite very bad, can only eat light and dainty food. Is not thirsty. Skin cool. Pulse weak, quiet. No cough. Bowels regular. Feels very weak; syncope occurred twice four days ago. Catamenia absent since the hæmorrhage. Tongue clean and pale. Aspect anæmic. Lives on ground floor. She had sickness for fourteen days before the attack of hæmatemesis; at the time of its occurrence she felt faint and fell before the blood came up. There was no symptom of any cardiac or pulmonary disease, nor any of disease of the liver. With regard to these points I do not find special mention made in my notes, but I do not think that they were overlooked. I diagnosed the case as one of perforating gastric ulcer on the following grounds:—1. That the stomach was manifestly and especially the suffering organ. 2. That there was no apparent sign of disease elsewhere. 3. That there was no reason to consider the hæmorrhage as vicarious. 4. That there was a history of previous weak health, such as might have given rise to a defect of nutrition in some part (an ulcer). It was apparent that there was some amount of gastric catarrh, from the local tenderness, and the vomiting of mucous and watery fluid. To remove this catarrhal state, and to improve the nutrition and vital energy of the stomach, and of the whole system, were the objects which seemed to me most important to pursue steadily. To lay any very close restrictions on the diet, did not seem to me either possible or very desirable, I contented myself with directing her to take three moderate meals a day, at the hours of 8 a. m., 1 p. m., and 6 p. m. For breakfast and tea I recommended a breakfast-cup of milk, with the addition of a little strong cocoa, coffee, or tea, to flavour it, and some bread and butter; and for dinner, rice puddings only at first. She was to take exercise in the open air for a little while before dinner, avoiding fatigue. A blister was applied to the epigastrium, and she was ordered a draught containing Acidi tann. gr. iij., acidi hydrocy. dil. ♏ iv., sodæ carb. gr. v., bismuthi trisnit. gr. vj., in inf. gent. co. ℥j., ter die; and if the stomach would bear it, she was to take Ol. morrh. ℥ij., ter die. The sickness was soon quieted, and she was able to take the oil. January 25th.—She had taken comfortably a little

boiled mutton; had no vomiting, a little nausea at times, and some pain at the lower sternal region. The oil was continued, and I gave her besides Ferri e. manganesii carb. gr. xv., ter die. She was to omit the former mixture gradually. Improvement went on steadily, in spite of the severe cold weather, which tried her a good deal. On February 15th, she reported that she felt a great deal better in herself; her stomach was more comfortable, her food digested better. I continued the oil and powder, and gave besides Acid. nitric. ♏ iij., inf. gent. co. ʒj., ter die. She went on gaining ground steadily from this date up to April 16th, when she was discharged. She stated then that she felt quite well; her stomach was quite comfortable; she could eat almost anything; her colour was improved. A fortnight or three weeks before, she had had a good deal of night-work, aiding to nurse a sick relative, and had some catarrh and rheumatism; but, in spite of these disadvantages, she did not relapse. It is clear that the general health and vigour were much improved by the treatment in this case, as well as the condition of the gastric mucous membrane. One cannot pronounce positively that the ulcer was healed, though it seems most highly probable that it was so. It is certain that these ulcers are the result of mere defective nutrition of the tissue, not of inflammation; they are, I believe, exactly analogous to ulcers of the cornea, occurring in debilitated patients. As the latter are found to heal under tonic treatment, so, it is presumable, will the former. Dr. Budd lays much stress on the adoption of a farinaceous diet, and in so far as this aids to remove existing irritation, and to bring the whole gastric surface into a healthier state, it will, no doubt, be beneficial; but, in most cases, I should prefer to follow the plan adopted in the preceding case, and first curing any catarrh that might be present by medicine, proceed afterwards much as I would in a case of phthisis, or any other disease of debility.

Case 2.—M. W., aged 27, widow, an Irish person, admitted April 9th. She had been ill six weeks, suffering with cough and pain in the chest, and expectoration; during the last four weeks she had had indigestion. There was nothing particularly noticeable in her aspect. Last night she brought up by vomiting all at once two quarts of blood; she fainted immediately, and several times afterwards. She had felt nausea the day on which the hæmatemesis occurred, and it still continues, attended also with retching. The blood brought up was clotted and black. She has not much epigastric tenderness now, but there was a good deal before the blood came up. Is very thirsty. Bowels regular. Skin warm. Pulse not very weak. She was confined of twins just a year ago. Catamenia have occurred once since, viz., six weeks ago. The hæmatemesis did not occur at a catamenial period. Tongue whitish, with long papillæ. Some tea, which she took soon after the vomiting of blood, caused a cutting sensation. I applied a blister to the epigastrium, and gave her a draught of Acid. hydrocy. dil. ♏ iv., bismuthi trisnit. gr. viij. in mist. potass. citrat. ʒi., quater die. Feeling assured that the case was one of gastric ulcer, and wishing to observe it more closely than usual, I visited her the next day at her residence. I found her in a dark underground kitchen, striving to do the work of a rather large lodging-house, which was evidently utterly beyond her strength, her own expression being, "The work is so much, it almost drives me out of my mind." Her breath was very short, but there was no dulness, or râles in the chest. There was no emphysema of the lungs. No sign of the liver being enlarged, or the reverse. Pulse soft, compressible; skin perspiring. She had nausea, but felt decided relief from the blister and the medicine. I gave her then Acidi muriat. ♏ iii., acidi hydrocy. dil. ♏ iv., acidi tannici, gr. iv., inf. cascarill. ʒi. ter die, and a pill of quin. dis. gr. iss., extr. hyoscy. gr. ij. bis die. Six days after she reported that she was getting on very nicely, was much better than she expected to be. Her appetite, however, was not improved, and she was still kept in the house, and toiling as before. Under these unfavourable circumstances, I was not surprised to hear a few days afterwards that she had again been attacked by copious hæmatemesis. I tried to induce her to become an in-patient, but this she refused, and I then lost sight of her. In this instance debility, the result of overwork and confinement, was a most marked feature, and, no doubt, was the chief cause of the organic lesion. The system was too weak to carry on a reparative process, and though the catarrhal disorder was relieved, the ulceration continued, and gave rise to the second attack of hæmatemesis. How different might the result have been if the so much-needed rest could have been secured! Hospital practice often presents marked instances of the primary and absolute necessity of the system having sufficient repose. The same patient, who, as an extern, subject to inevitable harassments and wearying efforts, could get no benefit from medicine, becomes a different creature after a few days of complete rest within the wards of a hospital. Nature asserts her supremacy, and shows that she will not allow art to be more than her handmaid.

Case 3.—S. N., aged 56, needle-woman, employed in making regimental clothing. She had suffered from pain at the lower part of the chest for thirty years; the pain used to begin in that part and extend over the abdomen, lasting six or seven hours. It was brought on by cold and wet, not constantly by food. She used to have much nausea, and vomiting sometimes, but with difficulty; the matters ejected were watery and frothy, not food. After vomiting about a tea-cup of watery fluid she found relief. Was always very delicate; had arcus senilis. She had been under Mr. Palmer's observation (to whose kindness I am indebted for the history of the case, and the post-mortem examination) about eighteen months. She principally complained of pain in the epigastric and abdominal regions, worse after food, of frequent nausea, flatulence, and pains about the anus and rectum. She was always of sallow look, as if suffering from organic disease; had much pyrosis. Her digestion was weak, but she took meat and potatoes, although even a morsel of bread caused pain. Hæmatemesis to about a tea-cup full, and copious melæna commenced six weeks before death; the former occurred occasionally, and the latter constantly, for fourteen days. She lost altogether a great deal of blood. The hæmatemesis was arrested by Ol. terebinth. No febrile movement. Catamenia always scanty and irregular. She was improving much up to the time of her death, which took place suddenly. *Post-mortem.*—Weather frosty, no decomposition. Body thin, very anæmic; lungs healthy and bloodless; heart small, exceedingly flabby, tissue of dirty reddish tint, valves all healthy; the muscular fibres of the left ventricle, when examined microscopically, were found to be very brittle, breaking up into numerous fragments; they showed little trace of transverse striæ, and were more homogeneous than usual; their nuclei were resolved into streaks of oil dots, but there was no decided fatty degeneration of the sarcous elements; liver, spleen, pancreas, kidneys, all healthy; uterus small, pale, with several small fibrous tumours growing from its fundus, one of larger size than the rest was very knobby, like a conglomerate of several; it appeared to be the seat of hæmorrhage and softening, and broke off from the uterus easily. The stomach contained a good deal of very acid greyish chyme, its surface was quite pale, its cavity was rather distended. The mucous membrane appeared softer and thinner than natural, there was a small ulcer in the lesser curvature, about two inches from the cardia, much nearer to this than to the pylorus; the ulcer was about the size of a split pea, of ovoid shape, its base greyish and rather sunk in, its edges very little thickened, but marked for about half the circumference by a zone of dark injection of blood. Tubes in the splenic region very tolerably healthy, as well as those in the mid; in the pyloric region the tubes were very greatly wasted, amid marked nuclear and fibroid formation, with large nuclear masses. In the immediate vicinity of the ulcer the tubes appeared to be in a semi-disintegrated condition, but there was no apparent new formation; the base of the ulcer consisted of a dense fibroid tissue covered over with a layer of celloid substance, in which were very many nuclei more or less elongated, with some traces of fibre-development: this probably indicated a state of reparation. The duodenum was healthy and showed evidence of chylous absorption taking place.

In this case, again, there are manifest marks of constitutional debility, which was doubtless confirmed and increased by her occupation. She died from cardiac debility; but though there was an arcus senilis, and though the heart's tissue was evidently seriously altered, yet the change seems to have been rather of the nature of atrophy than fatty degeneration. It is an interesting question whether the long-enduring gastralgia and pyrosis had any essential connexion with the ulceration, whether they ought to be regarded as in any degree the symptoms of its existence. I am very much inclined to answer in the negative, and to believe that an ulcer taken simply *per se* gives rise to no symptoms except those resulting from per-

foration. The pain, disordered function, and vomiting which commonly are associated with ulcers may be quite as marked when none exist, and their intensity is no sort of measure of the amount of ulceration. In the two previous cases, and in Case 57, recorded in my work on Morbid Conditions of the Stomach, there was no, or but slight, indigestion prior to the hæmatemesis; yet the ulcer must of course have been in progress for some time.

Case 4.—E. Ch., aged 27, wife of a cellar-man, admitted March 29th. Tall, pallid. Has been complaining of her chest four years; did not know what it was to have a day's good health all that time. Ill more particularly last four months. Is subject, as well as all her family, to "bilious attacks." They occur every one or two months, and last two or three days. At these times she vomits up watery fluid and all her food, and the motions she passes are blackish. She is not confined to the house. Four months ago she vomited up three pints of blood, half-a-pint at first, one evening, and the rest the morning after. She felt faint and sick before the blood was vomited. Her digestion had been impaired before this attack. Ever since she has felt weak in her head, and generally; catamenia always regular; skin warm; pulse weak; eyes pretty clear; tongue clean; bowels regular; breath rather short; no cough or expectoration worth mention; slight epigastric tenderness; not much pain after food. Has a great appetite, more since the hæmatemesis than before. Has heats and chills in paroxysms. The blood was brought up about the time of a bilious attack, not a more severe one than usual. A week after I first saw her I noted that the liver was not enlarged, and that there was a basic systolic bruit of blowing character continued along the aorta. She was ordered—Pil. hydr. extr. aloes aquos. āā gr. ij. alt. noct., to promote more regular biliary secretion, and as a tonic—Acidi. nitro-muriat. ♏ v., liq. taraxaci ʒi., infus. cascarill. ʒi., ter die, to which, after a fortnight, Tinct. cinchon. ʒi. was added. She benefited decidedly under this treatment, as well as from a blister to the epigastrium, but her general power was evidently deficient, and she reported herself on April 26th as having had a cold and sore throat, feeling weak, and having spit some blood up with cough and expectoration. I could find no positive morbid signs on ausculting the chest, the breathing was generally weak, and, perhaps, more so at the apices. Believing that a more decided tonic was wanted I gave her ferri and quin. citratis. gr. x., aq. piment. ʒi. ter diê. She now improved at once and decidedly. The appetite became better. She had one of her bilious attacks about May 10th-13th, and about the beginning of June some neuralgia of the left breast. On June 28th I discharged her feeling quite well, except a little general weakness and giddiness which she ascribed to the hot weather. Pulse of good size and tolerable force. Her stomach felt quite comfortable, and the appetite ten days before had been reported very good. She thought she had derived much benefit from some pills containing Pulv. rhei, extr. taraxaci āā gr. iij., pulv. aloes gr. iss., pulv. ipecac. gr.ss. in pil. ij., which she had taken occasionally instead of those first ordered.

The question in this case is whether the vomiting of blood was occasioned by an ulcer in the stomach, or by congestion of the gastric mucous surface, in consequence of arrested circulation in the liver. The latter will certainly cause effusion of blood from the stomach; but I scarcely think, except where there is actual cirrhotic disease of the liver, that the amount would be so great as it was in this instance. Some useful aid, in resolving this question, may be afforded by the reaction of the system towards remedies. Now it is clear that much more benefit was derived from the administration of quinine and iron, with some mild cholagogue pills, than from mercury and nitro-muriatic acid, which would probably have agreed better than the other, had the circulation in the liver been seriously impeded. I omitted, unfortunately, to inquire into the state of the urine at first, but I learned that it became clearer after the iron and quinine had been commenced than it was before. This, again, is counter to the existence of any material hepatic disorder. When it is observed, also, that a state of chronic debility and ill-health had lasted for four years, the conclusion gains still further probability, that the hæmatemesis essentially depended on an ulcer in the stomach; although, at the same time, it is very possible that the bilious attack, by throwing an additional strain upon weakened vessels may have caused the bleeding to be greater than it would otherwise have been.

FURTHER REMARKS ON THE MODE OF COMMUNICATION OF CHOLERA;

INCLUDING SOME COMMENTS ON THE RECENT

REPORTS ON CHOLERA BY THE GENERAL BOARD OF HEALTH.

By JOHN SNOW, M.D.

[A great part of this Paper was read at the Epidemiological Society in May and June, 1855.]

(Continued from p. 35.)

Another circumstance, which shows very forcibly that the impure water produces its deleterious effects in time of cholera in no other way than by conveying the real material cause of the disease, is, that in the outbreaks caused by the contamination of a pump well, or other local supply of water, nearly all the cases occur together. The water in nearly all these outbreaks had been habitually contaminated for a length of time, and, if it acted as a mere auxiliary cause of cholera, it would increase the prevalence of the malady during the whole time of its existence in the town or neighbourhood, instead of which, without any chemical or physical alteration in the water, a sudden outbreak of cholera takes place among those drinking it; and in most of the instances, as in that at Surrey-buildings, Horseleydown, in 1849, and in that last summer in the neighbourhood of Golden-square, it has been found that the evacuations of a cholera patient were among the impurities which entered the water just before the outbreak. When the cholera is communicated through the medium of a large river, and the pipes of a water company, this sudden kind of outbreak, or increase of the disease, does not of course take place, but the disease gradually increases, as the number of fresh cases add fresh germs or particles of cholera poison to the water, and thereby increase the chances of a person getting one. The time when the epidemic begins to decline is usually that when, on account of a diminution of temperature, persons begin to leave off drinking unboiled water.

Another evidence of the way in which impure water must act in promoting cholera, is the fact itself of cholera being a communicable disease, as is proved by numbers of instances of overwhelming weight. For in itch, syphilis, small-pox, measles, and other communicable diseases, we do not look about for accessary or predisposing causes, but acknowledge in the reproductive morbid material of the disease its sole and sufficient cause. Any circumstance, therefore, which determines the attack of cholera may be presumed to do so by conveying the specific cause of the disease, especially where there is other evidence in favour of this event.

If this point is shown to be established, namely, that impure water increases the prevalence and fatality of cholera, by conveying the morbid poison from one patient to another, then the circumstance of the disease being communicated by swallowing the morbid poison with the food that has been touched with unwashed hands, or otherwise contaminated by the cholera evacuations, is also fully established; for it cannot be supposed that any poison, whether a morbid one or not, could produce active effects when mixed with an almost indefinite quantity of water, and not produce its effects also without the water. If the views I am explaining be correct, we have, therefore, the power of avoiding cholera as easily as one may avoid the itch. Every man may be his own quarantine officer, and go about during an epidemic among the sick almost as safely as if no epidemic were present.

In the recent Report on Cholera to the General Board of Health, by Dr. Sutherland, after saying—"It is believed by some that the water which induces cholera contains the specific poison of cholera in it," and that others consider the impure water only a predisposing cause, continues as follows: "The matter in dispute is really of no practical value, for if it be a fact that the use of impure water is injurious to the public health, the manner of its action is of very secondary importance, at least for practical purposes." P. 40.

It seems very curious that Dr. Sutherland should not have perceived that this question, as to whether or not the water contains the specific cause of cholera, involves the entire question of the cause and prevention of the malady, and also the approval or condemnation of nearly all the so-called sanitary measures which have been adopted with respect to cholera, since it was first expected in 1830.

There are some remarks in Dr. Sutherland's report respecting the south districts of London, which require to be noticed, because they refer to the subject of which I am treating, and also because some of them are not quite correct. Quoting from an unpublished report by Dr. Greenhow, Dr. Sutherland says: "After the epidemic of 1849, Christchurch parish was exclusively supplied with the new and comparatively pure water of the Lambeth Company, while St. Saviour's continues to be mainly supplied with the impure water of the Southwark and Vauxhall Company." Now this is an error; Christchurch parish is not entirely supplied with the Lambeth water, as there are some houses in every part of the parish supplied with the water of the Southwark and Vauxhall Company. There is no district or sub-district nearer than Streatham, Norwood, Dulwich, and Sydenham, which is supplied exclusively by the Lambeth Company. This is important as regards Christchurch, because there was a very high mortality among the minority having the impure water, and a very low one among the great majority having the water from Thames Ditton. St. Saviour's is not mainly but exclusively supplied with water by the Southwark and Vauxhall Company; this error is, however, of less importance than the other. Dr. Sutherland, continuing to speak for Dr. Greenhow, says: "During the late epidemic the mortality in St. Saviour's had advanced from 73 to 97 in 10,000, while the mortality of Christchurch had fallen from 100 in 10,000 to 44 in 10,000, of population." Striking as this difference in the numbers appears, it is much greater when it is known that a great proportion of the deaths in Christchurch occurred in the comparatively few houses having the impure water supply of the Southwark and Vauxhall Company. In the first four weeks of the epidemic there were three deaths from cholera in Christchurch parish, two of which occurred in houses supplied by the Southwark and Vauxhall Company, and one in a house supplied with the water of the Lambeth Company. In the next three weeks twenty-two deaths occurred; nine of the attacks took place in houses supplied by the Southwark and Vauxhall Company, twelve in houses supplied by the Lambeth Company, and one in a house where the inmates begged water all round, as the supply was cut off. Mr. Greenwood, the Registrar of Christchurch, also made an inquiry respecting these cases, and, on comparing our notes, we found that our results coincided respecting the water supply in every instance.

Dr. Sutherland continues as follows:—"This great difference is sufficiently striking; but, while admitting the beneficial results of the purer water, Dr. Greenhow considers it not to be entirely due to the water alone, for Christchurch parish has been improved in other respects of late years, by the covering over of a pestiferous ditch which formerly occasioned a great deal of atmospheric impurity in the neighbourhood, and by other sanitary measures."

Now, leaving out the fact that there are no open ditches in St. Saviour's, with its recent high mortality, if Dr. Greenhow had been aware that the small number of persons in Christchurch who received the impure water of the Southwark and Vauxhall Company suffered as high a mortality as a similar number in 1849, and that the population having the improved water were enjoying only the same amount of immunity as the inhabitants who had the same water in Lambeth Church, first part, amongst the bone-crushers and skin-dressers; or, the ragged, bare-footed people in the streets near the Cornwall-road, in the sub-district of Waterloo-road first part, he would have had no reason to suppose that the ditch had any share in propagating cholera in 1849. I believe that open ditches, which receive the dejections of cholera patients, do sometimes assist in the communication of that disorder, not only when people drink out of them, but also when children can get down to the edge, to pick out their marbles and other toys, and afterwards clean their hands with their tongues before showing themselves at home; but the above circumstances would seem to show that the ditch in Christchurch was not of either of these characters.

Dr. Sutherland proceeds, still quoting from Dr. Greenhow; he says:—"In proof that impure water, though a predisposing cause of cholera, does not act as a specific poison in producing cholera, Dr. Greenhow adduces several instances in which houses supplied by the Lambeth water suffered from cholera, while those supplied by the Southwark and Vauxhall water escaped."

These instances may be correct, notwithstanding Dr. Greenhow's mistake respecting the water supply of Christchurch and St. Saviour's; but I have to submit that the suffering or exemption from cholera in particular houses, whilst it bears on the question of the influence of the water, has no relation to the manner in which the influence is exerted. That is a question which must be decided by other means. The water of the Thames never became as full of the cholera poison as to affect persons in all the 40,000 houses supplied by the Southwark and Vauxhall Company, therefore the exemption of some of these houses was a matter of course; and, as the persons living in houses supplied with the Lambeth water were exposed to at least the same opportunities of taking cholera, as those living in the districts supplied with the New River water, and other water which could have no effect in propagating cholera, it was equally a matter of course that some cases should occur in houses supplied with water by the Lambeth Company. It must also be recollected that the people having this last-mentioned water were not prisoners in their houses. Mixed up as these houses are with others having the impure water of the Southwark and Vauxhall Company, it is not unreasonable to suppose that they would be liable to take the other water. Out of the very few fatal cases occurring in houses supplied with the Lambeth water, in the early part of the epidemic, one was that of a carman who was constantly going about, and took none of his meals at home except his supper, and another was a journeymen baker, who drank no water at home except in his tea, (of course boiled,) but he drank a great deal of cold water when at his work.

I have previously stated that, in the first four weeks of the epidemic, the fatal cases of cholera were fourteen times as numerous in a given number of houses supplied with the Vauxhall water, as in the same number supplied with the Lambeth water from Thames Ditton; and it is by no means improbable that out of every fourteen drinks of water taken at that time, one drink might be of a kind different from that supplied at the house of attack, to say nothing of the use of water for making and adulterating beverages which are vended.

I find from some further quotations which Dr. Sutherland makes, that I have the happiness of agreeing with Dr. Greenhow as to the effect of the impure water, though not as to its mode of action. Dr. Greenhow states that the use of the Southwark and Vauxhall water very greatly aggravated the pestilence; and further he says, "although, doubtless, the unwholesome water has much aggravated the result, it is only one cause among several." I believe no one ever supposed that impure water was the sole cause of cholera, and, for my part, I do not consider it a cause at all, but only a frequent medium or vehicle of the one true cause of the disease, namely, the reproductive cholera poison.

In speaking of sanitary improvements, Dr. Sutherland makes the following remark:—"Mr. Walsh states that Jacob's Island, Bermondsey, and its immediate neighbourhood, suffered much less during the late epidemic, notwithstanding its greater severity, than it did during either of the two former visitations, which he says is attributable, without doubt, to the filling up of the foul tidal ditch, since the epidemic of 1849."

Judging from what Mr. Walsh stated on a former occasion in this Society, it is most likely that he would mention in his report the fact of a number of the inhabitants of Jacob's Island and the neighbourhood drinking the water of these ditches in 1849, but if so, Dr. Sutherland has not quoted this in his report; and as the quotation now stands, it would be understood by nearly every reader to imply that the aggravation of cholera in this neighbourhood, in 1849, was caused by effluvia from the ditches; and that the improvement in 1854 was due to improvement of the air, by the ditches being filled up. I have, however, the results of a statistical inquiry to show that such was not the case. The Metropolitan Commissioners of Sewers caused an inquiry to be made, at the close of the epidemic of 1849, into the effects of using the water of these ditches; and Mr. John Grant, the Assistant-Surveyor to the Commissioners for Kent and Surrey, was kind enough to favour me with the result. In Jacob's Island, and the streets immediately surrounding the ditches, there were 7286 inhabitants. Of these there were 865 individuals having no other supply of water than the ditches, and the remaining 6421 had the supply of the Southwark and Vauxhall Water Company, or were supplied by private pumps. During the first nine months of 1849, 18 deaths took place from cholera,

and 8 deaths from other causes, amongst the 865 persons having no water supply but that of the ditches; and 95 deaths from cholera, and 46 from other causes, amongst the 6421 persons having another supply. The mortality from cholera was, consequently, at the rate of 208 in 10,000 amongst the persons using the ditch water, and 147 in 10,000 amongst the inhabitants who had the supply of the Southwark and Vauxhall Company, or that of private pumps. The mortality of the population living amongst and around the ditches, but not drinking the water, was, in fact, almost exactly the same as that of the other inhabitants further removed from the ditches; whilst that of the people who were obliged to drink the water was more than one-third higher; as the following figures from the Report of the Registrar-General show. St. James's, Bermondsey, in which Jacob's Island is situated, suffered a mortality from cholera of 142 in 10,000, St. Mary Magdalen, Bermondsey, a mortality of 159 in 10,000, and the Leather Market sub-district of Bermondsey a mortality of 160 in 10,000.

The ditches were of considerable extent, and as wide as an ordinary canal. The water had been formerly used for turning the wheel of a mill, as it flowed back into the river, but of late years the ditches were usually kept full, and only emptied at intervals. During the time of my visits in August and September, 1849, when the cholera was at the worst, they were not emptied at all, and no mud was exposed. The water of the Thames, admitted into these ditches, received the sewage of the surrounding population, either directly, by the privies overhanging the ditches, or through channels and drains. Thames water emits no smell, although the odour of exposed mud, and that from the mouths of sewers, sometimes leads persons to suppose it does.

The water of the ditches around Jacob's Island, although richer in manure than that of the Thames, did not seem offensive, so far as I could perceive; and if the ditches had been filled with black stinking mud, I believe they would not have increased the prevalence of cholera, as it would then have been impossible for the people to drink the water, and thus to imbibe the cholera poison coming from the cases in the neighbourhood. As it was, the water became moderately clear after standing in a vessel for a few hours, as the persons who were obliged to use it generally allowed it to do. Many of the persons having no other supply than that from the ditches, were able to beg water occasionally from their neighbours, otherwise the mortality amongst these people would probably have been still higher. In the recent epidemic, since the ditches were filled up, the mortality in the immediate neighbourhood has been only the same as that in the rest of the sub-district of St. James's, Bermondsey. The proportionate reduction of the mortality being entirely due, as the above facts prove, to the circumstance that none of the people drank worse water than those in the rest of the district. The whole of Bermondsey suffered a higher rate of mortality in 1854 than in 1849. This is the case with nearly all the other districts and sub-districts supplied exclusively by the Southwark and Vauxhall Water Company, and arises from the circumstance that, between 1849 and 1854, a great number of cesspools were suppressed, and water-closets substituted in their stead, throughout London, with the effect, when cholera was re-introduced, of sending the evacuations of the patients more generally and more quickly into the river.

Dr. Sutherland states that, "After the decline of the cholera, the President of the General Board of Health directed Dr. Fraser to make an inspection and inquiry into the condition of Lambeth-square, to ascertain to what extent the epidemic had prevailed among the population. This inquiry was directed in consequence of certain improvements in drainage having been carried out, subsequent to the epidemic of 1849."—p. 67.

Dr. Fraser seems to have carried out his inquiry very ably and faithfully according to his instructions, which unfortunately contained no intimation that the supply of water had been altered in any part of Lambeth, and he appears not to have been himself aware of the circumstance, or he would have alluded to it. Lambeth-square contains 35 eight-roomed houses, inhabited by the better class of artisans. There were six deaths from cholera in 1849. In 1852 water-closets were substituted for open privies, and improvements were made in the drainage, and last year there was no death from cholera. The general mortality has also been lower the last two years than during the two years previous to the alterations. An improvement took place in 1852, however, of which Dr. Fraser was not aware. Lambeth-square is the property of one person, and is entirely supplied with water by the Lambeth Water Company, who in that year removed their source of supply from the middle of the sewers of London to Thames Ditton, as was before explained. To show that this was the real cause of the late immunity from cholera, I shall allude to another property, which has all the advantages described by Dr. Fraser as belonging to Lambeth-square, and the additional one of not being surrounded with the offensive smells external to the property, of which the inhabitants of that square still complain; but which has a water supply very similar to that which Lambeth-square had in 1849, namely, the supply of the Southwark and Vauxhall Company. In the Weekly Return of Deaths for September 9, 1854, the Registrar of the Clapham district writes as follows:—

"In consequence of there being a larger number of deaths from cholera this week in the vicinity of Park-road than in any other part of my district, I have inspected Park-crescent and Crescent-road, and found the drainage very good; the houses have recently been built, and there is great credit due to the landlords for the care they have taken to render them in every way comfortable and healthy; there is a water-closet and water laid on to each of them; but when I examined the water I found it in such a filthy state that I advised the inhabitants not to drink any more of it for the present. At most of the houses they had pieces of flannel, two or three thick, to act as filters."

There were only 472 deaths last year in all the 26,107 houses supplied by the Lambeth Water Company, or 1 death to each 55 houses, and therefore it is not surprising that a group of 35 should have escaped having a death.

Dr. Sutherland quotes some remarks respecting the water supplied to different parts of London, by Dr. Hassell, who very truly observes that the most impure is that of the Southwark and Vauxhall Company. He says: "Between it and the water of the Thames, as taken from the river at the spot at which the Southwark and Vauxhall Company obtains its supplies, there is frequently only that amount of difference which would arise from mere subsidence." Dr. Hassell describes the practice, which I have seen in hundreds of instances, of tying folds of flannel or other fabric over the taps through which the water of this company is distributed, and adds: "The quantity of dirt and organic matter obtained in this way in a short time is often perfectly surprising." Just after the above, on the same page (42), Dr. Sutherland quotes a passage from Dr. R. D. Thomson, who says that the water of the Chelsea Company is the most impure that is supplied in London, and that the water of the Southwark and Vauxhall Company comes next. The reader must not suppose, however, that the inhabitants of Belgrave-square and the great mansions round St. James's Park tie folds of flannel over the water taps, and collect a surprising quantity of dirt every time the water comes in, for this is certainly not the case. Dr. Thomson makes an unusual application of the word impurity, an application which would cause the water drunk at many of the fashionable watering places to rank as ten times more impure than that of an ordinary horse-pond. He includes every foreign ingredient in the water, in the term impurity, which may be allowable in a strictly chemical point of view, but practically pure water would, according to this view, be quite inadmissible in London, as it would dissolve the leaden cisterns and service-pipes, and poison the community.

The Chelsea Water Company obtain their supply from the same part of the river as the Southwark and Vauxhall Company, and their customers suffered a higher mortality from cholera in the late epidemic, than those of any other London water company, except the Southwark and Vauxhall. Between the mortality of the population supplied by these two companies, there was, however, a considerable difference. That of the population supplied by the Southwark and Vauxhall Company was 157 in each 10,000 inhabitants, that of the population supplied by the Chelsea Company was 56, and that of the rest of London was 34 to each 10,000 inhabitants. The reason of the lower mortality in the districts supplied by the Chelsea Company than in those supplied by the Southwark and Vauxhall Company, can be very satisfactorily explained. While the latter company distribute the water nearly as they

take it from the Thames, the Chelsea Company have very large and expensive filtering beds, by which nearly all the visible dirt is separated from the water. The cholera poison may, much of it, be separated at the same time, but I have several reasons for concluding that the detention of the water in the reservoirs, which necessarily accompanies the filtration, is more effectual in diminishing the cholera poison than the mere filtration itself.

Whilst the Chelsea Water Company were detaining their water in large open reservoirs, during the hot dry weather of last summer, in order to separate from it as much as possible of what comes down the sewers, it was evaporating, and the relative quantity of sea salt, and of the salts belonging to the water of the river, were necessarily increased; in this way, Dr. Thomson, according to his method of investigating impurity, was able to pronounce this water more impure than that of the Southwark and Vauxhall Company.

Dr. Sutherland quotes a passage from Dr. Thomson, which seems to throw a very unmerited blame on the water of the New River Company. It is as follows:—"In the Soho district, a very remarkable circumstance occurred in the houses supplied by the New River Company. In these it was found that the water, although taken on the same day, possessed a totally different composition from that contained in the reservoir at the New River Head; for, while the impurity of the reservoir water was 17·18 degrees, that of the Soho district, obtained from the New River Company, as ascertained by the water receipts, but from what source is unknown, was 30 degrees; the organic impurity being 1·51 degrees in the first case, and 2 degrees in the second instance." P. 46.

Now, passing over the fact that the outbreak of cholera in this neighbourhood was confined, almost altogether, to persons who had water from a pump in Broad-street, Golden-square, and that those persons who confined themselves to the use of cistern water remained as free from cholera, throughout the outbreak, as persons in another part of London; there are two circumstances which ought at once to have shown Dr. Thomson that the water in these cisterns could have had nothing to do with the outbreak of cholera. The locality of this outbreak is extremely well defined. It is about a quarter of a mile in diameter, and includes a portion of the Golden-square sub-district, a portion of the Berwick-street sub-district, and a small part, only fifty yards wide, of the adjoining sub-district of St. Ann's, Soho. The outbreak commenced in all parts of the locality on the same day, and, as nearly as can be ascertained, at the same hour. But the New River water extends to only about one half of the locality attacked. It supplies the sub-districts of St. Ann's Soho and Berwick-street, but does not extend into the sub-district of Golden-square, which is entirely supplied with the water of the Grand Junction Company. The districts of these companies have been long fixed, as firmly as the parish boundaries, and there was small reason for the inspectors of the Board of Health to examine the receipts. But, even if the New River Company had supplied all the locality of the outbreak, there is another circumstance which might have shown Dr. Thomson that this water could have no connexion with it. It would be impossible that the company's pipe, after proceeding a certain distance down Wardour-street, should suddenly take up a certain quantity of additional foreign matter or impurity; and that, after proceeding some way, it should as suddenly leave off this foreign matter again, just where the cholera ceased, and that these two processes should take place in nearly all the streets of the locality. A little inquiry also would have shown Dr. Thomson that the kind of water he speaks of extended far beyond the limits of the outbreak. The reason of its differing from that at the New River Head admits of a very easy explanation, but I am treating of cholera, and not of water supply.

Mr. Glover, in his "Report on the Common and Model Lodging Houses," recently published, in speaking of the Soho Chambers, 36, Old Compton Street, makes the following remark:—"In the district of Golden-square (in which these chambers are situated), up to October 7th, no less than 267 persons died from cholera alone, exclusive of the mortality from diarrhœa; and yet in these chambers there was not a single case of cholera, and only seven of diarrhœa, none of which proved fatal (a). Mr. Glover moreover enumerates Compton-street among those in which "the inhabitants were dying in large numbers daily." Now, in the first place, Old Compton-street, in which the Soho Chambers are situated, is not in the district of Golden-square, but in the next district but one to it; namely, in the district of St. Ann's Soho, the district of Berwick-street lying between the two. In the next place, and what is of still more importance, so far from Compton-street being one of the streets in which the inhabitants were dying in large numbers daily, there was not a single death from cholera in this street, either during the outbreak or for three weeks before or after it. The outbreak extended to a small part of the parish of St. Ann's, Soho, but not into Compton-street, than which there was not a street more free from cholera in London. It is a street containing 53 large houses, nearly all of them divided into tenements, and densely inhabited. The population of this street is probably not less than a thousand persons, and yet not a death from cholera was registered from it, from August 19th to September 30th, inclusive.

Mr. Glover makes it appear that the mortality of cholera in the common and model lodging-houses, during the late epidemic, was only at the rate of 7 to 10,000 inhabitants, whilst in the metropolis generally the mortality was 44 to 10,000. It is but justice to Mr. Glover to state that he makes the following remarks:—"This result is of so startling a character, that some doubts naturally arise as to whether the police return can be taken as actually correct, or merely as an approximation to the actual amount of mortality. . . . It is very probable that many cases originated in the houses which ended fatally elsewhere."—P. 10.

The following circumstances, with which I became acquainted in making an inquiry for a different purpose, prove that Mr. Glover's surmise is correct. During the first seven weeks of the late epidemic there were only six deaths from cholera registered from the common lodging-houses in the parish of St. George, Southwark; but during this period there were seven deaths in the workhouse of persons who were admitted from the common lodging-houses, after being attacked with cholera. In fact, out of thirteen persons admitted into the workhouse, during these seven weeks, with fatal attacks of cholera, seven of them came from the common lodging-houses, as I have stated, and only six from all the other places, including two whose address was unknown, and who might also have been persons who generally lived in these lodging-houses. It is very probable, therefore, that if Mr. Glover had searched the books of all the workhouses and hospitals in London, he would have been able to get a much nearer approximation to the real number of fatal attacks of cholera occurring in the common and model lodging-houses than he has done.

Except the distribution of the cholera poison in the water, there is no circumstance which favours its propagation so much as the crowding together of people of uncleanly habits; it is, therefore, very probable that the regulation of the common lodging-houses, and especially the establishment of model ones, has contributed greatly to the mitigation of the recent epidemics; but it is not likely that the inmates of the lodging-houses have enjoyed an immunity from cholera so much exceeding that of the inhabitants of May Fair as was indicated in Mr. Glover's report. As for the entire escape of model lodging-houses whilst the cholera was raging around, which has been so much commented on in the public prints, it did not exist at all. The idea arose out of the error respecting the Soho Chambers, which I have pointed out above.

The only other subject to which I shall allude in connexion with the recent Reports of the Board of Health, is the statement, several times repeated, and implied almost everywhere, that the cholera has been most severe where the air was most impure. That there is an occasional association between cholera and impure air, is what might be expected, according to any view of the pathology of cholera, but that this amounts to anything like a rule, a very few examples, drawn from the last epidemic in London, will serve to prove to every one acquainted with this metropolis. The sub-district of Saffron-hill, with the open Fleet Ditch steaming through it has experienced a lower mortality from cholera in the recent epidemic than any other sub-district in London, except the neighbouring one of St. George the Martyr, Holborn. Saffron-hill had a mortality of 5, and St. George of 4, in 10,000. No one acquainted with the south districts of London would assert that the air at Clapham and Kennington is as impure as in the low-lying districts of Lambeth, crowded with a poor

(a) Page 27.

population, and containing the bone-boilers, and other offensive trades; yet the following figures, from the reports of the Registrar-General, show how these respective sub-districts were visited by cholera. I have added the London-road sub-district of Southwark, as it contains a very poor population in very dirty streets, and is on a level with Trinity high-water mark.

Sub-districts.	Deaths from cholera to 10,000 inhabitants.
Clapham	103
Kennington, 1st Part	126
Kennington, 2nd Part	76
Lambeth Church, 1st Part	29
Waterloo-road, 1st Part	42
Waterloo-road, 2nd Part	64
London-road	53

The reason of the lower mortality in the last four sub-districts, is that they receive a good deal of the new water supply of the Lambeth Company, while Clapham and Kennington 1st Part are chiefly supplied by the Southwark and Vauxhall Company, where the people have not pump-wells. In Kennington 2nd Part the water of the two companies is pretty equally distributed.

Cholera, as I stated before, spreads more readily from person to person in the crowded dwellings of the poor than under other circumstances. Even when the malady is propagated through the water supply, it causes a higher mortality among the poor than among the well-to-do, because, in addition to the cases caused directly by the water, others arise from the disease passing from one member of a family to another. But the poor very generally live in places where the air is impure, therefore, a certain amount of association between cholera and impurity of the air might be expected. A far greater association of this kind than actually exists, would, however, be no proof of any connexion in cause and effect. If an inquiry were set on foot with regard to the itch in London, and other towns, it would be rarely met with except in situations where the air is impure; a far greater association would be found between impure air and itch, than between impure air and cholera, and yet we know that impure air has no share in causing the itch.

Sackville-street.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

SUDDEN DEATH FROM SUFFOCATION WHILST EATING.—AUTOPSY.—ABSCESS IN FRONT OF SPINE.—CAUSE OF DEATH UNEXPLAINED.

(Under the Care of Mr. CALLAWAY.)

The particulars are from the notes of the case, taken by Mr. Asslin, the dresser of the patient.

The following case is worthy of being recorded on account of the great obscurity which attended it. The mode of death was evidently from some obstruction to respiration, yet, at the autopsy, no cause of such obstruction could be found. Sudden death has, in a few cases, been known to occur from the bursting of the spinal abscess into the theca high up, or even from matter being so liberated as to be allowed to press on the dura mater externally. But in these cases, unless the seat of disease be but little below the medulla oblongata, which is rare, nothing more serious than paralysis, would at first ensue, whereas in the present case, the disease did not extend higher than the fifth dorsal vertebra. Taken in connexion with the circumstances that the child was eating when the accident occurred, the idea that some portion of food had got impacted either in the trachea or œsophagus seems probable. There is, however, no evidence that such had been the case; on the contrary, it is certain that there was no foreign body in the trachea, and the portions of food found in the stomach did not seem large enough to have caused obstruction. It is just possible, however, that a fragment of food which would have passed readily in a healthy gullet might occasion obstruction in a case where the œsophagus was much narrowed, and a large abscess pressed upon it from behind. Another suggestion occurs, viz., that the dyspnœa might have been spasmodic, and due to reflex irritation. Without venturing any opinion we will leave the case to the ingenuity of our readers. Respecting the treatment we may, however, remark, that although it was not rewarded by the success which the promptitude with which it was practised well deserved, yet there can be no difference of opinion as to its correctness. Whatever the cause of the dyspnœa, whether spasmodic or mechanical, the opening of the trachea was the measure, which, the probang having failed to relieve, was certainly demanded.

Sarah B., aged 3 years, a strumous-looking child, with auburn hair and florid complexion, was admitted into Guy's Hospital the 9th April, 1855, under the following circumstances:—

It appeared, from the account given by the father of the child, that while eating her dinner, she had been suddenly seized with symptoms of "suffocation." The face became turgid, the lips livid, and, to all appearance, the respiration seemed arrested. She was immediately brought to this Hospital, being about five or six minutes from the time of the seizure.

On admission, she presented all the above symptoms; the eyes were fixed, and without expression; there was no attempt at respiration on the part of the child, and the radial pulse was imperceptible. The probang was immediately passed down the œsophagus into the stomach, and tracheotomy then had recourse to, which was performed by Mr. Callaway within three minutes after her admission. Artificial respiration was also resorted to, all of which, however, without avail, the breathing having been suspended too long.

Autopsy, twenty hours after Death.—Rigor mortis well marked. Face appeared much congested.

Brain.—Healthy; no tubercles discovered; ventricles contained a normal quantity of fluid.

Œsophagus.—Healthy for the most part, except at its lower part, where the "walls" were much thickened, the aperture through this part being narrowed to the size of a medium quill pen. Two patches of ulceration appeared in this vicinity.

Stomach.—Healthy, full of undigested food; no piece of food observed large enough to have caused obstruction.

Spine.—Just behind the thickened part of the œsophagus (commencing about an inch above), the bodies of the vertebræ were very much diseased, beginning at the 5th dorsal, including the 6th, 7th, 8th, and 9th; the bodies of the two last-mentioned having been entirely absorbed, together with the intervertebral substance, leaving a strumous "cheesy" deposit mixed with small portions of bone. The dura mater at this point was exposed on washing the mass of deposit. The intervertebral substance between the other diseased vertebræ was unaffected by disease, and appeared almost isolated, the bony structure of the vertebræ having in great part disappeared. Inside the vertebral canal, in the body of the 7th vertebra, was a large collection of strumous matter, and another smaller circumscribed fluctuating tumour, about the size of a nut, opposite the 5th vertebra, both of which pressed upon the dura mater.

The spinal cord at this point was very much narrowed, but not softened.

There was no evidence of the sudden bursting of an abscess. No foreign body found in the trachea, and no appearances in it to account for death.

Thoracic and abdominal viscera for the most part healthy.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

ROYAL BERKSHIRE HOSPITAL.

CASE OF ŒDEMA OF THE GLOTTIS, WITH ACUTE INFLAMMATION OF THE LARYNX AND TRACHEA.—DEATH.—POST-MORTEM INSPECTION.

(Under the care of Mr. BULLEY.)

Thomas T., aged 42, constable of the parish of Theale, near Reading, was admitted into the Hospital about half-past eleven o'clock on the night of Saturday, May 5, 1855, suffering from what at first sight appeared to be acute inflammation of the larynx. His countenance bore the appearance of extreme anxiety and distress. He could scarcely speak articulately;

his breathing hurried and sonorous, with a harsh dry sound on auscultation, particularly on inspiration, being most perceptible along the course of the trachea, and extending apparently into the larger bronchial tubes. There did not appear to be so much actual obstruction to the respiration in the larynx as in the portions of the tube below it. An examination of the mouth revealed an inflammatory enlargement of one of the tonsils, and a general congested condition of the mucous membrane of the fauces with a slight elongation of the uvula. The apex of the epiglottis was not perceptible on depressing the tongue, as is frequently the case in œdema of this part; indeed it is probable it was not œdematous at this time, as he appeared to swallow fluids without difficulty which otherwise would have passed into the larynx and thus increased his sufferings. His pulse was quick but strong; the veins of the face and neck were excessively dilated.

I understood from his friends who accompanied him to the Hospital, that he had been suffering slightly from inflammation of the throat for three or four days previously; that his wife had been affected in a similar manner, and that one or two of his children had been ill with scarlatina, accompanied with sore throat.

Thinking little of his complaint, he had continued his usual occupations until the afternoon previous to his admission, when, in consequence of having been more than usually exposed to cold and damp, his throat suddenly became more painful, and he began to feel an uneasiness in his chest, which, gradually increasing, became at last so severe that he found he could scarcely breathe, with a constant burning pain along the tract of the respiratory tube. Feeling now very much alarmed, he sent for his Medical attendant, who prescribed leeches to the throat, calomel and opium at short intervals, and ordered the application of hot vinegar and water poultices with bran to the part. These means, after some hours, not having afforded the desired relief; but, on the contrary, his sufferings increasing, he was removed to the Hospital for the purpose of undergoing the operation of tracheotomy if it should seem to be required.

As the case, although severe, did not appear to be altogether so urgent as to demand the immediate performance of an operation without further trial of means; and as, moreover, I considered that every portion of the respiratory tube was equally implicated in the existing inflammation, I ordered forty leeches to be applied along the course of the larynx and trachea, and ten grains of calomel to be administered, which he swallowed without difficulty, and as I thought it not improbable that the inflammation might possibly be of a specific character, and an extension of that peculiar kind of irritation of the fauces which not unfrequently attacks nurses and the parents of children who are suffering from scarlatina, I desired he might be wrapped up in a number of blankets, with a view to the production of a general diaphoresis as speedily as possible, in the hope that supposing the inflammation was of a latent scarlatinal nature it might thus, by the excitement of the cutaneous circulation be diverted from its dangerous position in the respiratory passages to the more usual seat of the exanthema upon the surface of the body, and thus relieve him, for the time at least, from his perilous condition.

The result of this treatment was that the dyspnœa became less distressing, the hoarse sonorous respiration less audible, he was not so restless, and there was less anxiety of countenance, and while he kept entirely from talking his breathing was tolerably easy. A copious perspiration had occurred over his whole body, but about half-past one o'clock, two hours after his admission and just as the nurse had removed the last of the leeches, a sudden change came over him, he began to breathe with greater difficulty, which gradually increasing, the veins of the forehead and neck became intensely congested, his intelligence became confused, and after a short convulsive struggle he expired.

I am indebted to Dr. E. Williams, the Resident Surgeon of the Hospital, for the following particulars of the post-mortem examination of the parts more immediately engaged in the disease.

The body was that of a fine muscular man, and well formed in every respect. The superficial veins of the head and neck were excessively distended. The epiglottis was thicker than natural, and erect; it had lost its usual flattened appearance, its two sides approaching each other from the base to the apex, like an opening leaf. Although enlarged, it was not particularly œdematous, the enlargement being due to effused lymph, rather than serum. One lateral half of its laryngeal surface bore the appearance of acute inflammatory injection, while the opposite side was quite free from redness. The sides of the glottis were swelled, and had a more decided appearance of œdema than was observable in the epiglottis, and its surface was in parts invested with small masses of yellowish lymph.

The area of the larynx was somewhat contracted, but not particularly injected, except in patches. The sacculi laryngis appeared to be partially filled up by a substance resembling thickened mucus.

Opposite the cricoid cartilage, the redness of the lining membrane was more general, gradually becoming deeper coloured, and extending downwards into the trachea, the whole length of which had been apparently affected with the most intense inflammation, its mucous surface being universally of a bright red colour from vascular turgescence, swelled and covered with a moist exudation. This appearance of the mucous membrane was observable throughout the whole of the larger bronchial tubes, especially of those of the left lung, the substance of which was generally congested, and adherent to the whole of its parietal pleura by old bands of adhesion. The right lung was comparatively free from congestion, but its air-cells were excessively distended with air, so as to give it the appearance of general vesicular emphysema. The heart was healthy looking; its auriculous cavities were distended with dark-coloured coagula, its ventricles especially, the left empty and contracted. The other parts of the body were not examined.

Observations.—The foregoing case may be considered of some interest, as affording a well-marked instance of the insidious character of laryngeal inflammation. Six or eight hours previous to his death the patient was comparatively in rude health, suffering only from an ordinary sore throat, without the most trifling constitutional disturbance; from a very slight exposure to the cold air upon a damp day, the symptoms became suddenly exacerbated; the inflammation, innocuous at first, extends itself to the glottis, and gradually stealing down the respiratory passages, at last involves nearly the whole of the pulmonary apparatus in its destructive progress.

I cannot help thinking that the occurrence of scarlatina in his household may have had something to do with the production of his dangerous symptoms. It was clear that he had been exposed, as well as his wife, whose throat had been similarly affected, to the contagion of the disease, which, owing to some circumstances not to be easily explained, had failed to develope itself in the ordinary manner of an exanthematous rash; and had thus, as is not altogether unusual in such cases, fixed itself upon the throat and the neighbouring respiratory passages. It was a consideration of this kind which induced me to recommend the heating applications to the surface of the body, in the hopes of diverting the inflammation into a more natural and manageable channel.

But, whatever may have been the nature of the disease or the general treatment employed, the most practical bearing of the case was, doubtless, upon the expediency of an operation for the immediate relief of the breathing. I can only say, I should have had little hesitation in resorting to such a simple procedure if I had seen the case in an earlier stage, while, in fact, the inflammation was confined to the larynx; because probably, if an operation had been performed at that time, much of the tracheal and bronchial inflammation which followed, and which existed, in fact, at the time of his admission, might have been prevented, and the patient's life might have been spared. But it must be borne in mind that he had been suffering for more than six hours from an almost suffocative dyspnœa; that there were unmistakeable signs of inflammation of the trachea and of the larger bronchial tubes; with an evident implication of at least one of the lungs in the general disturbance. Under these circumstances, it is fair to imagine that an operation, although it might possibly have delayed the fatal termination of the disease for a short period, could not have been of any ultimate advantage to the patient.

The Office of Superintendent of Medical Statistics, under the new system of Registration of Births, Deaths, and Marriages in Scotland, has been conferred upon Dr. James Stark, Fellow of the Royal College of Physicians of Edinburgh.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 15.—Calcareous Water.

To the Editor of the Medical Times and Gazette.

Sir,—One who suffers from drinking hard water, and has often from this cause been put to much inconvenience and sometimes pain, when visiting friends or travelling, would be glad of any hints from your correspondents as to the best mode of relieving this infirmity under the latter circumstances. When at home, rain or diluted water answers very well. The lime is the irritating ingredient; but the writer is readily acted on and disturbed in the urinary system by minute quantities of the alkaline salts, so that the carbonate of soda, so often added by tea-makers to soften the water, (of course, by throwing down a carbonate of lime from water containing the sulphate), does not answer in his case. The best palliative he has found has been a small dose of hydrochloric acid taken before meals; but as he believes that he is by no means alone in this trying infirmity, he invites information from your many readers of their experience, and also the benefit of their suggestions. C. W.

No. 16.—Operation for Hare-Lip.

Sir,—On the morning of the 8th of July I attended Mrs. B. in labour; the child was born with simple hare-lip. After considering well the "pro's and con.'s," I determined to operate twenty-four hours after its birth. This I did, and instead of using the orthodox hare-pin (the irritation from which in so young an infant I feared) I trusted entirely to silk ligatures. I allowed these to remain a week, and, upon their removal, the union was complete.

The child appeared to suffer nothing during the operation or subsequently.

Perhaps you will insert this case among your "Notes," as I find that systematic works on Surgery condemn early interference in such cases. I am, etc.

Bolton-le-Moors, July 24, 1855. Richard F. Snape.

No. 17.—Dislocation of the Wrist.

Sir,—I was called one day last week to see a young man, who, while holding out his arm before him, had his hand and elbow suddenly jammed between a brick wall and the back of a cart. On arriving I found a very perfect example of dislocation of the wrist-joint; the ends of the radius and ulna pointing towards the palm, and the carpus lying above them; no fracture of bone or wound of integument. I need hardly say, that this is the dislocation of which Dupuytren taught that it was almost impossible; and that such a case was, in reality, a fracture of the lower extremity of the radius. It is certainly a rare form of dislocation, as this was the first case I had seen in a practice of fifteen years' duration. It was easily reduced by simple extension, but was followed by a considerable amount of swelling, for which leeches and fomentations were ordered with good effect. I am, etc.

Glasgow, July 24, 1855. James Kirk, M.D

ANSWERS.

To the Editor of the Medical Times and Gazette.

To Query No 9.—Modern Inventions.

Sir,—It is probably supposed by many as well as by your correspondent in Notes and Queries, No. 9, that Mr. Hey claimed the invention of the saw that bears his name; but this is a mistake: in his "Practical Observations in Surgery," 3rd ed., 1814, p. 8, he says, "If a saw could be contrived, which might be worked with safety in a straight or gently curvilineal direction, it would be a great acquisition to the practical surgeon. Such a saw I can now with confidence recommend after a trial of thirty years, during which time I have rarely used the trephine in fractures of the skull. . . . It was first shown to me by the late Dr. Cockell, an ingenious practitioner at Pontefract, to whom the public is indebted for the discovery or revival of this excellent instrument. A saw formed on the same principle is represented in Scultetus's "Armamentarium Chirurgicum;" but I understood Dr. Cockell to say that the instrument which he showed me was of his own invention, and that he had used it with great advantage in extensive fractures of the skull. Dr. Cockell's saw had a semicircular edge, but the edge may be made straight, or of any degree of convexity which may be thought most useful. The straight-edged saw executes its task with greater readiness, but the convex edge is necessary when the bone is to be sawed in a curvilineal direction."

But Hey's saw is recommended, and for the same purpose to which he applied it, in much older books than that of Scultetus; first, I believe, in the works of the Arabians, but certainly it is described and drawn, in all the forms recommended by Mr. Hey, in the comprehensive and valuable "Chirurgia Universalis" of J. Andreas à Cruce (dalla Croce), of which the best edition was published at Venice in 1596. He says (De Vulneribus, lib. i. de V. Capitis, cap. 10), "Serrularum imagines variæ sunt; nam aliquæ breves, aliquæ longiores, aliquæ planæ, aliquæ asperæ et limatæ, aliquæ rectæ, aliquæ convexæ, et curvæ: subtiles tamen omnes esse debent, dentibus benè acuminatis, et proprio manubrio firmiter insertæ:" and subsequently, (cap. 13, De ratione operandi in calvariæ fractæ curatione), "Si verò os amplum fuerit, et fractura ingens, nullo adhibito terebro, sed scalpris aduncis, aut rectis, ac serra præcipuè id totum auferimus; nam sulci scalpris parantur; residuum verò serra tollitur; et sic quod decet, secamus; sola etiam serræ opera interdum id agimus." It must be admitted, however, that the value of the saw, in its various forms, is shown much more fully and clearly by Mr. Hey than by his precursors, and that, therefore, it may still not unjustly be called by his name. J. D.

Medical Times & Gazette.

SATURDAY, JULY 28.

THE NEW MEDICAL REFORM BILL.

We this day lay before our readers the new Medical Reform Bill lately brought into the House of Commons by Mr. Headlam, Mr. Brady, and Mr. Craufurd, and ordered by the House to be printed. Although there is no probability of the Bill being passed this Session, we nevertheless think it advisable to present it for the consideration of the Profession, and to make some general remarks upon its provisions. To offer a complete analysis of the proposed measure would occupy more space than we are able to afford, and it is the less necessary as there will be abundant time and opportunity during the approaching recess for the Profession to examine its merits or demerits for themselves.

It is well known that numerous attempts have, in late years, been made to legislate for the Medical Profession, but all have hitherto failed of success, apparently for want of unity of action on the part of Medical Reformers, and the consequent dislike of the Government to interfere in a question in which public opinion was divided. The present Medical Reform Bill is a kind of *rifaccimento* or *olla podrida* of many previous measures, and we trace in its composition the ideas of the Provincial Medical and Surgical Association, the Registration scheme of Mr. Brady, the rights of the Universities, the privileges and powers of the Medical Colleges, and the claims of the General Practitioners.

From the very heterogeneous nature of the elements thus alluded to, it will readily be understood that difficulties of no ordinary kind must have been encountered by the framers of the Bill, and it may be anticipated that opposition from various quarters will impede it in its progress.

Having taken a rather active part, some two years since, in exposing in the columns of this Journal what we considered to be the defects of the Bill proposed by the Council of the Provincial Medical and Surgical Association; and having then offered some suggestions towards organizing what we

deemed a better scheme of Medical Reform, we think we are doing no more than an act of justice towards the framers of the present measure in acknowledging the manner in which our objections and suggestions have been received, as shown by the removal of some of the unsatisfactory parts of the original scheme, and the adoption of certain salutary principles.

It will be recollected that one great objection which existed against the measure of the Association, was the entire absence of the representative principle, and the concentration of all the executive powers in the hands of the Secretary of State and the Medical Corporations. Now, however, the representative principle is fully admitted; and the present Bill provides that, on a certain specified day, eight representative members of the Medical Council shall be chosen by and from the mass of the registered members of the Profession, in the proportion of four Representatives for England, two for Ireland, and two for Scotland.

It will also be recollected that, in the former measure no provision existed for ensuring any preliminary education on the part of Candidates for admission into the Profession. In the present Bill, there is a specific direction that the Medical Council shall appoint Examiners in London, Edinburgh, and Dublin, to examine in Classics, the exact Sciences, and General Literature; and that no person, other than a Graduate of a University, shall be entitled to present himself before any College, for the purpose of obtaining a licence to practise, unless he shall have received a Certificate of competence as to his preliminary acquirements. This is a most important clause, pregnant with infinite benefit to the future interests of the Profession; and it is to be hoped that this clause will be preserved as a constituent part of the Bill.

The Registration Bill, proposed and supported with great ability last Session by Mr. Brady, is incorporated in the present measure, which provides for the appointment of a Registrar, whose duty it shall be to enter, in an appropriate record, the names of all persons legally qualified to practise Medicine and Surgery, and to issue such record to the public in an official form, entitled the "Medical Register." It would be needless to point out the advantages of such a proceeding, as they must at once be obvious to all.

The Registrar is empowered to register every person as a Physician, on payment of a small fee, who shall produce evidence of being twenty-four years of age, and who shall have taken a degree in Medicine, in any English, Irish, or Scotch University; *or* who shall produce a Diploma or Licence to practise as a Physician from certain Corporations enumerated in the Schedule. The word *or* is here very important, and we have, therefore, *italicized* it; and we cannot but remark that this clause appears to be extremely liberal to existing interests.

After the Act comes into operation, no person will be allowed to register as a Physician, unless he shall have attained the age of twenty-six years, shall have graduated in Medicine in some University, *and shall also have been examined* by one of the Royal Colleges of Physicians in the United Kingdom. This clause is evidently intended to reconcile the conflicting claims of the Universities and the Colleges, and we have no fault to find with the manner in which the reconciliation is attempted.

All persons may be registered as Surgeons who are practising as such at the period of the passing of the Act, and who possess a Diploma or Licence as to their legal qualification; but, after the passing of the Act, no person will be allowed to register as a Surgeon who has not attained the age of twenty-two years, and who has not been examined in Medicine by a joint Board, composed of members of the Royal College of Physicians, (if in England,) assisted by five Surgeons in General Practice; and in Surgery by the Royal College of Surgeons of England. Similar provisions are made for the examination of Surgeons in Scotland and Ireland.

The curricula recommended by the Colleges are to be under the control and supervision of the Medical Council, the object no doubt being to harmonize, as far as possible, the courses of study enjoined by the different Medical Authorities.

A uniform Pharmacopœia is to be prepared, under the direction of the Medical Council, to be entitled the British Pharmacopœia.

Every person duly registered under the Act shall be empowered to practise Medicine and Surgery throughout the Empire, and shall be entitled to recover his charges for advice, surgical operations, and medicines, in all courts of law.

Any person not duly qualified by registration under the Act, and acting or practising as a Physician, Surgeon, or Apothecary, is to be deemed guilty of a misdemeanour in England and Ireland, and of a crime and offence in Scotland; and any person falsely pretending to be a Medical Practitioner may be summarily convicted before any two Justices of the Peace, and fined or imprisoned.

Such are a few of the most important provisions of the Act now proposed for the consideration of the Profession; but we must refer to the Bill itself for the technical and legal particulars of the several clauses.

We are far from believing that the present measure is free from defects; but we again acknowledge that many of the suggestions offered in this Journal have been adopted by its framers, and it would be both ungenerous and unjust not to recognize the graceful tribute which is thus paid to honest and independent criticism. In other respects, we find that an honourable attempt has been made to harmonize conflicting claims, and that a disinterested spirit of mutual concession seems to have dictated the different clauses. We also learn that the leading General Practitioners have expressed themselves satisfied with the provisions of the Bill; and if the interests of this large and important class are duly provided for, as we believe is intended, there can be no reasonable ground of complaint.

Our only fear is that the present Bill is too good to pass, and that in its progress it will meet with the hostility of some of the Corporations. Our own commendation of the Bill must be distinctly understood to refer to it only in its present shape; if any attempt be made to alter its fundamental principles, we must again enter the ranks of opposition, and prefer no legislation at all to that which is hasty and inefficient, or that which is disfigured by selfish ambition or the leaven of Corporate corruption.

THE WEEK.

We have waited for some time in expectation of hearing further particulars in reference to the letter in the *Times*, purporting to be written by an Army Surgeon, and complaining strongly of the want of necessaries experienced by the Medical Officers in the unfortunate attack of the 18th ult. The *Times* has refused to give up the name of the author except under certain conditions, to be stipulated for with the Government. In the mean time we have had some reason to suspect that the letter is not genuine; at all events, the publication of it in the *Times* so soon after the attack, proves that it must have been written and forwarded to England with a celerity almost miraculous. A Committee of Inquiry has been ordered to investigate the matter in the Crimea, and we shall expect its report with some anxiety. The statements contained in the Surgeon's letter are wholly at variance with the specific instructions contained in a Circular drawn up by Dr. Hall, and sent to the Medical Officers on the night before the attack, in which document he distinctly directs

them to provide themselves with all necessaries likely to be required for the treatment of the sick and wounded. The following is the official memorandum to which we allude.

(Copy).

Before Sebastapol, 3, p.m., 17th June, 1855.

Medical Memorandum.

"1. As it is probable an assault will take place soon, Superintending Medical Officers and Staff Surgeons of Brigades will see that everything in the regimental hospitals is in a perfect state of readiness for the reception of wounded. This should be attended to before dark to-night, and early in the morning tea should be prepared in the hospitals of the regiments engaged, so as to be ready to give men on their admission.

"2. A Medical Officer of each regiment engaged will follow the column, and a Staff Surgeon of Division should be present to give directions. For this duty, Staff Surgeon, Dr. Logan, will take the direction of the right attack, and Staff Surgeon, Dr. Paynter, that of the left. They will see that prompt aid is afforded to the wounded when required, and get them carried off by the Croats and Ambulance to the hospitals in rear as soon as possible.

"All the Medical Officers of the Divisions will be on duty, and as many as can be spared from the Cavalry Division and Balaklava will repair to the front.

"3. Superintending Officers will make arrangements for forming temporary field hospitals in the ravines, as near to the scene of action as safety will admit. Here those cases that require immediate operation will be attended to, and then sent either to their own regimental hospital, or to the general hospital in the rear of the third division. Tents should be taken down and pitched, and care must be taken that there is an ample supply of water, stimulants, and surgical appliances. Officers must be detached for this duty, and orders given for the attendance of the sick and wounded in camp.

"(Signed) J. Hall, Inspector-General of Hospitals."

We have received information that one of the Nurses in the Smyrna Hospital has lately died of cholera after eleven hours' illness; only one other case of cholera occurred in the Hospital, but this terminated favourably. From the Crimea we learn that the cholera still prevails among the troops, but it is less severe than formerly; it is the opinion of the Medical Officers that it has assumed a less fatal type, as the recoveries have been numerous. As cholera, however, diminishes in frequency and fatality, dysentery takes its place, and prevails with considerable severity.

The Committee on Adulterations of Food, Drinks, and Drugs continues its useful labours. Dr. Normandy has been examined at great length upon the adulterations of bread, beer, spirits, confectionery, water, and drugs. The adulteration of beer is notorious, and takes place in the shops of the publicans, but the presence of the only deleterious adulteration, namely, Cocculus Indicus, cannot be readily detected in the existing state of chemical science. Salt, Sugar, and Liquor Ammoniæ, are sufficiently nasty components of London porter, and extract of gentian and quassia, although by no means poisonous, are poor substitutes for the aromatic and tonic flavour of the hop. Dr. Normandy appears to have astonished the Committee by his catalogue of the adulterations practised on drugs, and appears to have communicated a novel fact to the members of the Lower House, namely, that Druggists are not Chemists, and are unable to detect the properties or the impurities of the wares in which they deal. If this Committee produce no other good result, it is to be hoped that the drug-trade will, at any rate, undergo investigation.

We were the first to announce to the Profession the gratifying intelligence that the claims of the Assistant-Surgeons in the Navy were at last recognized, and the Morning journals have since communicated the same fact to the public. A great injustice has thus been remedied, and the brand of inferiority removed from our Naval brethren. The success which has attended this movement should prove to us the expediency and necessity of union of hearts and hands when the welfare of our common Profession is the object to be attained. The great Meeting held at St. Martin's Hall, the unanimous sentiment of the Profession on the question of the Naval Assistant-Surgeons, the exertions of Mr Brady and a small though energetic band in the House of Commons, the appeals of some of the general, and the whole of the Medical Press, have all co-operated to one end, and the united struggle has been crowned with success. We should indeed be happy to record some other triumph of the same kind, and we are sure that we should be able to achieve it, if we could only be induced to put our shoulders vigorously to the wheel, and extricate ourselves from the mire into which we have fallen by our supineness, and the consequent oppression of tyrannical taskmasters. Why should we not next record some act of justice done to Dispensary Doctors, Union Surgeons, or Vaccinators? There can be no doubt that union of purpose is the one thing needful.

We see by a provincial paper that it is proposed by some noblemen and gentlemen to receive subscriptions towards a testimonial to Dr. Hassall, for his analytical services in reference to the adulteration of articles of food. We think that this step is, at least, premature, inasmuch as Drs. Herapath, Letheby, Graham, Muspratt, Mr. Postgate, and others, are, without detracting from Dr. Hassall's merits, equally entitled to reward and distinction for their services. It may also be borne in mind, that we, in conjunction with other journalists, had occasion to analyze some of Dr. Hassall's analyses.

REVIEWS.

An Essay to prove the Contagious Nature of Malignant Cholera; with Brief Instructions for its Prevention and Cure. By Bernard M. Byrne, M.D. Second Edition. Philadelphia. Pp. 160.

There is no question that the contagiousness of Malignant Cholera is a point of much interest and importance to determine. That it is not a highly contagious disease, like smallpox or scarlatina, we imagine the experience of the Profession has sufficiently established. Many instances also, which to an illogical mind would go to prove the transmission of cholera from one individual to another, may, when accurately investigated, merely turn out to be examples of the occurrence of the malady in different persons, all placed under similar circumstances, and clearly exposed together to the influence of those conditions which are believed to dispose the human body to attack. But yet isolated instances have been observed, and have probably fallen under the notice of almost every Practitioner, in which it has been hard to divest the mind of the conviction that the disease has been communicated directly from one individual to another, without doing violence to common sense, which accepts the highest degree of probability as practically establishing points where absolute proof is deficient. But Dr. Byrne proceeds further than this. He maintains that contagion is the only mode in which cholera is propagated; that it is by contagion that it spreads through a town or village into which it has been introduced from without; and that it is by contagion, or transmission from one human body to another, that it travels over continents and seas, and that from the banks of the Ganges it at length reaches the cities of the New World. But it is to be observed, that Dr. Byrne has not approached his inquiry with a mind open to view both sides of the subject as they really would have presented themselves to any one else. He says, "As early as 1832 I became, on reading the History of Cholera in India, a decided believer in its contagiousness. Since then I have not entertained a doubt on this subject." Our surprise at the sweeping doctrine maintained by the author is also somewhat abated when we find what he understands by the term "contagion." Fortunately, perhaps, he is not addressing himself exclusively or even principally to the Profession, so that he feels it necessary to

deal a little in definitions for the benefit of the *profanum vulgus*. His first chapter, then, is on "Contagion in General," and he informs us that—

"There is no distinction, except a hypothetic one, between contagious and epidemic diseases. . . . All diseases may be divided into two classes, *specific* and *accidental:* specific, those which have a *poison* for their remote cause. . . . . The class of specific diseases may, as regards etiology, be divided into two orders: *progressive* and *local;* progressive diseases have *animal* poisons for their remote causes and are all contagious; or, in other words, are communicable either mediately or immediately from one human body to another."

This, be it observed, is the major proposition. The remainder may be easily anticipated: cholera is a progressive disease, *ergo*, cholera is contagious. What so clear? Truly, had Lord Bacon lived in our day, he would not have written that "syllogism is unequal to the subtlety of Nature." But to proceed.

"Each one of them is specified by its own distinct laws; and *there is no law common to all of them, except that of communicability.* * * * In some it is necessary, in order to communicate the poison, that it should be brought into immediate contact with the body; while, in others, it may be communicated to a considerable distance through the atmosphere," p. 21.

Here, then, is the secret. Dr. Byrne regards as synonymous the two terms, "contagion and epidemic;" indeed, he tells us, or rather the ignorant public, distinctly, "that by the term contagious are designated all diseases which owe their existence to animal poisons, whether their poisons be communicated by actual contact, or *through an indefinite extent of atmosphere;* . . by the word epidemic is signified no particular class of diseases, but the extensive prevalence of any disease." p. 27.

Now we do not deny that this may be the fact; it may be true that the poison of an epidemic may be wafted through vast space from one individual to another, but Dr. Byrne does not prove it, and hence we prefer to remain in doubt of the nature of epidemic influence, rather than accept his dictum upon the subject, especially as there are many powerful arguments which may be adduced in the opposite direction.

Dr. Byrne, moreover, thinks his hypothesis of practical importance, and recommends quarantine restrictions, as offering the only rational prospect of arresting the spread of cholera. But how, we would ask, does Dr. Byrne reconcile this advice with his doctrine that the animal poison is communicable "through an indefinite extent of atmosphere?" Does he attach a special signification also to the term "indefinite," or does he employ it in the non-natural sense?

A few pages at the end of the book upon the "Prevention of Cholera," and upon the "Treatment of Cholera," are introduced at the suggestion of some friends. He evidently has no dread of scurvy, nor does he appear to think that the general health, or the liability to suffer from epidemic disease, may be increased by the scorbutic cachexia, since potatoes are the only vegetables he allows in the diet during a cholera season, and would restrict the drink to water.

Surgical Reports and Miscellaneous Papers on Medical Subjects. By George Hayward, M.D. Boston (U.S.), 1855. Pp. 452.

A volume from the pen of Dr. Hayward must ever be entitled to respect. As he states in the Preface, "Nearly all the papers in this volume have been printed before. They are now collected, from a belief that some of them would be useful, from the facts and tables they contain, and in the hope that all might be read with advantage by Students and the younger members of the Profession." The book contains nineteen papers upon various Medical and Surgical subjects, including two reports upon Surgical cases and operations which occurred at the Massachusetts General Hospital, with which Dr. Hayward has been for many years connected. Three lectures, very interesting and well worthy of perusal, are added, on "The Diseases of a Literary Life," "The Professional Trials of the Young Physician," and "The Duties of the Medical Profession."

The extensive experience of the Author imparts a value to all of these papers, which is enhanced by the tone of sobriety and moderation with which any controversial matters are discussed. Among the more interesting cases in the book is one of true suppression of urine, the Paruria inops of Good, reprinted from the *American Journal of Medical Science.*

We feel sure we shall be pardoned for transcribing from Dr. Hayward's last lecture a few lines, which may possibly (as human nature is everywhere the same) be read with advantage by some members of the Profession here, although primarily applied to gentlemen on the other side of the Atlantic.

"I cannot close without saying something as to the proper conduct of Physicians towards each other. We are not regarded by the rest of the world as the most harmonious Profession. We are supposed to be often jealous of each other's fame, and blind to each other's merit. We are thought to fall readily into unpleasant controversies, and to engage not unfrequently in personal altercations, from which no good, and much evil is sure to follow. I could add to this list some other unpleasant charges which have been made against us. But this is not necessary for my purpose, which is merely to say something in palliation, and to warn you against the errors into which too many of your predecessors have fallen.

"I admit that there is some truth in these charges—far more than I wish. At the same time there are extenuating circumstances that are usually overlooked. We are peculiarly situated. For the first few years of our career, our characters and acquirements are often judged of and pronounced upon by those who are wholly incompetent to form any opinion on the subject. Hence very erroneous decisions are frequently made. Men of small intellect and little learning, possessing none of the requisites of a judicious physician, by their plausible manners, or by some similar means, occasionally acquire extensive business and a certain degree of reputation, whilst men of modest merit pass along in undeserved obscurity. This is a state of things that is not likely to last, but for the time it engenders bad feelings. It may excite envy perhaps in the breasts of those who are conscious of superior attainments. They may indulge in detracting remarks in relation to their more successful rivals, and thus springs up an unkind feeling that not unfrequently leads to discreditable controversies upon very slight provocations.

"The members of the clerical and legal professions are differently situated. They come at once before the tribunal of the public. Competent judges pronounce upon their merits; from this there is no appeal, and in this decision all parties usually acquiesce. I would not be understood, however, as attempting to justify or excuse in any degree the spirit of controversy with which Medical men have been charged; at the same time I think it right to have suggested what may be regarded as palliating circumstances. Every motive urges to the adoption of a different course. We owe it to the honourable Profession of which we are members. We have no right to sully the name of that calling whose objects are the advancement of science and the alleviation of human suffering. We cannot maintain its dignity if we permit ourselves to lose sight of these.

"We are bound to judge charitably of each other; to avoid the expression of unkind opinions, knowing, as we do, the uncertainty of our art, and the slight control that we have in many cases upon their issue. We are bound to believe that every well-educated man, unless we know otherwise, has practised skilfully, be the result what it may; and we have no right to intimate that a different course would have produced a more favourable termination. Our self-respect requires this of us; our respect for our professional brethren imperiously demands it. . . . . If we cannot add lustre to the name of the Profession of which we are the humble votaries, let it not be our reproach that we have done anything to tarnish it."—P. 446.

Field Notes for Amputations, and Ready Rules for other Operations in Surgery. By Allan Webb, M.D., Presidency Surgeon, etc., Calcutta. Saunders and Co. 1855.

This is a book on a peculiar plan. It is thin, so as to be easily folded up and carried; the paper is printed only on one side of each leaf; and each printed page forms a sheet of directions for those who assist the Surgeons, so that "*they should know what to do in concert with the operator, at the very time that the Surgeon requires it done.*" When we add that these directions are those which the author used to write in Hindoostanee on a black board, for the benefit of Native pupils, when he held the office of Professor of Military Surgery, we

think that we shall give our readers a good idea of the scope and purport of the work. In execution, it is tolerably clear and comprehensible. The steps of each operation are described in one column, and side by side, in a different coloured ink, all the duties of each assistant, including the instruments and apparatus that they have to get ready. Of course the place for such a book is rather the dissecting-room, where operations have to be learned, than the field of battle, where they have to be practised.

GENERAL CORRESPONDENCE.

THE COLLEGE OF PHYSICIANS, AND ITS UN-GRADUATED LICENTIATES.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the College of Physicians, notwithstanding the remonstrances of some of its Fellows, still persists in adhering to its by-law of 1838, whereby men without any Medical degree are admitted to its membership as Licentiates, I have thought that it might be interesting to the class of Physicians generally, and useful to gentlemen now at their studies, and who may be contemplating to join the College after this fashion, to know the merits of the case, both as it regards such Licentiates, and the College itself. I have, therefore, drawn up the following outline of the arguments which are, or may be, adduced in favour of and against such a mode of entering into the order of Physicians, and hope that you will honour it with a place in your Journal.

It would appear that previously to the year 1771, the possession of a degree in medicine was not required by the College of its candidates for the license; that a by-law, making the degree imperative, was then passed by the College, and continued in force until 1783, when it was set aside for twelve years, viz. till 1795; it was then re-enacted, and continued in force till 1838, in which year it was finally annulled.

It is commonly believed, out of the College, that this dispensation with the Medical degree, had some discreditable relation to the establishment of the University of London, which took place two years before; but there is no referenc to this circumstance in the College records.

The following are some of the objections that may be adduced, and have been adduced against the new by-law of the College, and a statement of some of the evils which it is calculated to produce.

In the first place, it is injurious to the College itself in various ways.

It lowers the dignity of its members by placing on an equal footing with the University Graduates, men who have no status whatever in the Medical world but that conferred by its own License to practise.

It risks the harmony and peace of the College by introducing elements of disagreement and discord. For instance, Fellows who think with the writer of the present paper (and there are many such), would speak and vote against the admission of such un-graduated Licentiates to the honour of the Fellowship. If admitted to the Fellowship, the same parties would object, in like manner, to their being made Conciliarii or Censors, and still more to their being elevated to the dignity of President.

Would it be suitable or seemly that men without degrees, and who may have had no University education, should, as Censors, sit in judgment on the literary and scientific qualifications of men bearing University honours, and superior to their examiners in dignity and rank? Would it be decorous or tolerable that the great body of gentlemen honoured with the Doctorate, should sit under and obey a mere esquire, or have to talk of their President as Mr. A. or Mr. B.?

If the common sense and common feeling of the Fellows, for these and other similar reasons, should resolutely refuse to admit the un-graduated Licentiates within the College chambers, these gentlemen would surely feel that they had been betrayed by a false lure when they accepted the License on the faith of the College that constituted them Physicians.

Secondly, I think this by-law is injurious to the Profession generally.

The knowledge of there being a portal for admission to the order of Physicians, or, at least, of a means of being licensed to practise as Physicians, without the possession of a Medical degree, cannot fail to lure men from the institutions where degrees are obtained, and so deprive them of the great advantages of a University education, and of the winnowing examinations which the assumption of a degree implies. If there is one thing more evidently defective than another in the education of Medical men in this country, it is the insufficiency of the classical and general scientific instruction received before commencing studies of a strictly Professional kind.

The injury thus produced attaches especially to the men who prosecute their Medical studies in London. They have the bane and the antidote constantly before their eyes—the wide gate of the College of Physicians, and the narrow door of the University of London; and it is no wonder that a certain proportion of them should prefer the single and ready access to the Licentiateship through the former, to the double and difficult access through the latter. And yet with what a loss to themselves! It is well known that the various examinations that take place at the University of London preparatory to the bestowal of the Medical degree, are of a very comprehensive and exact character, and that the degree is estimated accordingly as one of the most honourable derived from any University. What a pity that the College of Physicians, which onght to be at once the promoter and patron of learning in the Profession, should uphold any arrangement which tends to discourage it in its clients!

It is a matter of fact that a considerable proportion of the un-graduated Licentiates issue from the London schools; and it is surely a reasonable probability that some of these, at least, would have taken the Medical degreee of the University of London, had the possession of a degree been essential to the acquisition of the College License.

But, thirdly, some of the strongest objections to the impugned by-law of the College, are derived from the evils which it entails on its recipients themselves. At the time of seeking for and receiving the licence, they may, possibly, felicitate themselves on having, through the kindness of the College, been spared some hard work, escaped some unpleasant trials, and saved some little money. But I am much mistaken, if more than one event in their future career do not prove the fallacy of such felicitations, and make them bitterly repent that ever they listened to the voice of the syren singing through the too hospitable doors of the temple of Pall Mall East.

The following are some of the stumbling-blocks which the un-graduated Licentiates may meet with in their Professional progress, and from which the path of the legitimate Doctor is exempt.

In the first place, the possession of the College Diploma, licensing them "to practise as Physicians," coupled with the public declaration of the College in 1838, that "it is prepared to address them by the same appellation," naturally enough, though most untruly, instils into their minds the notion that they are not only "Physicians," but "Doctors," and tempts them into professions and practices, which are not merely discreditable, but positively dishonest. Of this kind, is the placing of the "Dr." before their names on their cards and on their doors, a distinction exclusively belonging to men who have graduated in Medicine at a University, and which the mere College diplomatists have no more right to assume than they have the right to assume the prefixes designative of Baronets or Barons. The College, if it chooses, may, no doubt, call these gentlemen "Doctors," it may also call them "Sirs," or "my Lords;" but it knows very well, as all the world knows, that it has no right to do so, and no right to ask others to do so, or to acknowledge them as Doctors.

Secondly, besides the unpleasant check of being publicly or privately refused the name which they falsely assume, these gentlemen are open to the risk of many other rebuffs and checks and exposures, from which graduated Physicians are free.

For instance, being Physicians and Licentiates of the College, there seems no substantial reasons why they might not be recommended by the Conciliarii to the College for election as Fellows. In such a case they would certainly stand the risk of rejection by a majority of the Fellows; and, if elected, they would, at least, have the unpleasant feeling of having been opposed by all those who regard their Professional position as equivocal, at least, if not discreditable.

It is well known that most of the Hospitals and principal Dispensaries in England, require, by their laws, that their Physicians and Assistant-Physicians should be Doctors of

Medicine as well as Licentiates. If these untitled Licentiates, considering themselves as Physicians and calling themselves Doctors, should become candidates for any such office, they would be set aside as a matter of course, and learn, to their cost, that it required something more than the mere courtesy of the College of Physicians to constitute a man a Doctor. This is no hypothetical supposition; the case in point occurred recently in one of the London Hospitals, and will, no doubt, occur again.

In this bookish age, when so many Physicians write books, the untitled Licentiate, on coming to the desperate step of publication, would surely feel himself in an awkward predicament. If he places the M.D. after his name, how will he escape the lash of those truculent reviewers, who are always on the outlook for trespassers against Professional propriety? or like to bear being held up to his brethren, perhaps to his patients, as fighting under a false banner, and as being, in truth, no Doctor at all? If, being a very conscientious and just man, he leaves out the M.D., and places only the word "Physician" after his name, will he not feel that he publishes to all the world what was previously only known to a few, viz., that he assumes and uses in private Professional life, a designation which he knows he has no claim to, and dares not publish to the world at large?

Even our poor non-graduate must run the chance of still greater exposures than this. Suppose his merits and good fortune have raised him to the height of being the Physician of some great personage—say, of the Sovereign herself,—and that the illness of the said personage is to be announced to the public in bulletins, signed by the Physicians in attendance. Our un-graduated Physician must either falsely write M.D. after his name, in imitation of his fellow-consultants, or he must honestly omit these symbols of dignity. In either case, will he not be likely enough to meet with critics as loud-voiced and as merciless as if he had written a title-page instead of a bulletin? And will he not, in the one case, as in the other, be likely bitterly to rue the day when he was drawn from University honours by the magnetic influence of the College's too-open portal?

I am very ill taught in the mystery of heraldry, or the etiquette of social rank; but I suspect that, if ever an occasion should occur in which the rights of precedence should be formally mooted, our un-graduated Licentiates would find that, instead of having a right to take the higher place of the D.D.'s and M.D.'s, they would be thrust back to the lower level of the Esquires. This may seem, and may really be, a very remote and unlikely contingency, and may be, at best, but a very paltry matter; still it is a possible case, and a case which, if it ever did happen, might be the source of no little annoyance. We are told by the authorities in this gentle science that "Precedence is not regulated by mere conventional arrangements; it is no fluctuating practice of fashionable life; no result of voluntary compacts in society; no usurpation of one class over others; but, on the contrary, is part and parcel of the law of England, subsisting under the authority of Acts of Parliament, solemn decisions in courts of justice, etc. etc." (Dod); and so I warn all aspiring courtiers in the Profession who may dread heraldic or white-stick degradation, to think betimes of what they may come to, if they assume the Physicianship without the Doctorate—a Physician only claiming precedence as being an M.D.

I will now notice the reasons which I have heard adduced in favour of the unrestricted License, and against the proposal to abrogate the by-law sanctioning it.

First, It is urged that the possession of a Medical degree is no certain evidence of a superior education, or even of study at a University, seeing that it can be obtained at some Universities in this country without residence, and at others on the Continent even without examination; and, therefore, that the Doctorate ought to weigh as nothing in the admission to the College of Physicians.

This argument is altogether invalid for the two following reasons: first, that the Medical degree from Universities which require both residence and examination, is of value, while that obtained otherwise cannot make a candidate less worthy of the License; secondly, that it is always in the power of the College to receive the various degrees according to its own estimate of their value, and to require of candidates with degrees the same qualifications, both as to study and competence, which it now requires of those without degrees. A Medical degree, therefore, may make a candidate more deserving but cannot possibly make him less deserving.

Secondly, It is said that the existence of the non-graduate door of the College enables an exemplary class of men, viz. General Practitioners of eminence and of long standing in the Profession, to enter the ranks of Physicians, who, without this opening, could not do so.

To this argument it may be replied—first, that these gentlemen can, if they please, obtain a Medical degree, say at Aberdeen and St. Andrew's; secondly, that those among them who would shrink from the examination required at those Universities would probably fail in their examination before the College, or, if obtaining the License, would not constitute a very eligible accession to the class of Physicians; thirdly, that such an opening is not regarded by this class of Practitioners themselves, as of importance, seeing that of the many candidates who seek the free License very few belong to this class, the great majority being comparatively young men, or at least men of short standing in the Profession.

Thirdly, It is said that the present rule adds to the College funds by increasing the number of Licentiates. I reply, first, by questioning the fact, or at least by questioning its weight, believing that most of those who now seek the License without a degree would seek it with a degree if the rule were changed. I reply, secondly, that if the College does thereby obtain a positive addition to its funds, it does so at the cost of its own dignity, and at the sacrifice of being obnoxious to the charge of mercenariness. I, myself, believe that the charge of looking to pecuniary advantage in this matter, is most unjustly brought against the College; but it would surely be for its interests if it could repudiate this charge by the proposed arrangement, which would make it impossible.

The only objection of any validity to the abrogation of the obnoxious by-law, that I have heard, is that this would exclude from the College, for an undue period, certain members of the University of Cambridge, who have chosen to go out in Arts without previously taking the degree of B.M. This objection, however, could be easily met by making a special exception to the general rule, in favour of gentlemen of this class, more especially as their number would be extremely small; and it seems not improbable that the University might be induced to modify its present arrangements so as to make them congruous with those of the College of Physicians.

I am, etc.

London, July 19, 1855. JOHN FORBES.

STRICTURE OF THE BOWELS, ETC.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of the 23rd ultimo you did me the favour to publish my letter on a method of assisting Nature in the above serious disorders, and I am induced to trespass still further from having read two important cases detailed in your Number of Saturday last. One is contained in a paper read before the North London Medical Society, by Mr. Filliter, on "Peritonitis and Obstruction from Stricture at the Sigmoid Flexure of the Colon;" and the other is an interesting case by a Correspondent, of Intus-susceptio in a young girl of 12, in whom Nature appears to have effected a cure after twelve inches of the ileum had passed from her. I need not recapitulate these cases, but would merely urge from their details that the means I pointed out might have been usefully applied in the earlier stages, as an assistant to other medicinal treatment. I dwell upon the latter fact, because the great difficulty constantly present in these cases is to get the bowels to act at all, however powerful the medicines administered, as they seem to require a mechanical stimulus such as I have described in my letter, and have found effective in examples which probably might otherwise have led on, symptom after symptom, and effort after effort, to serious if not fatal results. In both the cases alluded to Nature made her own successful efforts,—at least in one of them,—and it is likely, that, after the first discharge of solid fæcal matter in the former, and before the evacuations again failed, under strong measures of relief, as they appear to have done, the stimulating action of the means proposed by me would, if tried, have doubtless continued this discharge. Of course it requires judgment in attempting my plan where the symptoms are extreme; but I merely urge that it be done directly evident signs of absolute torpor of the bowels are present, so that something like a natural

action of the inorganic fibre which responds to such stimulus may be brought about, to aid medicine in thoroughly removing the accumulations of fæcal matter. The stimulus proposed in my letter is confined to the lower bowel, so as to cause, in its true vermiform movement, the colon to roll upward towards the cœcum, while the medicine exhibited stimulates the downward movements of the smaller intestines. It may be through the lax condition of the larger bowel, that injections per anum fail to do more than dilate; but, from the excessive sensitiveness of that region, my application seems to cause a peristaltic motion, and, when repeated, gradually to dislodge the fæcal accumulations and reduce the stricture. I have reason to presume as much in consequence of the abatement of pain and distress which follows the application.

It is with considerable diffidence I bring this before the notice of the Profession, and should not have done so were not the subject one of very deep importance in the preservation of human life. I may add, that, in the early stages of the complaint, the patient should be instructed in such exercises as will bring the whole of the abdominal muscles powerfully into action. I am, etc.

J. W. F. Blundell, M.D.

32, Finsbury Circus, July 9th, 1855.

SCURVY AND HEMERALOPIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having seen amongst the "Navy Medical Reports" a paper by Mr. Rees on Scurvy, and Hemeralopia in connexion therewith, occurring in the Black Sea, I beg to offer a few observations on six cases of that obscene affection which occurred in H. M. S. "Juno."

It is necessary to premise an account of the movements of the ship, and the circumstances inducing the disease.

This ship left England on February 23rd, 1854, for the Australian Station, but instead of proceeding direct, after touching at Rio and the Cape, made a *détour* on special service to the eastern coast of Arabia. While detained there for three months, nothing in the shape of fresh provisions was procurable, except for one week at Muscat. The weather during this time was by no means bright, the sun being frequently hidden by a misty haze somewhat like usual trade weather.

Our service being completed, we proceeded to Bombay, where we remained ten days; then leaving for Trincomalee, where we stayed seventeen days; and left for Sydney, arriving on January 30th, after a passage of sixty-two days.

It being the time of the change from the south-west to the north-east monsoon, the end of the rainy season at Bombay, and its height at Trincomalee, the weather was generally unsettled and dull, but on the passage to Sydney was fine, agreeable, and not unusually bright.

Thus, from February 23rd to January 31st, a period of 342 days, the crew were 289 days on salt provisions.

The history of the cases was as follows: they first perceived night-blindness in a slight degree before arrival at Bombay; disappearing while there, again returning before arrival at Trincomalee, getting better while there and for some time after leaving, and again recurring during the more lengthened passage to Australia.

Though narrowly looked for, at first there were no symptoms of scurvy, and the general health of the patients was tolerably good; but, after some time, well-marked symptoms in the shape of a livid œdematous state of one leg, and livid papulæ, with spongy gums, made their appearance in one case, throwing a light on the others, and causing the abandonment of the routine treatment of aperients, bitter tonics, and blisters, and the adoption of that of the best diet procurable, with beer and wine, and an increased allowance of lemon-juice. Notwithstanding, well-marked scurvy became developed in the other five before arriving at Sydney. Under the use of fresh diet the sight soon became restored, and the scorbutic symptoms gradually but slowly disappeared.

On reviewing the above facts, I think it will appear evident that those cases of hemeralopia arose as early symptoms of scurvy. That this is not a better-established fact arises from the circumstance, that ships with such cases get into port, when a few days' fresh diet causes the disappearance of the hemeralopia, before the development of the more palpable symptoms of scorbutus, if they ever appear. Had the latter part of our voyage terminated in one month instead of two, the same uncertainty as to the real cause of the disease would have continued in our case.

Lemon-juice was issued a considerable portion of the time the crew were on salt provisions. As to its prophylactic effects, I have only the negative evidence that, out of a ship's company containing so large a proportion of newly-raised men, so few became affected with scurvy; none having occurred but those six in which hemeralopia appeared.

I am, etc.

H. M. S. "Juno," Sydney, March 20th, 1855. Geo. A. Nicolls, M.D. Surgeon, R.N.

UNIVERSITY OF ST. ANDREW'S.

[To the Editor of the Medical Times and Gazette.]

Sir,—In answer to "M.R.C.S. and L.S.A." I beg to inform you that the number rejected at the May examination of this year at the University of St. Andrew's was four, the number presenting themselves for the degree being twenty-eight. I have no doubt Dr. Day will give the information "M.R.C.S. and L.S.A." requires. In the mean time, I beg to inform him that the examination papers fairly answered constitute an ordeal considerably more severe than the examinations of the College and Hall taken together, and if he does not believe me let him go and try. I am, etc.

Ilford, July 21, 1855. M.D., M.R.C.S., L.S.A.

[To the Editor of the Medical Times and Gazette.]

Sir,—The query of "M.R.C.S.E. and L.A.C.," in the pages of the last number of the *Medical Times and Gazette*, "Did anybody ever hear of a candidate for the degree of M.D. at St. Andrew's being rejected?" appears to me quite anomalous, and its object, I am rather at a loss to conceive, though I must say, it looks to me very like an ebullition of spleen from a "plucked goose," or, in plain English, a rejected candidate for the above degree, and, therefore, deserving of being passed over in silent contempt; but as you have hinted you would have no objections to publish a few remarks on the subject, and fain hoping that the object in view with your Correspondent may be better than I suppose it to be, and if so, strongly recommending to him hereafter to put his questions in quite a different style, I trouble you with a few sentences regarding the matter.

When I graduated at St. Andrew's, there were, as I was informed on good authority, fifty-four candidates, all, or almost all, Surgeons and Apothecaries; and of these, forty-four, as I know, took the degree, so that, for one occasion at least, by a not very severe exercise in figures, your Correspondent will be enabled to inform himself that "somebody has heard of a candidate for the degree of M.D. St. Andrew's being rejected."

But if I mistake the object of your Correspondent—hinted above—and if he be but a timid aspirant to the Degree from the ancient University, he should be warned for the future so to put his questions that people may be able to comprehend his meaning. I would at the same time strongly urge upon him the necessity of his exerting himself, and putting no reliance on the fact of his being in possession of a Surgeon's diploma, or of his being an Apothecary; for he will find, if he make the attempt, that the examinations he has already undergone, at least the one at Surgeons' Hall, are trifling indeed, when compared with those he will have to pass ere he is

An M.D. of St. Andrew's.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Medical Times* for Saturday last one of your correspondents inquires "whether you know or have heard of an instance in which a candidate for the degree of M.D. at the University of St. Andrew's has been rejected?" You have in your notice relieved him of his doubt by stating that you have known several such instances. If he will refer to the *Medical Times* for 1847 and 1848, Vol. 17, fol. 45 and 46, he will there find a letter, written by the late much-lamented Professor Reid, containing a short statistical statement, but sufficient to convince your correspondent that all who present themselves for examination do not receive the degree. In 1847, 49 candidates presented themselves, and 11 were rejected—rather more than one out of every five! Of the 49

candidates, 36 were members of the College of Surgeons, London, and more than half of these, licentiates of the Apothecaries' Company also, and 7 out of the 36 were rejected. During an interview with Professor Reid, he said he and his colleagues wished to make the examination stringent, practical, and second to none in Scotland. Your correspondent will find the last examination papers in the *Medical Times* for May 19th last. I am, etc.

A Graduate.

[To the Editor of the Medical Times and Gazette.]

Sir,—I can inform "M.R.C.S.E." that in May, 1854, there were forty-four candidates passed the examination for the degree of M.D. at the University of St. Andrew's, and six were rejected.

The majority of the latter were already legally qualified as General Practitioners.

When a candidate does not satisfactorily answer the written questions he usually receives a polite note recommending him not to present himself for the oral examination, and thus the exact number of those rejected is not always generally known.

Those who calculate on simply "buying" the diploma will certainly be found amongst the disappointed.

I am, etc.

M.D., St. Andrew's, M.R.C.S. Eng. L.S.A. and L.L.M.

London, July 25, 1855.

MEDICINE EXPECTANTE.

[To the Editor of the Medical Times and Gazette.]

Sir,—If my letter of the 7th instant gave Dr. Moriarty one moment's pain, I regret it most sincerely.

My object in writing it was to express my sorrow that a gentleman, educated as he must have been, should trust to the do-nothing practice so often followed in France.

I hardly know how I am to correct the error I have committed in the wording of my letter, as I have not a copy of the original, neither is the number of the *Medical Times and Gazette* in which it appeared now in my possession.

My meaning must be perfectly evident to every one who reads my letter. It was intended to apply to thirty years' experience in the practice of medicine, and most certainly not to the price of beef and mutton, but, by some unaccountable oversight in writing, the words "after thirty years' experience," &c., occupy a place which was never intended.

I believe, Sir, few men have read more upon scrofula than I have done since the year 1825; but there is, in my opinion, no hereditary disease of which we know so little; and yet I know that the course we ought to follow in the management of strumous children is to endeavour to prevent, by proper food and clothing, the necessity of ever treating that direful disease.

If, during my lifetime, Dr. Moriarty visits Hastings, I hope he will afford me an opportunity of removing, by a personal interview, any unpleasant feeling there may be upon his mind towards me. I am, etc.

Hastings, July 21st, 1855. Jos. Steavenson, L.R.C.P.

ADMINISTRATIVE MEDICAL REFORM.—JUSTICE TO ENGLAND.

[To the Editor of the Medical Times and Gazette.]

Sir,—Any ordinary observer must have noticed that the great bulk of all late Medical appointments have been bestowed upon *Scotchmen*. The promotions announced in your last number, which are said to bear the strictest scrutiny, form no exception to what may be regarded as the general rule, for here the names of Rae, Richardson, Lindsay, Nisbet, Bryson, Stewart, Bruce, Allen, Munro, Muirhead, Robertson, Fraser, Scott, Graham, and Mackay, figure almost exclusively in the List. The Army, Navy, and Civil List Medical Departments furnish similar evidence on the most cursory examination, and, on the best authority, I may affirm that in the recent selections to the Civil Hospitals in the East, and even the Turkish Contingent Force, it was next to impossible for an *Englishman* to obtain employment.

I have no desire to detract from the merit of the individual gentlemen who thus form so universally the heads of the several departments in the Navy, Army, and Civil Service, but the numerical relation of the population of England and Scotland would assuredly of itself imply that there must herein be a manifest partiality and favouritism calling for administrative reform.

With every due respect for my fellow-subjects and confrères in the North, I am, etc.

An Englishman.

CORONER'S INQUESTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have been frequently called to cases where it was necessary that an inquest should be held. I have heard that the inquests have taken place, but the Coroner has not deemed Medical evidence requisite. I will briefly state the two last cases.

Case 1.—A man, about 60 years of age, was found dead in his room; the body was about half under the bed, the hips and legs only visible. In my idea, it was impossible for the man to fall into such a position, although he might have struggled, after falling, to where he was found. An inquest was held, but no Medical evidence called.

Case 2.—A child, aged 3 years, a very fine child, was considered by its mother to be poorly, but not so bad as to require Medical advice. Early the next morning the child was found convulsed; they ran for me, but the child was dead when I arrived.

An inquest was held. No Medical evidence was called. The Coroner gave a certificate of the cause of death, viz., inflammation and convulsions.

I am not the only Practitioner in my neighbourhood who complains, but I believe that I am especially victimized, because I threatened some time since to expose this Coroner for acts similar to those stated, and which I considered a gross injustice.

I have heard that it was the opinion of Lord Denman, that it was illegal for the Coroner to dispense with the Medical witness who attended the case before death, and that he was indictable for a misdemeanour; and the same opinion has been recorded by the same authority, if a Coroner shall substitute any other Surgeon for the one who attended the case.

Would you be so good as to inform me as to whether the opinion just quoted is correct, and, if of sufficient value, combined with the cases stated, to give reasonable hope of success in a court of law? I am, etc.

July 19, 1855. A Subscriber.

[In the cases quoted, we think that Medical evidence should have been called; but, in strict law, it must be observed that, in both instances, the Practitioner did not see the deceased till *after* death.—Ed. *M. T. and G.*]

THE VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with considerable pleasure two letters, which have recently appeared in your Journal, on the present Vaccination Act. The observations of your correspondents are full of truth, and will, I have no doubt, be appreciated by all who have read them, and ought, I think, to be brought under the notice of the promoters of the recent Act.

I do not intend to occupy much of your valuable space, but I should like to express my opinion, viz., "that if every legally-qualified Medical Practitioner from this date was to become an 'authorized Vaccinator,' and entitled to the Fees now unjustly monopolized, the purport of the recent Act would be more fully and satisfactorily realized."

In the first place, the compulsory nature of the Act would be done away with.

The poorer classes could then employ their own Medical men, and not be compelled (as they now think they are) to take their children to the "Town Doctor."

Again, each Practitioner having encouragement to look after the children in his own practice, as well as vaccinate these brought to him, would thus be enabled to keep up a regular supply of lymph, which at present it is impossible for him to do.

As a vast amount of ignorance and prejudice exists among

the lower orders with regard to Vaccination, I think it exceedingly impolitic that so important an operation should be restricted in each district to one or two public Vaccinators, more especially as in most cases "the authorized man" is either the Town Doctor, or a stranger in the district. Often an apprentice-lad is the operator. Though the Act would still be compulsory, if the plan I propose were adopted, nevertheless, I think it would be rendered more respectable and consequently more popular. I am, etc.

A Country Surgeon.

NEW MEDICAL REFORM BILL.

A Bill to alter and amend the Laws regulating the Medical Profession.

Whereas it is expedient to amend the laws relating to the Medical Profession: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. This Act may for all purposes be cited as "The Medical Act, 1855."

II. This Act shall commence and take effect from the 1st day of August, 1855.

III. From and after the commencement of this Act, the several Acts and parts of Acts set forth in the Schedule (A.) to this Act annexed, to the extent to which such Acts or parts of Acts are by such Schedule expressed to be repealed, shall be repealed, except as to the recovery and application of any penalty for any offence which shall have been committed before the commencement of this Act.

IV. The following terms and expressions used in this Act are intended to have the meanings hereby assigned respectively, as far as such meanings are not excluded by the context or by the nature of the subject matter; that is to say, the word "medicine" to include pharmacy, and the word "surgery" to include midwifery.

V. A Council shall be established, which shall be styled "The Medical Council," and shall consist of one Physician and one Surgeon to be chosen from time to time by the Colleges of Physicians and Surgeons of England respectively, one Physician and one Surgeon to be chosen from time to time by the Colleges of Physicians and Surgeons of Edinburgh respectively, one Physician or one Surgeon to be chosen from time to time by the Faculty of Physicians and Surgeons of Glasgow, one Physician and one Surgeon to be chosen from time to time by the Colleges of Physicians and Surgeons of Ireland respectively, one person to be chosen from time to time by the Universities of Oxford and Cambridge collectively, one person to be chosen from time to time by the University of London, one person to be chosen from time to time by the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrew's collectively, one person to be chosen by the University of Dublin and the Queen's University in Ireland collectively, each of such persons so chosen by the said Universities to be qualified to be registered under this Act, and eight persons to be elected as hereinafter provided, and hereinafter called "The Representative Members," the first of each of the said appointments by the said Colleges and the said Universities to be made within three months after the passing of this Act.

VI. Every member of the Medical Council chosen by the said several Colleges of Physicians and Surgeons, by the said Faculty, and by the said Universities shall be entitled to hold office for three years, and shall then go out of office, but may forthwith be re-chosen.

VII. The Secretary of State for the Home Department shall, within three months after the passing of this Act, appoint eight persons qualified to be registered under this Act to be the eight members of the first Medical Council not chosen by the said several Colleges of Physicians and Surgeons, or by the said Faculty, or by the said Universities, four of such persons to be appointed for England, two for Scotland, and two for Ireland; and the said eight members of the first Medical Council shall hold office till the 1st day of June, 1856, and shall then go out of office.

VIII. On the 1st day of June, 1856, and on the 1st day of June in every third succeeding year, the eight representative members of the Medical Council shall be elected in the manner hereinafter provided; four of such representative members to be elected by those persons whose names shall appear in the last printed Medical Register, to be published as hereinafter provided, as registered for England; two of such representative members to be elected by those persons whose names shall appear in the like Medical Register as registered for Scotland; and two of such representative members to be elected by those persons whose names shall appear in the like Medical Register as registered for Ireland; and each of the said representative members shall remain in office for three years, and shall then go out of office, but may forthwith be re-elected.

IX. At any time not less than forty clear days next previous to the day of every election of representative members of the Medical Council for England, Scotland, or Ireland respectively, any person entitled to vote at such election may give or transmit to the Medical Registrar to be appointed as hereinafter provided a paper, according to the Form in Schedule (B.) No. 1, signed by not less than twenty persons entitled to vote at such election, containing the name of any person registered under this Act they may think fit to be elected as a representative member at the then ensuing election; and the Medical Registrar shall cause all such names so given or transmitted for England, Scotland, or Ireland respectively to be printed, together with the names of the persons recommending the same, and shall also cause the names of the representative members for England, Scotland, or Ireland respectively then going out of office to be printed, in the respective voting papers to be used at the said election; and such persons so nominated shall be the only persons eligible to be elected representative members for England, Scotland, or Ireland respectively, on the day of election.

X. Every election of representative members shall be held at the office of the Medical Registrar, or at such other place as the Medical Council shall appoint; and the Medical Registrar shall give public notice of the time and place for the holding of such election by advertisement in two or more newspapers published in London, Edinburgh, and Dublin, ten days at least before such election.

XI. Every election of representative members shall be held before the Medical Registrar, and the voting at every such election shall commence at nine of the clock of the forenoon, and shall finally close at four of the clock of the afternoon of the same day; and every person entitled to vote, may in England vote for any number of persons not exceeding four, and may in Scotland and Ireland vote for any number of persons not exceeding two, by delivering to the Medical Registrar, or his Deputy, a voting paper, according to the Form in Schedule (B.) No. 2, containing the names of the persons for whom he votes; or if the voter shall think fit to transmit the said voting paper by post, the postage being prepaid, then the said voting paper shall be enclosed in a declaration, according to the Form in Schedule (B.) No. 3, signed by the voter so transmitting the same; and the Medical Registrar shall transmit by post to every person entitled to vote at such election, fourteen days at least before the day of election, one voting paper as aforesaid, and one declaration as aforesaid; and no voting paper, other than the one procured from the Medical Registrar, so executed as aforesaid, and delivered to the Medical Registrar, or his Deputy, by the person voting, or transmitted by the post as aforesaid, to the Medical Registrar or his Deputy, enclosed in a declaration as aforesaid, and received by the Medical Registrar, or his Deputy, on the day of election, before four of the clock of the afternoon, shall be counted a good and valid vote.

XII. The Medical Registrar shall, after the close of the polling day for every election of representative members, proceed to examine the voting papers so delivered or transmitted as aforesaid, for the purpose of ascertaining which persons are elected; and the four persons to whom the greatest number of votes shall have been given by persons qualified to vote in England, shall be the representative members elected for England, and the two persons to whom the greatest number of votes shall have been given, by persons qualified to vote in Scotland, shall be the representative members elected for Scotland, and the two persons to whom the greatest number of votes shall have been given, by persons qualified to vote in Ireland, shall be the representative members elected for Ireland; and in case of an equality in the number of votes for any two or more persons for England, Scotland, or Ireland respectively, at any such election, the Medical Registrar shall

ballot, out of the said number of persons having such equal number of votes, so many as shall be necessary to complete the whole number of members to be elected, and such persons whose names shall have been drawn at such ballot, together with such persons as shall have had the greatest number of votes for England, Scotland, and Ireland respectively, shall be declared by the Medical Registrar to be duly elected the representative members for England, Scotland, and Ireland respectively, and the names of the persons so elected shall be published in two or more newspapers published in London, Edinburgh, and Dublin, not later than fourteen days after such election.

XIII. The Medical Council shall, before the day of any election of representative members, appoint two members of the Medical Council, not being any of the representative members, who shall be present during the polling day, and during the examination of the voting papers and the ballot by the Medical Registrar, and who shall, at the close of such election, certify that it has been fairly conducted according to the provisions of this Act, and sign the return made and to be published by the Medical Registrar.

XIV. In the event of any one of the representative members dying, or resigning, or becoming incapable to discharge his duties during the term for which he holds office, the Medical Council shall appoint a fit and proper person being registered under this Act for England, Scotland, or Ireland, as the case may be, to fill the place of the representative member so dying, resigning, or becoming incapable to discharge his duties.

XV. There shall be paid to the Members of the Medical Council such fees for attendance and such reasonable travelling expenses as shall from time to time be allowed by the Medical Council, and be approved by the said Secretary of State.

XVI. The Medical Council shall be holden in such places and at such times as the said Secretary of State shall appoint, and shall elect one of their members to be their president, and at every meeting in the absence of the president some other member to be chosen from the members then present shall act as president; and all Acts of the Medical Council shall be decided by the votes of the majority of the members present at any meeting, the whole number not being less than six; and at all such meetings the president for the time being shall in addition to his vote have a casting vote in case of an equality of votes.

XVII. The Medical Council shall appoint a treasurer and secretary, and so many clerks and servants as shall be necessary for the purposes of this Act; and every person so appointed shall be removable at the pleasure of the Medical Council, and shall be paid such salary as the Medical Council shall think fit.

XVIII. The Medical Council shall, within three months after their first meeting, appoint examiners in London, Edinburgh, and Dublin respectively to examine in classics, the exact sciences, and general literature, after a scheme to be approved by the Medical Council; and such examiners shall receive such remuneration as the Medical Council shall think fit, and shall hold office for such period as the Medical Council shall determine; and no person, other than a graduate in some university of the United Kingdom, or in some foreign university approved by the Medical Council, shall be entitled to present himself before any college, for the purpose of obtaining letters-testimonial as hereinafter provided, unless he shall have received a certificate according to the form in the Schedule (F.) signed by some one or more of the said examiners, for which certificate the person receiving it shall pay a fee of £2; and all monies received by the said Examiners shall be paid to the treasurer of the Medical Council.

XIX. The said Secretary of State shall, within one month after the passing of this Act, appoint a fit and proper person to be "The Medical Registrar," and shall also appoint such clerks and other officers as the said Secretary of State shall deem necessary for the assistance of the Medical Registrar; and the said Secretary of State shall, at his discretion, remove any of the persons so appointed, and upon any vacancy shall appoint another fit and proper person to be the Medical Registrar, or such clerk or officer; and the salaries of the Medical Registrar and of such clerks and officers shall be fixed from time to time by the said Secretary of State, and shall be paid, together with all reasonable expenses incurred by the Medical Registrar in the execution of his duties under this Act, by the Treasurer of the Medical Council, out of the monies received by the said treasurer by virtue of this Act.

XX. The Medical Registrar shall, within thirty days after his appointment, and shall from time to time till the 1st day of November, 1855, proceed to register in books to be kept for that purpose, to be called "The Physicians' Register, 1855," on payment of a fee of twenty shillings, the name and place of abode, together with a description of the testimonials, of every Physician who shall apply to be registered, and who shall at the time of such application be of at least twenty-four years of age, and who, prior to the 1st day of May, 1855, shall have taken a Degree in Medicine in any English, Irish, or Scotch University, or who shall produce his diploma or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said Medical Registrar, of his having obtained a diploma or licence to practise as a Physician, dated prior to the said 1st day of November, 1855, and granted by any of the English, Irish, or Scotch Colleges or Corporations enumerated in Schedule (C.) to this Act No. 1.; and the said Medical Registrar shall also, within the said period of thirty days, and from time to time till the said 1st day of November, 1855, proceed to register in books to be kept for that purpose, to be called "The Surgeons' Register, 1855," on payment of a like fee of twenty shillings, the name and place of abode, together with a description of the testimonials, of every Surgeon and Apothecary who shall apply to be registered, and who shall produce his diploma, certificate, or licence, or shall produce a duly attested certificate, or such other proof as shall be satisfactory to the said Medical Registrar, of his having obtained a diploma, certificate, or licence, to practise as a Surgeon or Apothecary, dated prior to the said 1st day of November, 1855, and granted by any of the English, Irish, or Scotch Colleges or Corporations enumerated in Schedule (C.) to this Act No. 2., and also of every person who shall apply to be registered, and who was actually practising Medicine in England and Wales prior to the 1st day of August, 1815, and who shall sign a declaration according to the form in Schedule (D.), and also of every Surgeon and Assistant-Surgeon of the Army and Navy who shall apply to be registered, and whose warrant of appointment bears date prior to the said 1st day of August, 1815.

XXI. The Medical Registrar shall, on and after the 1st day of November, 1855, proceed to register in books to be kept for that purpose, and on payment of a fee of £10, the name and place of abode, together with a description of the testimonials, of every Physician and Surgeon who shall apply to be registered, and who shall be qualified for registration as hereinafter provided.

XXII. The Medical Registrar shall in the month of February in every year cause to be printed a correct register, in the form in Schedule (E.), of the names and places of abode of all persons who shall have been registered under the provisions of this Act, and who during the month of January next preceding shall have sent to the Medical Registrar their names and places of abode; and such register shall be called "The Medical Register;" and a printed copy of the Medical Register for the time being, so published as aforesaid, shall be evidence in all courts, and before all justices of the peace and others, that the persons therein specified are registered according to the provisions of this Act; and the absence of the name of any person from such printed copy shall be evidence, until the contrary be made to appear, that such person is not registered according to the provisions of this Act.

XXIII. All monies received by the Medical Registrar shall be paid over to the treasurer of the Medical Council, and shall be applied to defray the expenses of carrying this Act into execution, and any surplus which shall remain shall be applied in forwarding Medical education and Medical science in such manner as the Medical Council shall think fit.

XXIV. Any Medical Registrar who shall wilfully make or cause to be made any falsification in any matters relating to the register shall be deemed guilty of a misdemeanour, and shall, on conviction thereof, be sentenced to be imprisoned for any term not exceeding six months.

XXV. After the said 1st day of November, 1855, no person shall be registered as a Physician unless he shall have attained the age of twenty-six years, and shall have graduated in Medicine in some University of the United Kingdom or in some Foreign University approved by the Medical Council, and shall also have been examined by one of the Royal Colleges of Physicians of England, Scotland, or Ireland, or by the

Faculty of Physicians and Surgeons of Glasgow, after such proof as shall be satisfactory to the examining body that he has applied himself to Medical studies during at least five years, and in each case shall have received letters-testimonial from the examining body, for which testimonial the candidate shall pay such fee as the said several colleges and the said faculty respectively shall determine.

XXVI. After the said 1st day of November, 1855, no person shall be registered as a Surgeon unless he shall have attained the age of twenty-two years, and shall have been examined by the Colleges hereinafter named; (that is to say,) if in England, examined in Medicine by the Royal College of Physicians of England, assisted by five Surgeons in general practice, to be appointed from time to time by the Medical Council, and examined in Surgery by the Royal College of Surgeons of England; and if in Scotland, examined by the Royal Colleges of Physicians and Surgeons of Edinburgh, or by the Faculty of Physicians and Surgeons of Glasgow; and if in Ireland, examined by the Royal College of Physicians and the Royal College of Surgeons of Ireland, assisted by five Surgeons in general practice to be appointed from time to time by the Medical Council; in every case after such proof as shall be satisfactory to the examining body that the candidate has applied himself to Medical and Surgical studies during at least five years, and in every case shall have received letters-testimonial from each of the bodies by which he shall have been examined, for which testimonial the candidate shall pay such fee as the said several colleges and the said faculty respectively shall determine.

XXVII. Every person registered as a Physician or Surgeon after the 1st day of November, 1855, shall cause himself to be admitted as a member of the Royal College of Physicians or of the Royal College of Surgeons, from which he shall have received his letters-testimonial; or if he shall have received the said testimonials from the Faculty of Physicians and Surgeons of Glasgow, then as a member of that faculty; but no person so offering himself for admission shall be required to pass any further examination, nor to pay any fee other than an admission fee; and every such Physician or Surgeon having been so admitted who shall afterwards remove from that part of the United Kingdom in which he obtained his letters-testimonial shall cause himself to be admitted as a member of the corresponding college of that part of the United Kingdom to which he shall so remove, or if he is removing to Scotland, as a member of the said faculty, and shall be entitled to be so admitted without further examination, and on payment of an admission fee; and every Physician and Surgeon who shall not within *three* months after registration or after such removal cause himself to be so admitted shall be struck off the register, and shall not be restored until he shall have been so admitted, and shall have paid to the Treasurer of the Medical Council such penalty as the Medical Council shall think fit, not exceeding £5 for each calendar month during which he shall have been so in default.

XXVIII. The said several colleges and the said faculty shall from time to time, when required by the Medical Council, prepare and lay before the Medical Council a scheme of the course of study and particulars of the examination to be gone through by all persons applying to such colleges respectively for letters-testimonial as Physicians or Surgeons, and of the fees to be taken for examination and admission into the said several colleges respectively; and the Medical Council shall make from time to time such changes in any of the schemes so laid before them as to them shall seem expedient; and the Medical Council shall procure, as far as is practicable that the qualifications and fees for the said testimonials shall be uniform, according to the nature thereof, throughout the United Kingdom.

XXIX. It shall be lawful for any person deputed by the Medical Council for that purpose, being a Physician if deputed to a College of Physicians, and being a Surgeon if deputed to a College of Surgeons, or either a Physician or a Surgeon if deputed to the said faculty, to be present at any of the examinations held by any of the said colleges or by the said faculty, for the purpose of granting letters-testimonial; and if the Medical Council shall be of opinion that the regulations prescribed by them for the examination and grant of letters-testimonial have been infringed, evaded, or neglected by any of the said colleges or by the said faculty, it shall be lawful for the Medical Council to notify the same to the Medical Registrar, and no person shall be registered upon the testimonials of the college or the said faculty so in default, until the same be amended to the satisfaction of the Medical Council.

XXX. Where by this Act it is provided that the concurrence of more than one body is required for qualifying any person to be registered, the examination before such bodies for his letters-testimonial may be conducted either separately before examiners appointed by each body, or before a joint board of examiners, to be appointed by each body separately or conjointly, who shall be appointed in such number, manner, and form, and shall hold their examinations at such times and places, as such bodies shall, with the approval of the Medical Council, agree from time to time among themselves, or as shall be determined by the Medical Council with respect to any point in which they shall not be agreed; and where there shall be separate examinations before examiners appointed by each body, the subjects and fees of examination shall be divided among such bodies as they shall from time to time agree among themselves, or as the Medical Council from time to time shall determine with respect to any subject on which they shall not be agreed.

XXXI. The Medical Registrar and the Treasurer of the Medical Council shall enter in books to be kept for that purpose a true account of all sums of money by them received and paid, and such accounts shall, in the months of June and December in every year, be submitted by them to the Medical Council, and if the said accounts be found to be correct, the President shall sign the same, and they shall be published by the Registrar along with the Medical Register that shall be printed in the month of February next ensuing.

XXXII. The Medical Council shall cause to be published under their direction and authority a book containing a list of medicines and compounds, and the manner of preparing them, together with the true weights and measures by which they are to be prepared and mixed, and containing such other matter and things relating thereto as the Medical Council shall think fit, to be called "The British Pharmacopœia;" and the Medical Council shall alter, amend, and cause to be republished such pharmacopœia as often as they shall deem it necessary.

XXXIII. Every person registered under this Act shall be entitled to practise Medicine and Surgery throughout Her Majesty's dominions; and every such person shall be entitled to demand and recover in any court of law, with full costs of suit, reasonable charges for Medical and Surgical aid, advice, visits, and medicine rendered or supplied by him to his patients.

XXXIV. After the said 1st day of November, 1855, no person shall be entitled to recover any charge in any court of law for any Medical or Surgical advice, attendance, or for the performance of any operation, or for any medicine prescribed, administered, or supplied by him, unless he shall prove upon the trial that he is registered under this Act.

XXXV. After the said 1st day of November, 1855, no person who is not registered under this Act shall be capable of holding any appointment in any part of the United Kingdom in the capacity of a Physician, Surgeon, Apothecary, or other Medical officer, in the military or naval service, or in any hospital, infirmary, dispensary, lunatic or other asylum, lying-in hospital, gaol, penitentiary, house of correction, house of industry, parochial or union workhouse or poorhouse, parish union, or other public establishment, body, or institution, or to any friendly or other society for affording mutual relief in sickness, infirmity, or old age.

XXXVI. If any person shall, after the 1st day of November, 1855, act or practise as a Physician, Surgeon, or Apothecary, in any part of the United Kingdom, without being duly registered under this Act, he shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence.

XXXVII. Every person not registered under this Act who shall wilfully and falsely pretend to be, or take or use the name or title of a Physician, Doctor, Bachelor of Medicine, Surgeon, or Apothecary, or any name, title, admission, or description, implying that he is registered under this Act, or that he is recognized by law as a Physician, or Surgeon, or Apothecary, or a Practitioner in Medicine, shall, on being summarily convicted of every such offence, before any Two Justices of the Peace for the county, city, or place where the offence was committed, pay a sum not exceeding £20, nor less than £5, to be recoverable as hereinafter described.

XXXVIII. Any Two Justices of the Peace acting in and for the county, city, or place in which the offence has been committed, may hear and determine any complaint made under the next preceding clause, on the oath of one or more witnesses, or by the confession of the accused party, and shall award the penalty or punishment herein provided for such offence; and in every case of the adjudication of a pecuniary penalty and of nonpayment thereof, it shall be lawful for the said Justices to commit the offender to any gaol or house of correction within his jurisdiction for a term not exceeding six calendar months, the imprisonment to cease on payment of the sum due.

XXXIX. If any person shall wilfully procure or attempt to procure himself to be registered under this Act, by making or producing or causing to be made or produced any false or fraudulent representation or declaration, either verbally or in writing, every such person so offending, and every person aiding and assisting him therein, shall, upon being convicted thereof, be adjudged guilty of a misdemeanor in England and Ireland, and in Scotland of a crime and offence.

XL. Any sum or sums of money arising from conviction and recovery of penalties as aforesaid shall be paid to the Treasurer of the Medical Council.

XLI. Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices, and in the militia, and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid.

XLII. It shall be lawful for the Medical Council to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of persons now practising Medicine or Surgery in any part of Her Majesty's dominions other than Great Britain and Ireland by virtue of any Degree in Medicine from any English, Irish, or Scotch University, or on any of the qualifications enumerated in Schedule (C.); and also in favour of any Surgeons or Assistant-Surgeons in the Army, Navy, or Militia; and also in favour of Medical Students who shall have commenced their professional studies before the passing of this Act.

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDING 30TH JUNE.

Head-Quarter Camp, before Sebastopol,
2nd July, 1855.

Dr. HALL writes,—I have much satisfaction in being able to inform you that there has been a marked decrease of both sickness and mortality during the week.

Cholera and diarrhœa have greatly diminished both in frequency and fatality, but there has been an increase under the head of dysentery.

The admissions to strength this week have been in the ratio of 6·60 per cent, and the deaths to strength 0·40 per cent.

Last week they were 7·89 and 0·72 respectively.

The three squadrons of the 10th Hussars, encamped at Varmoutha, and the 13th Foot recently arrived in this country, stationed at Kadekoi, are the only two corps at present suffering to any extent from cholera; the former have been withdrawn to their own encampment within the lines of Balaklava, and the latter are to be located on the heights to the westward of Balaklava, where the brigade of Guards were formerly stationed; and I am in hopes the change in each instance will be followed by beneficial results.

The admissions and deaths from the undermentioned diseases have been as follows:—

	During the present week.		During the previous week.	
	Admitted.	Died.	Admitted.	Died.
Fevers . .	576	17	543	22
Diarrhœa .	1004	19	1277	14
Cholera . .	109	71	409	188
Dysentery .	247	2	124	1
Wounds .	172	44	166	57
Other diseases	529	7	496	5
	2637	160	3015	287

In the Cavalry Division the number of fevers has slightly increased, but only one casualty has occurred from that cause. Diarrhœa continues to prevail, but cholera has considerably diminished except in the three squadrons of the 10th stationed in the country, about 10 or 12 miles from Balaklava; but of 25 cases which occurred in the division, 13 were in the 10th Hussars. The mortality has also decreased, as the deaths are now only about one in six, and the disease is beginning to attack weakly men in hospital, and those broken down by drunkenness, as was the case in Bulgaria last year.

Diarrhœa has been prevalent in the siege train, and in the left attack of sappers and miners, but cholera has diminished. In the 2nd Division, Dr. Gordon, the superintending surgeon, describes the general health of the regiments as tolerably good, and the mortality small. Cholera has abated both in frequency and virulence, and the mortality from it has decreased one half. Mild continued fevers have been common, and one death occurred from that cause. They are attributable to the exposure and fatigue duties incident to a soldier's life in active service.

Bowel complaints have been on the increase, and have proved less amenable to treatment, though no deaths have occurred.

Bowel complaints are reported to be on the increase both in the 1st and 3rd Divisions, but cholera has declined, and in the 3rd Division the mortality is 13 less this week than it was last from that disease.

Tetanus occurred in two wounded men in the 3rd Division, and proved fatal to both. In the 4th Division, cholera, diarrhœa, and dysentery, have been the most prevalent diseases, and more men have died from cholera in this division than in any other.

In the Light Division cholera and diarrhœa have decreased, but there is a tendency to dysenteric purging within the last few days.

The wounded are all going on well, and amongst these are four of amputation at the shoulder joint. The wounded at the Castle Hospital in Balaklava have nearly all progressed favourably, but in the General Hospital in camp some cases of gangrene have occurred and proved rapidly fatal.

Two cases of tetanus have also occurred, and are likely to have a fatal termination.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on July 19th, 1855:—

BRENNAN, GEORGE, Cork.
DIXIE, WOLSTAN FLEETWOOD, Bosworth.
HOLBERTON, VAUGHAN HENRY ALEXANDER, Hampton, Middlesex.
LANG, JOHN, Manchester.
MURPHY, WILLIAM, Vancouver's Island.

DEATHS.

WHITE.—July 2, aged 28, in the camp before Sebastopol, of fever after cholera, John Horsley White, Esq., Acting Assistant-Surgeon to the 3rd Regiment of Foot.

POWELL.—June 23, at Finsbury-square, after three days' illness, Henry Powell, Esq., M.D., in his 49th year.

WILSON.—July 19, at Tickwood, near Wellington, Shropshire, William James Wilson, Esq., late senior Surgeon to the Manchester Royal Infirmary.

TESTIMONIAL.

DR. ROLPH.—At the annual dinner of the members of Court Unity of the Ancient Order of Foresters, held at Portsmouth, the Treasurer of the court presented to Dr. Rolph, a silver cup of neat and excellent workmanship, bearing the following inscription:—"Presented to Dr. Rolph, by the Brethren of Court Unity, No. 2377, of Portsmouth, as a small token of their fraternal esteem and respect, and of their appreciation of the uniform kindness and attention evinced by him, in his capacity as Medical attendant of the above court. July 16th, 1855."

THE SOCIETY OF SURGERY OF PARIS.—At the Anniversary Meeting of this now important Society, recently held, it

was announced that the Prize of 400 francs, offered this year for the best essay upon the "Treatment of Abscess of Congestion dependent upon Spinal Disease," had not been adjudged; but an "encouragement" of 200 francs was awarded to M. Michel, of Strasbourg, for his essay on the subject. The subject of the Prize for 1856 is, "The Definitive Results of Amputations of the Lower Extremities." The officers chosen for the ensuing year were M. Gosselin, President, M. Chassaignac, Vice-President, and M. Verneuil, Secretary.

Royal Medical Benevolent College.—The following were duly elected Foundation Scholars, on Thursday, the 19th July, 1855.

	votes.		votes.
(a) R. W. Savage	2796	G. J. Innerarity	1832
J. Oldham	2759	J. Bowman	1794
H. W. Collicott	2623	F. A. Oldaker	1745
H. O. Curling	2409	W. W. Robinson	1716
G. Bull	2289	W. Trew	1641
T. V. Trew	2273	C. H. Turner	1371
T. Kilburn	2179	H. Wardroper	1352
J. Carter	2140	F. Hill	1248
L. Wright	1992	P. M. Adams	1218
J. F. Goodhart	1848	F. Lever	1116

(a) The father was an original subscriber to the College.

Meeting of German Naturalists and Physicians.—The Thirty-second Annual Meeting is this year appointed to be held at Vienna, extending from the 17th to the 23rd of September. Learned foreigners are freely welcomed. A programme of the proceedings is published in the *Wien Wochenschrift*, June 16; and we suppose any further information may be obtained from Professors Hyrtl, Schrötter, Rokitansky, or Ettingshausen, who are appointed managers of the business of the meeting.

Diminishing Temperature of the Month of May.—M. Bérigny, of Versailles, as the result of his comparative observations, finds that the mean temperature of the month of last May was much lower than it had been for eight years previously; and, in fact, that it had continued almost progressively diminishing during this period. Thus, in the year—

1847	the mean temperature of May was		15·4
1848	,,	,,	15·7
1849	,,	,,	15·1
1850	,,	,,	12·7
1851	,,	,,	11·3
1852	,,	,,	14·6
1853	,,	,,	13·1
1854	,,	,,	12·2
1855	,,	,,	10·9

Cholera is making great ravages in Spain. At Granada, from the 27th ult. to the 14th inst., not fewer than 1617 persons had died of it; and on the 15th, 84 more also died, but that number was less than on previous days. At Burgos it was making great havoc.

The *Gazette Médicale* of Paris, and the *Gazette Médicale* of Turin complain of the difficulty experienced in obtaining a sufficient number of military surgeons for the armies in the East. Scantiness of salary is supposed to be the cause. The Piedmontese Government has been obliged to send out young students who have not graduated. It appears that in the Belgian army the want is as much felt.

Quackery—At the Stafford Assizes, Thomas Morris, aged 63, was charged with the manslaughter of Thomas Henshaw. The prisoner, a stout, elderly man, described himself as a medical galvanist. It appeared that he was in the habit of travelling about the country and advertising himself as able, by galvanism and other remedies, to effect a cure for rheumatism and other diseases, and among other places he visited Penkridge, and there took up his abode at the White Hart public-house. A person named Henshaw, in that village, was suffering from rheumatism, and on the evening of Saturday, the 2nd of June, 1855, he sent his little girl with a cup to the White Hart to get some medicine. The prisoner sent the little girl to a pump, to get some water in the cup, and then, according to the evidence of the little girl, "poured" something from a large bottle into the cup, which thus became half full. The deceased took the medicine at about nine or ten o'clock the same day, and between twelve and one he became very sick. The sickness continued, and was accompanied with diarrhœa till Tuesday evening, when a surgeon was sent for. At about one o'clock on Wednesday morning two surgeons saw the deceased, and found him sinking fast. They administered some medicines which they thought would do him good, but he died at three o'clock on the Wednesday afternoon. On opening the body, the stomach and bowels were found to be much inflamed, which the witnesses attributed to the irritation caused by some poison. The contents of the stomach were analyzed, and found to contain a small portion of colchicum. The prisoner, when taken into custody, stated that he had given the deceased 32 drops of colchicum, which he had himself made from the root of that plant. It was stated that 32 drops of tincture of colchicum would not be an excessive dose; but evidence was given to show that the prisoner had not administered the tincture, which was of a well-ascertained strength, but an infusion or decoction which he had himself made, the strength of which it would be extremely difficult to measure. The prisoner had stated that he "dropped" the medicine from a small bottle which he had pointed out containing a weak decoction, but the wife of the deceased said the medicine sent her was of a deeper colour, and the little girl said the prisoner "poured" it into the cup out of a large quart bottle. Mr. Cooke, for the prisoner, said, the question was whether the prisoner in administering the medicine was guilty of such gross negligence, or gross ignorance, as would make him criminally responsible for the death of the deceased. The learned counsel then contended that the evidence did not support the charge, and that there was no difference in point of law between the case of the prisoner and that where a medical man had the misfortune to cause the death of the patient by an overdose. Mr. Justice Erle adopted the view laid down by the learned counsel, and said the question for the jury would be whether they really believed that the prisoner had merely administered 32 drops of the tincture, which it was proved was not an excessive dose, or had administered the infusion or decoction, the strength of which, it seemed, could not be ascertained without difficulty. If the jury thought the prisoner had administered the infusion or decoction, "pouring" it out of the large bottle, as alleged, without knowing anything about its strength, it would be for the jury to consider whether that was not such gross ignorance as would render him responsible for the death of the deceased. But if they thought he had not been guilty of any gross ignorance or gross negligence, they ought to find him not guilty. The jury found the prisoner *Guilty*. Mr. Justice Erle said, he concurred in the verdict, and, alluding to the circumstance that there was another indictment against the prisoner for causing the death of another person by the same sort of medicine, his Lordship said the case was one of great importance. At the same time, taking into account the age of the prisoner, the disgrace which had fallen upon him, and the imprisonment which he had already undergone, his Lordship sentenced him to six weeks' imprisonment.

Mortality Notabilia.—During three weeks of this month the population of London have enjoyed improved health. This is shown by a reduction of the mortality to the extent of about 150 deaths a-week below the mortality of the previous month. Last week the deaths registered were 915. In the corresponding weeks of the ten years 1845—54 the average number was 1027, which, if corrected for increase of population, becomes 1130. In comparing the present return with the estimated result it is necessary to observe that in the week which ended 21st July, 1849, (embraced in the average,) cholera was fatal in 678 cases, and raised the deaths from all causes to 1741; otherwise a conclusion will be drawn rather more favourable for last week than the mortality that has prevailed in ordinary periods would justify. The zymotic class of diseases produced last week 229 deaths, being a fourth part of the total mortality. This amount is as high as it usually is at this period. Diarrhœa, of which there were 67 fatal cases, is making progress with the rising temperature. Four cases of cholera were recorded last week, 3 of which occurred to infants; the remaining case was that of a woman, aged 56 years, who died in Walworth from "choleraic diarrhœa" after 13 hours' illness.

Births.—The births of 798 boys and 724 girls—1522 children, were registered.

Meteorology.—The mean reading of the barometer in the week was 29.739 in. At the end of the week the reading was at 30·03 in. The mean temperature of the week was 59·6°,

which is 2·4° below the average of the same week in 38 years. On Thursday, when it rained heavily, the mean temperature was 54·9°, which is 7° below the average. The *highest* temperature occurred on Sunday (the 15th) and was 76·8°; the *lowest* on Saturday, when it was 48·3°. The temperature of the water of the Thames was 66·9°. Wind west. Rain 1·04 in. Horizontal movement of air, 590 miles; electricity, positive, generally.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	1	5	4	6	4
North	490,396	2	1	3	9	13	6
Central ..	393,256	1	3	4	6	6	8
East.....	485,522	2	4	6	8	16	6
South	616,635	3	2	17	10	26	13
Total..	2,362,236	10	11	35	37	67	37

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, July* 21, 1855.

Causes of Death.	In the Week ending Saturday, July 21, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature.....	Mean temp. ° 59·6						° 63·0
All Causes	915	462	150	151	119	23	1027·0
Specified Causes	902	461	150	150	118	23	1020·8
Diseases:—							
1. Zymotic Class	229	187	21	12	8	1	316·8
2. Dropsy, Cancer, and others of uncertain seat	45	4	6	15	19	1	44·2
3. Tubercular Class	204	80	73	43	8	..	198·8
4. Of Brain, Nerves, etc. ..	92	50	7	15	18	2	109 0
5. Of Heart, etc.	30	2	4	13	9	2	35·1
6. Of Respiratory Organs ..	90	43	8	21	17	1	91·9
7. Of Digestive Organs ..	57	21	12	14	9	1	65·2
8. Of Kidneys, etc.	18	..	3	7	8	..	13·0
9. Of Uterus; viz. — Puerperal Disease, etc. ..	14	..	6	6	2	..	8·5
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	8	2	5	..	1	..	7·6
11. Of Skin, etc.	2	..	..	..	2	..	1·8
12. Malformations	2	2	..	..	..	..	3·6
13. Debility from Premature Birth, etc.	33	33	..	..	..	..	27·3
14. Atrophy	33	27	..	1	4	1	30·1
15. Age	23	..	..	..	10	13	35·5
16. Sudden	3	..	1	..	1	1	6·7
17. Violence, Privation, etc...	19	10	4	3	2	..	25·6
Causes not specified.. ..	13	1	..	1	1	..	6·2

BOOKS RECEIVED.

Twenty-fifth Annual Report of the Belfast District Hospital for the Insane. Belfast. 1855.

Dr. Neligan's Atlas of Cutaneous Diseases. Dublin: Fannin and Co. 1855.

Dr. Granville on the New Mineral Baths' Cure in Germany. London. 1855.

Balliugall's Outlines of Military Surgery. Fifth Edition. Ediuburgh: A. and C. Black. 1855.

Owen's Lectures on Comparative Anatomy. Invertebrate Animals. Second Edition. London: Longman and Co. 1855.

Mann on the Philosophy of Reprodnction. London: Longmau and Co. 1855.

A Letter to Sir Benjamin Hall, Bart. By Dr. Snow. London: Churchill. 1855.

The American Medical Monthly. June, 1855. New York.

The New Orleans Medical and Surgical Jonrnal. Nos. 5 and 6. New Orleans.

Tableau of the Yellow Fever of 1853. By Bennett Dowler, M.D. New Orleans. 1854.

Catalogue of Contributions transmitted from British Guiana to the Paris Universal Exhibition of 1855. Georgetown, Demerara. 1855.

Inquiry to ascertain the Maximum Limit of Annual Taxation necessary to improve the Sewage and Drainage of London. By Dr. Sayer. 1855.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

We beg to remind our readers that, under the New Newspaper Stamp Act, which came into operation June 30, the following particulars are important to be observed :—

Stamped Copies can only be transmitted by Post within Fifteen Days from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The enclosed were excised from harmonions juxtaposition in the *Cardiff and Merthyr Guardian* of Saturday, June 23, 1855.

Perhaps you may like to make use of them. I am, etc.

July 25, 1855. A. W.

"Guide to Living Medical Authors, with a Classification of the Subjects of their Writings, published weekly, for the protection of the public against Quacks and Quackery, in the *Medical Circular*. Sent by post on receipt of five stamps. Office, 20, King William-street, Strand."

"Deafness, Distressing Noises in the Head.—Just published, gratis, for the Protection of the Deaf. Truly Miraculous Discovery.—An infallible method by which sufferers can positively cure themselves, explained in a book of 30 pages, sent free of charge to any deaf person through the Post, who may write for the same. Published by the Consulting Surgeon to the Institution for the Cure of Deafness, 9, Suffolk-place, Pall Mall, Dr. F. R. Hoghton, M.D., Member of the Royal College of Surgeons, date of Diploma, 2nd May, 1845, L.A.C. 30th April, 1846. It will save many sufferers from the dangerous advertised impositions and deceptions set forth by unqualified and assumed Anrists of the present day. By means of this book, thousands have been restored to perfect hearing in distant parts of the world, without absence from home or business. Dr. Hoghton has published this new discovery as a help and a hint, not for gain, but to be given away for the benefit of deaf persons and a stop to Quackery and extortionate Fees. It contains startling cures, deaf persons having cured themselves, many instantaneously effected. All letters post-paid to be directed to Dr. Hoghton, 9, Suffolk-place, Pall Mall, London. Personal consultation, 11 to 4 every day."

A. M. and a Constant Reader.—We are requested to state that the case of injustice to a Poor-law Officer described in this Journal in a letter published on the 7th inst. did not occur in the Eastbourne Union (as was stated by mistake), but in the Easebourne Union, near Midhurst, Sussex —a typographical error of easy occurrence, Easebourne being very little known.

Y.—Dr. Handfield Jones and Sieveking's "Manual of Pathology."

Eblanensis.—The homœopathic returns have not escaped our notice. We intend next week to expose their mendacity and worthlessness.

M.R.C.S. and L.S.A.—We have made inquiries as to the proportion of successful and unsuccessful candidates at the University of St. Andrew's, and we are informed that the ratio is about five in thirty. The number of rejections is now somewhat less than formerly, because the candidates are recommended, previous to each examination, to peruse the printed papers of the preceding examination, and the sight of these papers often acts as a preventive check. On one occasion within our knowledge the rejections were four in twelve, and on another, six in twenty-four. We publish some letters on this subject in our columns of to-day.

We regret that we are compelled to postpone until next week Dr. Gibbon's paper on the Complications of Continued Fever, and the latest report of the Smyrna Medico-Chirurgical Society.

Erratum.—The title of Dr. Wilson Reed's paper in our last number should have been "Poisoning by Liquor Ammoniæ Fortior," not "Fortins."

COMMUNICATIONS have been received from—

W. W. Stabb, Esq., Torquay; Mr. T. C. Shinkwin; A. M. and A Constant Reader; Mr. T. Windser; Mr. Chaplin; Mr. Spencer Wells; Mr. Wilde; Dr. Day; M.D.; M.R.C.S. and L.S.A.; M.D.; M.R.C.S. and L.S.A.; Dr. Steavenson; An M.D. of St. Andrew's; Dr. Handfield Jones; Dr. Snow; Dr. Dowson; An Old Subscriber; An Englishman; A Graduate; The Hon. Secretaries of the Epidemiological Society; Medicus; Dr. Kirke, Glasgow; Dr. J. D.; Dr. Andrew Smith; Mr. Henry Day; Mr. Vernon Bell.

APPOINTMENTS FOR THE WEEK.

JULY & AUGUST.	Miscellaneous Register.
28. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
30. Monday.....	
31. Tuesday	Operations at Guy's, 1 p.m.
1. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
2. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
3. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ROYAL MEDICAL BENEVOLENT COLLEGE.

(INCORPORATED BY ROYAL CHARTER.)

Patron.

HER MOST GRACIOUS MAJESTY THE QUEEN.

President.

THE RIGHT HONOURABLE THE EARL MANVERS.

Trustees.

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ROBERT LEE, M.D., F.R.S. | JOHN BACOT, Esq. | Esq., F.R.S.

Treasurer.

JOHN PROPERT, Esq., New Cavendish-street.

The Council beg to announce that HER MAJESTY has most graciously given her consent to the CHARTER OF INCORPORATION, and in publishing this the FIFTEENTH LIST OF CONTRIBUTORS, they cordially congratulate the Friends and Supporters of this noble undertaking upon its near approach to completion. The Pensioners and Twenty Foundation Scholars have just been elected, and will be received within the walls of the Institution on the 1st of October.

The Council, however, have to regret that the College is still unsupported by a large number of the Profession; to these the Council' earnestly and confidently appeal, feeling assured that no individual who has a regard for his own family or the welfare of his poorer brethre n will hesitate to support an Institution so much needed and so benevolent in its objects.

AMOUNT PREVIOUSLY ADVERTISED £28,446 0 0

Mrs. E. B. (SECOND DONATION) £500 0 0

BEQUEST OF THE LATE RICHARD GLYN CREWE, Esq., CHALTON KINGS 100 0 0

PRESENTED on the occasion of Opening the College, by ALLIN FOORD PRICE, M.D., Deptford, a handsome Service of Plate for the Communion Table, a valuable Set of Desk Books for the Church Service, and a Gown and Surplice for the Chaplain.

	£	s.	d.
Angerstein, John, Esq. Thetford, per H. W. Best, Esq.	25	0	0
Allen, Thomas, Esq. Warnford Asylum, Oxford ... ... annual	1	1	0
Allen, Mrs. Thomas, ditto	5	5	0
Aubertin, Miss M. Banstead, 2nd don.	2	0	0
Arthy, Edward A. Esq. Fincham, Downham ... ... annual	1	1	0
Adams, Mrs. Langley Lodge, Lewisham, per J. Hodgson, Esq. Spital square ...	5	5	0
Adams, U., Esq., Singleton annual	1	1	0
Baxendale, Joseph, Esq. Woodside, Whetstone ... ... 3rd donation	100	0	0
Burnaby, Miss, Evington House, near Leicester	5	5	0
Bottomley, Miss, Croydon	5	5	0
Barker, Mrs. R. H. Hungerford... ...	5	5	0
Bostock, John S. Esq. Horsham annual	1	1	0
Buchan, Lady, 39, Upper Harley street, Cavendish square	5	5	0
Barnes, J. W. Esq. Aylesford, Kent, per Henry Hancock, Esq. ... annual	1	1	0
Blackmore, Mrs. Old Street road ...	5	5	0
Beck, Edward, Esq. Ipswich annual	1	1	0
Butler, Frederick, Esq. Winchester ann.	1	1	0
Bossey, F. M.D. Woolwich 2nd don.	5	10	0
Barber, E. Esq. Stamford 2nd donation	47	5	0
Burford, Miss, 59, Harley street, per H. Hancock, Esq.	5	5	0
Bell, Mrs. Thomas, 17, New Broad street	5	5	0
Buck, Mrs. Prince's pl. Kennington pk.	5	5	0
Bibby, Mrs. John, Liverpool, per Walter Bryant, Esq.	5	5	0
Brande, Miss L. G. Chiswick Mall ...	10	10	0
Bryant, Miss Mary Eliza, Bathurst st. Hyde Park gardens	5	5	0
Bryant, Miss Emma Agnes, ditto ...	5	5	0
Bryant, Miss Sophia Leslie, ditto ...	5	5	0
Bryant, Miss Caroline, Wentworth ...	5	5	0
Beckett, Miss Elizabeth Ann, Hever Ct., near Gravesend	5	5	0
Brenchley, Mrs. Horatio, Lansdowne place, Brighton	5	5	0
Bartley, Mrs. Mitcham green, Surrey ...	5	5	0
Busk, G. Esq. Greenwich	10	10	0
Browne, Miss, Highbury ter., Islington	5	5	0
Billamore, Mrs. Winehcombe place, Cheltenham	5	5	0
Bagshaw, E. L. Esq. 9, Russell st., Bath	10	10	0
Brooks, James, Esq. Odiham ... annual	1	1	0
Baker, F. Esq. Hampton court... annual	1	1	0
Bentley, Miss, Highbury Grange ...	5	5	0
Brande, Everard, Esq. Southampsted house, Turnham green 2nd donation	90	0	0
Beckingsale, Mrs. Newport, Isle of Wight	5	5	0
Bell, J. P. M.D. Waverley house hall ann.	1	1	0
Brook, Miss, 29, Keppel street, Russell square...	5	5	0
Bell, Mrs. R. P. Hull	5	5	0
Burton, Mrs. W. S. Mornington lodge, North End, Fulham	5	5	0
Burton, Miss ... 2nd donation	5	5	0
Burton, Mrs. J. M. Lee pk., Blackheath	5	5	0
Burford, Mrs. Elliot vale, ditto	5	5	0
Burke, P. Esq. Upper Montague street, Montague square ... ... annual	1	1	0
Browne, Miss Anne Margaret, Chisledon house, Swindon	5	5	0
Browne, Miss Mary Catherine ditto	5	5	0
Bailey, Henry, Esq. Hunslet Vicarage, Leeds ... ... annual	1	1	0
Bennett, Rev. H. L. Chertsey ... annual	1	1	0
Bishopp, Mrs. Thornley hall, West Haddon ... ... 3rd donation	2	0	0
Beauchamp, Mrs. Finefield, Slough, per P. Marshall, Esq....	5	5	0
Beardmore, Miss, Juniper hall, near Dorking, per Dr. Thompson	5	5	0
Biddle, H. C. Esq. Edmonton annual	1	1	0
Brooke, Miss J. F. Cottage, Lower Walmer, Deal	10	10	0
Billinghurst, Henry, Esq. Downham road, Islington ... 2nd donation	9	9	0
Byron, Lady Noel, Brighton	5	5	0
Bacot, Mrs. Portugal street, Grosvenor square	5	5	0
Brown, Mrs. St. Mary Axe	5	5	0
Bayley, Wm., Esq., Cobford House, Sidmouth ... ... annual	1	1	0
Birch, John Wm. H., Esq., Henley park, per J. H. Brooks, Esq.	10	10	0
Brune, Miss, Newham house, Truro, per E. J. Spry, Esq.	10	10	0
Bull, Mrs. H. G., Hereford	5	5	0
Borland, Dr., Bridgeman house, Teddington ... ... annual	1	1	0
Batten, S., Esq., per H. T. Lomax, Esq., Stafford	0	10	0
Brown, George Dransfield, Esq., per C. Vines, Esq., Reading ... annual	1	1	0
Bradden, William, Esq., Blackland, Plympton, Devon	1	1	0
Bratten, James, Esq., Shrewsbury ...	10	10	0
Brown, S. W., Esq., Lewisham... ...	10	10	0
Brown, W. H., Esq., ditto	10	10	0
Beckett, W., Esq., M.P., Brook street...	10	10	0
Burdett, W., Esq, Stamford	5	5	0
Blyth, E. J., Esq., Whitchurch, Reading	10	10	0
Burton, W. M., Esq., Blackheath, 2nd donation	5	5	0
Blagden, Miss Elizabeth, Petworth ...	5	5	0
Clark, Sir Charles Mansfield, Brighton 6th donation	21	0	0
Cantis, Miss, Hanover street, Hanover square	5	5	0
Clark, Willington, Esq. Sutton, Surrey...	10	10	0
Clark, Mrs. Willington, ditto	5	5	0
Cole, Mrs. Odiham ... annual	1	1	0
Coles, Miss Matilda, Yeovil, Somerset...	5	5	0
Cockell, Messrs. Holly Lodge, Dalston annual	1	1	0
Churchill, Miss, Oakfield, Wimbledon park	5	5	0
Cole, Francis, Esq. Odiham annual	1	1	0
Churchill, Miss Ellen, Oakfield, Wimbledon park	5	5	0
Churchill, Miss Louisa, ditto	5	5	0
Cox, Mrs. Henry, Trevereaux, near Edenbridge, Kent	5	5	0
Christophers, Mrs. 38, York street, Portman square	5	5	0
Collins, Mrs. Frederick, Wanstead ...	5	5	0
Cahill, T. M.D. Albert terrace, Knightsbridge ... ... 2nd donation	5	5	0
Cahill, Mrs. T. ditto	5	5	0
Collins, Mrs. Leyton, Essex	5	5	
Cowan, Samuel B. Esq. Bath annual	1	1	0
Cowan, Mrs. Samuel, Bath annual	5	5	0
Carey, John, Esq. 8, Upper Bedford street, Russell square ... annual	1	1	0
Colebrook, Mrs. Long Lodge, Merton, Surrey, per Walter Chapman, Esq. annual	1	1	0
Chapman, Mrs. Walter, Lower Tooting	5	5	0
Chinery, Edward, Esq. Lymington, ann.	1	1	0
Colborne, Wm. Esq. Chippenham ann.	1	1	0
Croft, C. P. M.D. 47, Torrington square annual	1	1	0
Coekran, Charles, Esq. Long Ditton, Kingston on-Thames	5	0	0
Cousins, Mrs. Maindie Cottage, Cwm Brau Ironworks, Newport, Monmouth	5	5	0
Carr, Alexander, Esq. Royal Westminster Ophthalmic Hospital, per Henry Hancock, Esq. ... ... annual	1	1	0
Cancellor, Mrs. Chester terrace, Regent's park	5	5	0
Cantherley, Mrs. Amwell, Herts, per C. Hickman, Esq Camberwell ...	5	5	0
Cartwright, Mrs. Oswestry, Salop ...	5	5	0
Chapman, Mrs. Joseph, Hounslow ...	5	5	0

	£	s.	d.
Cholmley, Mrs. Worthing	5	5	0
Clifford, Mrs. Cambridge terrace, Regent's park	5	5	0
Cooper, W. T. Esq. 26, Oxford street annual	1	1	0
Carthew, John, Esq. Alwynne road, Canonbury, Islington ... annual	1	1	0
Clifton, Miss Julia Sophia, Russell place, Fitzroy square	5	5	0
Clode, Mrs. Upper Avenue road, Regent's Park	5	5	0
Cole, Mrs. E. C. Regent's Park ...	5	5	0
Comber, Mrs. Worthing	5	5	0
Cooke, Mrs. Cheltenham	5	5	0
Cowley, Mrs. N. Montague place, Montague square	5	5	0
Cowell, Miss A. G. 111, Piccadilly ...	5	5	0
Critchert, Mrs. George, 46, Finsbury square	5	5	0
Croft, Miss C. M. Laurence Pountny hill	5	5	0
Crompton, Miss, Preston, Lancashire	5	5	0
Crowdy, Mrs. Clarence sq. Brighton	5	5	0
Crowley, Mrs. J. S. York terrace, Regent's park	5	5	0
Carpue, Miss, 45, Upper Charlotte street, Fitzroy square ... ... annual	1	1	0
Cory, W. G., M.D., Banstead, Surrey ...	10	10	0
Collected in the Parish Church, Biggleswade, after a sermon by the Rev. Joseph Donton	6	8	10
Clough, John, Esq., Wentbridge ann.	1	1	0
Cowell, Miss Agnes C., 111, Piccadilly...	5	5	0
Cooper, R., Esq., per Charles Heaton, Esq., Lcek, Staffordshire... annual	1	1	0
Cox, Miss Elizabeth Hodges, Rectory, Litton Chenery, Dorset, per William Sweeting, Esq.	5	5	0
Crisp, K. H., Esq., Whittlesea, per Dr. Paley ... ... annual	1	1	0
Creed, G., Esq., Fareham... annual	1	1	0
Crompton, Miss Martha, Kearsleystone Clough, near Manchester, per T. B. Eames, Esq.	5	5	0
Collected in St. Mary's Church, Dover, after a sermon by the Rev. J. H. Puckle, M.A.	18	0	2
Collected in Parish Church, Nottingham, after a sermon by the Rev. William Butler	14	10	9
Collected in the Parish Church, Upton-on-Severn, after a sermon by the Rev. H. J. Taylor	10	0	0
Collected in the Parish Church, Pershore, after a sermon by the Rev. Henry Temple, M.A.	9	1	3
Collected in the Parish Church, Cuckfield, after a sermon by the Rev. Thos. A. Maberley	9	0	0
Capel, James, Esq., Westbourne terrace.	10	10	0
Dalton, P. H. Esq. 27, King William street, Charing Cross, per Henry Hancock, Esq.... ... ... annual	1	1	0
Du Pasquier, Miss	5	5	0
Du Pasquier, Miss C.	5	5	0
Daniell, Miss, Newport Pagnell... ...	5	5	0
Dill, Richard, Esq. Regency square, Brighton...	10	10	0
Davey, Norris F. Esq. Romford ...	10	10	0
Davies, Mrs. Albert, Havant	5	5	0
Deane, Mrs. Knutsford	5	5	0
Doggett, Miss, Sandon, near Royston annual	1	1	0
Downes, Miss, 29, Coleshill street, Eaton square	5	5	0
Douglas, Miss Houston, 24, Eaton place, Belgrave square	5	5	0
Do. do. annual	1	1	0
Duncan, Robert, M.D. Dudley house, Tunbridge Wells	10	10	0
Davies, Mrs. Old Brentford	5	5	0
Digby, Miss, Fleet street	5	5	0
Diplock, Mrs. T. B. Sidney street, Brompton	5	5	0
Dixon, Mrs. James, Green street, Grosvenor square	5	5	0
Douglas, Mrs. A. Houston, 42, Eaton sq.	5	5	0
Davies, Henry G. Esq. Hamilton square, Birkenhead	1	1	0
Do. do. annual	1	1	0
Drage, Mrs. Charles, Hatfield	5	5	0
Dodsworth, Benjamin, M.D., York, per E. Allen, Esq.	10	10	0
Dix, Mr. F. W., Long Buckley, Northamptonshire	5	5	0
Davis, Mr. Edward, Old Brentford, per John Goodchild, Esq.	5	5	0
Dunn, Miss M. E., Norfolk street, Strand	5	5	0
Du Pasquier, C. F., Esq., Pall Mall 2nd donation	10	10	0
Edwards, Mrs. Virtue, Hospital for Consumption, Brompton	5	5	0
English, A. W. Esq. Ufford hall, Stamford ... ... annual	1	1	0
Essex, Mrs. Pontypool, Monmouth ...	5	5	0
Evershed, Miss, Abinger, Surrey, per William Wallis, Esq.	5	5	0
Edwards, Mrs. D. Great Russell street, Covent garden	5	5	0
Elliott, Mrs. Charles Bolleau, Tattingstone Rectory, near Ipswich	5	5	0
Evans, Mrs. Bertram, Hertford street, May fair	5	5	0
Elliott, Robert, Esq. Denmark hill ...	10	10	0
Elliott, Archibald, M.D., Haslar Hospital ... ... annual	1	1	0
Eastes, Mrs. Silvester, Folkestone ...	5	5	0
Ellison, James, Esq., Windsor ann.	1	1	0
Ellison, Mrs. J., ditto	5	5	0
Evans, Chas., Esq., Bakewell 2nd don.	0	10	6
French, Mrs. per D. Nelson, Esq. 46, Acacia road, St. John's wood annual	1	1	0
Francis, Mrs. 39, Woburn-square annual	1	1	0
Fayrer, George, Esq. Henley-in-Arden annual	1	1	0
Ferraby, Charles, Esq. Swaffham, Norfolk... ... ... annual	1	1	0
Few, Miss, Streatham	5	5	0
Fisher, Miss, 10, Norfolk square, Hyde park ... ... annual	1	1	0
Farlem, Miss, Blackheath	5	5	0
Fitter, Mrs. 9, Marine parade, Dover annual	1	1	0
Fish, Robert, Esq. Lying-in Hospital, York rd. per H. Hancock, Esq. annual	1	1	0
Francis, Mrs. Matthew, South Durham street, Sunderland	5	5	0
Francis, Mrs. Market Harborough ...	5	5	0
Francis, David, Esq. Mount Pleasant, Swansea annual	1	1	0
Francis, Mrs. ditto...	2	2	0
Frith, Mrs. A. M. Albion house, Loughborough road, Brixton	5	5	0
Forbes, J. W. Esq. Hampstead	10	10	0
Ferguson, Daniel, Esq. Giltspur street annual	1	1	0
Freeborn, Mrs. R. F., Broad street, Oxford, per J. T. Hester, Esq.	5	5	0
Fox, L. Owen, Esq., Broughton, Stockbridge ... annual for 1854 and 1855	2	2	0
Flint, C., Esq., Leek, Staffordshire ...	10	10	0
Gandy, Mrs. G. 48. Upper Baker street..	5	5	0
Gaskell, Mrs. Markham sq. Chelsea ...	5	5	0
Garlick, Mrs. William, 33, Great James street, Bedford row	5	5	0
Gyll, Gordon, Esq. Lower Seymour st. annual	1	1	0
Glanville, W. S. Esq. Wedmore, near Wells, Somerset	10	10	0
George, Miss, Royal crescent, Bath ...	5	5	0
Gibbs, Henry L. M.D. Southernhay, Exeter ... ... 2nd don.	5	0	0
Gordon, Miss, Onslow square, per J. Joyce, Esq. ... ... annual	1	1	0
Godfrey, Thomas. Esq. Herne bay ...	5	5	0
Greig, Mrs. George, 49, Hamilton terrace, St. John's wood	5	5	0
Gosling, Miss, 15, Portland place ...	5	5	0
Goldsbro, T. W. Esq. West square, Southwark ... ... annual	1	1	0
Gould, Mrs, Gower street	5	5	0
Galton, Edmund J. Esq. Brixton rise ...	10	10	0
Gibson, Mrs. J. B. Spring place, Bagnigge Wells road	5	5	0
Gilbertson, Mrs. Cwm Avon, Avon, Glamorganshire	5	5	0
Gisburne, Miss T. M. Walton hall, near Burton-on-Trent	5	5	0
Greatex, Mrs. Holborn hill	5	5	0
Greenwood. Miss, Talbot pl. Blackheath	5	5	0
Gurdon, Mrs. Boxford, Suffolk	5	5	0
Gale, Miss S. Burton place, Burton crescent ... ... annual	1	1	0
George, Richard F. Esq. Royal crescent, Bath ... ... annual	1	1	0
Goodall, Phillip, Esq., Seabridge, near Newcastle... ... ... annual	1	1	0
Good, Mrs., 47, Minories...	5	5	0
Gregory, — Esq., Stroud	10	10	0
Godwin, R. B., Esq., Derby 2nd don.	6	10	0
Hunt, Mrs. Ogle, 34, Chesham place, per J. C. Hunter, Esq.	5	5	0
Harman, Miss, Calverley lodge, Tunbridge Wells	5	5	0
Hobson, Dr. Park place, Leeds annual	1	1	0
Hardy, Mrs. Woodland terrace, Broughton, Manchester, per John Boultflower, Esq.	1	1	0
Harris, Michael, Esq. Hackney annual	1	1	0
Harrison, Francis, Esq. (Bombay Army) East India United Service Club ann.	1	1	0
Highmore, Nathl. Esq. Sherborne ann.	1	1	0
Hichens, Miss C. J. East Dulwich ...	5	5	0
Hunt, Thos. Esq. Alfred place, Bedford square ... ... 2nd donation	1	1	0
Hills, Edward H. Esq. Tudor lodge, Richmond...	10	10	0
Hills, Mrs. Edward ditto	5	5	0
Hilhouse, C. Esq. Herne hill, per Theophilus Thompson, M.D.	10	10	0
Hilhouse, Miss .. ditto	5	5	0
Hilhouse, Miss H. ditto	5	5	0
Hills, T. H. Esq. 338, Oxford street ...	10	10	0
Hodges, Edward, M.D. Bath annual	1	1	0
Hodges, Mrs. E. ditto	5	5	0
Hooper, Wm. Henry, M.D. Elkstone house, Cheltenham	10	10	0
Hooper, Mrs. H. ditto	5	5	0
Howitt, Mrs. Queen square, Lancaster...	5	5	0
Howell, Mrs. Datchett, near Windsor ...	5	5	0
Hughes, Mrs. Edward, Mold, Flintsh. ...	5	5	0
Humphrey, Mrs. G. M. Cambridge ...	5	5	0
Hugman, Wm. C. Esq. Gt. Ormond st. Russell square ... ... annual	1	1	0
Haffenden, Mrs. Thos. Hanwell... ...	5	5	0
Hammond, Mrs. George, Irthlingboro'...	5	5	0
Hamilton, Lady, Portman square ...	5	5	0
Hoare, Mrs. Great Marlow ... annual	1	1	0
Hancock, Mrs. 59, Harley street, Cavendish square	5	5	0
Hancock, Miss ditto	5	5	0
Harrison, Miss, 10, Keppel street, Russell square...	5	5	0
Harrison, Mrs. Braintree, Essex ...	5	5	0
Haslop, Mrs. Buckingham	5	5	0
Hickman, Mrs. Chas. Park place, Camberwell grove	5	5	0
Hills, Mrs. Edward H. Tudor lodge, Richmond...	5	5	0
Hill, Mrs. Southfield, Clapham	5	5	0
Hinton, Mrs. Blaina Iron Works, Newport, Monmouth	5	5	0
H. J. per Mrs. Haslop, Buckingham ...	5	5	0
Horne, Mrs. 33, Russell square	5	5	0
Horne, Miss ditto	5	5	0
Hodge, Mrs. Adelaide road, Haverstock hill, per W. H. Holman, Esq.	5	5	0
Hue, Mrs. Lothbury villa, Camden road, Holloway	5	5	0
Hanley, Mrs. 12, Aske terrace, Hoxton, per E. Halford, Esq. ... annual	1	1	0
Hinton, James, Esq. 60, Bartholomew close ... ... annual	1	1	0
Hamilton, Robert, Esq. St. George's street, Liverpool ... ... annual	1	1	0
Henderson, Mrs. C. Cooper, per William Silver, Esq. Kensington ... annual	1	1	0
Holding, Chas. Esq. New Bridge street, Blackfriars ... ... 4th donation	10	10	0
Hutchinson, Francis, Esq. New Bridge street ... ... 2nd donation	5	10	0
Hemming, W. B. Esq. 32, Addison road north, Notting hill ... ... annual	1	1	0
Harper, Phillip, Esq., Bilston annual	1	1	0
Harrison, Isaac, Esq., Reading, per C. Vines, Esq. ... ... annual	1	1	0
Hole, William Herbert, Esq., Wisbeach annual	1	1	0
Hildyard, J. G., Esq., Louth annual	1	1	0
Hodson, Rev. J., St. Peter's, Thanet 2nd donation	5	10	0
Heaton, Charles, Esq., Leek, Staffordshire ... ... annual	1	1	0
Hemming, Miss, Charmouth, per H. E. Norris, Esq.	1	1	0
Holman, Miss M. A., Crediton, Devon..	5	5	0
Hills, S. H., Esq., Oxford street ...	10	10	0
Harrison, J., Esq., Bocking ...	10	10	0
Hopgood, Mrs., Chipping Norton ...	5	5	0
Iliff, W. T. Esq. Kennington annual	1	1	0
Jackson, Mrs. H. St. James's row, Sheffield	5	5	0
Jacomb, Mrs. Lansdown ter. Notting hill	5	5	0
James, Mrs. Uxbridge	5	5	0
James, J. W. W. Esq. 25, Nelson terrace, Stoke Newington ... ... annual	1	1	0
James, Mrs. J. W. W. ditto	5	5	0
James, Mrs. 40, Canon place, Brighton...	5	5	0
Jefferey, Mrs. G. A. Eastbourne... ...	5	5	0
Jenner, Miss F. Wenvoe Castle, Cardiff..	5	5	0
Jervis, T. M.D. Connaught sq. 2nd don.	5	5	0
Jervis, Mrs. Thomas, ditto	5	5	0
Jervoise, Mrs. Herriard pk. Basingstoke	5	5	0
Jones, J. Dalston, M.D. Dalston annual	1	1	0
Jones, Mrs. J. D. ditto	5	5	0
Jones, Mrs. S. E. per A. J. B. Shardlow, near Derby	5	5	0
Jones, Mrs. Charles, 7a, Manchester sqr.	5	5	0
Jones, Miss F. Hale, 23, Soho square ...	5	5	0
Jones, Mrs. Edmund, Ross, Herefordsh.	5	5	0
Jones, Archdeacon, H. C. Portland place	10	0	0
Jones, Miss Mary	10	10	0
Jones, Henry, jun. Esq. Soho square ...	10	10	0
Jones, Richard, Esq. Size lane annual	1	1	0
Jackson, Mrs. Alfred, St. George's sq. Portsea	5	5	0
James, D. Esq. Grafton sq. Clapham ann.	1	1	0
Jeffrie, Mrs., Paradise street, Lambeth	5	5	0
Kirkland, Miss, Ashby-de-la-Zouch ...	5	5	0
Kilburn, Wm. Byam, Esq. West Aukland, Durham ... ... annual	1	1	0
Kilburn, Mrs. Edward Wm. 234, Regent street...	5	5	0
Kelland, Mrs. J. Plaistow...	5	5	0
Kearsey, Mrs. Croydon	5	5	0
Keal, John, Esq. Woburn place	10	10	0
Keal, Mrs ditto	5	5	0

	£	s.	d.
Kent, Miss M. A. Albion street, Hyde park	5	5	0
Kerswill, Mrs. St. Germains, Cornwall...	5	5	0
Kingston, S. K. M.D. 46, Pall mall ...	10	10	0
Knight, Mrs., Ashover, Chesterfield annual	1	1	0
Knight, Mrs. Charles, Runwick House, near Farnham, per S. G. Sloman, Esq.	5	5	0
Kirby, Mrs. B., Atherstone	5	5	0
Kyrke, R. V., Esq., Leudwellyn, Wrexham	0	10	0
Low, Rev. J. L. Middleton, Barnard Castle	0	10	0
Langshaw, Mrs. Lancaster	5	5	0
Lara, B. W. Esq. John st. Adelphi ann.	2	2	0
Lara, Miss Bessie, Marbury Cottage, Hammersmith	5	5	0
Lowe, Miss, Canonbury square	5	5	0
Langmore, J. C. Esq. Oxford terrace, Hyde park...	10	10	0
Lutten, R. Esq. St. Osyth, Essex ann.	1	1	0
Lumley, Miss Elizabeth, 10, Sussex pl. Regent's park ... ... annual	1	1	0
Lawrence, Mrs. L. Southampton ...	5	5	0
Lee, Miss Emily Sarah, Thame	5	5	0
Lawson, Miss M. S. Hemingford villas, Barnsbury...	5	5	0
Lidderdale, Mrs. Kintbury, near Hungerford	5	5	0
Lever, T. G. Esq. Culworth, near Banbury	1	1	0
Ditto ditto annual	1	1	0
Lightfoot, Robert T. Newcastle-on-Tyne	10	10	0
Lingen, Mrs. C. Hereford...	5	5	0
Loraine, Miss, Wallington 2nd don.	5	5	0
Lowdell, Mrs. George, Cannon place, Brighton	5	5	0
Leach, Mrs. 16, Albion street, Hyde park ... ... annual	1	1	0
Lloyd, Wm. W. Esq. Great Russell st. annual	1	1	0
Leach, Mrs. Albert villas, Clifton ...	5	5	0
Leicester, G. Ostell, Esq. Bishop's road, Bayswater ... ... annual	1	1	0
Leicester, Miss ditto	5	5	0
Lever, Mrs. 12, Wellington street, Southwark	5	5	0
Lever, Miss ditto	5	5	0
Lewis, Miss A. L. Ellen cottage, Ewell...	5	5	0
Lodge, Mrs. Llewellyn, St. Asaph, Flintshire	5	5	0
Lloyd, Evan G. Esq. Wegaedd Pentrath, Anglesey ... ... annual	1	1	0
Lister, Dr. Sandown, Isle of Wight ...	3	3	0
Ditto ... ... annual	1	1	0
Leigh, John, Esq , St. Ives, Hunts, per L. Newton, Esq ... ... annual	1	1	0
Lewis, Mrs. G. A., New Rents, Ashford ... ... annual	1	1	0
Llwellyn, — Esq , Tregwynt, per J. D. Brown, Esq.	10	10	0
Lucas, Miss E. Rayleigh, Essex ...	5	5	0
Lockhart, W., Esq., Shanghae, China ...	5	5	0
Lambert, Mrs., East Sheen	10	10	0
Miller, Miss Lavina, Octagon house, Kennington common, per Dr. Lever...	5	5	0
Mageniss, Miss Augusta, Hamilton pl. King's cross	5	5	0
May, Henry, Esq. Worksop annual	1	1	0
Mason, Mrs. William, Mornington-street, Burton-on-Trent...	5	5	0
Mason, Wm. Esq. ditto ... annual	1	1	0
Mitchell, Miss M. A. High st. Lowestoft	5	5	0
Mossop, Miss Jane, Stanground cottage, Peterborough	5	5	0
Morgan, W. F. Esq. Berkeley square, Bristol ... ... 2nd don.	10	10	0
Morgan, Mrs. ditto...	5	5	0
Maxwell, Mrs. St. Helen's, Galway annual	1	1	0
Morgan, Lady S. 11, William st. Albert gate, per J. C. Hunter, Esq. annual	1	1	0
Morgan, Mrs. W. W. Newport, Monmouth	5	5	0
Marewood, Mrs. P. Alfreton annual	1	1	0
Morrison, Mrs. John, 34, Kensington-sq.	5	5	0
Major, Mrs. 40, Bloomsbury square ...	5	5	0
Markwick. Miss, Croydon	5	5	0
Marshall, Wm. G. Esq. Colney Hatch, Middlesex...	10	10	0
Marshall, Mrs. P. 42, Bedford square ...	5	5	0
Marshall, Mrs. Moulton, Northamptonshire	5	5	0
Maurice, Miss E. Marlborough	5	5	0
Maurice, Miss J. ditto	5	5	0
Maysmor, Mrs. Springfield house, 8, Park village East, Regent's park ...	5	5	0
Merriman, Mrs. J. J. Kensington square	5	5	0
Mimpriss, Miss H. M. Prospect place, Wandsworth road	5	5	0
Monk, Miss, Hampshire terrace, Torriano avenue, Camden town	5	5	0
Monk, Miss Margaret, ditto	5	5	0
Morier, Mrs. Greville, Gloucester place, Hyde park	5	5	0
Mould, Mrs. 1, Onslow crescent, Brompton	5	5	0
Martyn, Mrs. Bennett street, St. James's annual	1	1	0
Montague, Lady, Ditton park, near Windsor ... ... annual	1	1	0
Mackintosh, Eneas, Esq. 17, Montague square	2	0	0
Morgan, W. F. Esq., Bristol	10	10	0
Merryweather, J., Esq., 57, Brook street	10	10	0
Nicholson, John, Esq. Stamford hill, per J. C. Price, Esq.	5	0	0
Nelson, David, Esq. Birmingham ann.	1	1	0
Napper, Miss A. Broad Oak, Cranley, Guildford	5	5	0
Noel, Mrs. D. C. Upper Tooting ...	5	5	0
Nuttall, Mrs. Syston, Leicester ...	5	5	0
Neighbour, Mr. 3, New Cavendish street	1	1	0
Nelson, Horatio F. Esq. 10, New Cavendish street	10	10	0
Nicholson, John, Esq. Dronfield, Derby annual	1	1	0
Nicholl, Frederick J. Esq. 18, Upper Harley-street	10	10	0
Newburgh, Anne, Countess of, Stendon House, Arundel, per Dr. Gruggen, ann.	1	1	0
Nodder, Mrs., Ashover Rectory, near Chesterfield	5	5	0
Nevill, Mrs., Sutton-at-Home, per R. Tippetts, Esq., Dartford	5	0	0
Ogle, Miss, Lower Belgrave street ...	5	5	0
Oldaker, Miss, Pershore	5	5	0
Oliphant, Mrs. Blackheath, per F. Hird, Esq.	5	5	0
Ord, Mrs. Brixton hill	5	5	0
Owen, Dr. Loughborough park, Brixton annual	1	1	0
Pretty, Wm. Esq. Mornington rd. ann.	1	1	0
Pretty, Miss Mary Ann	5	5	0
Parker, Wm. B. Esq. St. Osyth, Essex annual	1	1	0
Phillips, Fred. P. Rev. 20, Montague square	10	10	0
Phillips, George, Esq. Haverfordwest annual	1	1	0
Perry, Mrs. Cambridge heath, Hackney	5	5	0
Perry, Miss	5	5	0
Peter, Mrs. 45, Hyde park square ...	5	5	0
Petre, Miss Harriet, 18, Stockwell place, per E. J. Galton, Esq. Stockwell ...	5	5	0
Pilcher, Miss A. M. G. Stockwell park, Surrey	5	5	0
Pilcher, Miss, Winkfield, near Windsor.	5	5	0
Pilcher, Miss Mary J. 34, Russell square	5	5	0
Pilcher, Miss Marie Amelie ditto ...	5	5	0
Pitt, Mrs. G. 9, Waverley rd. Harrow rd.	5	5	0
Powell, Mrs. C. 77, Guildford street, Russell square	5	5	0
Powell, Mrs. C. Speldhurst, Tunbridge Wells	5	5	0
Pritchard, Mrs. 4, Hatcham terrace, New Cross	5	5	0
Pritt, Mrs. Rosedale House, Aigburth, near Liverpool	5	5	0
Probart, Miss, Bury St. Edmunds ...	5	5	0
Purnell, Miss, Melbourne place, Acre lane, Brixton	5	5	0
Purnell, Miss E. M. ditto	5	5	0
Paget, T. Esq. Leicester, collected on Card	0	14	6
Palmer, Miss, 32, Clarendon road north, Notting hill ... ... annual	1	1	0
Pollock, T. Esq. Fenchurch st. annual	1	1	0
Pirie, Lady, Peterborough villas, Finchley New road, per C. F. Lord, Esq. annual	1	1	0
Painter, Richard, Esq. Broadway, Westminster ... ... annual	1	1	0
Pinhorn, Mrs. Elizabeth, 18, Hemingford villas, Islington ... annual	1	1	0
Prichard, Dr., Abbington Abbey, Northamptonshire ... ... annual	1	1	0
Prior, F. J. Esq , Tewkesbury, annual	1	1	0
Painter, R. B. Esq., Warwick street, Belgrave square ... ... annual	1	1	0
Pennington, W., Esq,, Fern Acres, Gerrard's Cross	10	10	0
Price, J. C., Esq., ditto	1	1	0
Quain, Mrs. Richard, Harley street, per Henry Hancock, Esq.	5	5	0
Quain, Richard, Cavendish square, ann.	1	1	0
Roper, George, Esq. 180, Shoreditch, per R. Wallace, Esq.	10	10	0
Ross, C. Esq. Portland place annual	1	1	0
Ross, Lady Mary ditto ... annual	1	1	0
Rose, Mrs. C. 10, Barnes pl. Mile end ...	5	5	0
Ruck, John, Esq. Mount Ephraim, Tunbridge Wells ... ... annual	1	1	0
Roe, Mrs. Hamilton, Upper Brook street, —from Friends—per	5	0	0
Rudge, Edward D. M.D. Fakenham, Norfolk ... ... annual	1	1	0
Rusher, W. Esq. High st. Oxford annual	1	1	0
Royston, J. Esq. Whitwell, Derby ann.	1	1	0
Roots, Dr. Surbiton ... ... annual	1	1	0
Radley, Miss, 53, Torrington square ...	5	5	0
Rayner, Mrs. D. Tiviot Dale, Stockport.	5	5	0
Rees, Miss Isabella, 45, Finsbury square	5	5	0
Reichardt, Mrs. Stock Orchard crescent, Holloway	5	5	0
Rendle, Mrs. 33, Bridge House place, Newington causeway	5	5	0
Robathan, Mrs. Risca, near Newport, Monmouth	5	5	
Robertson, Mrs. T. S. 36, Assembly row, Mile end	5	5	0
Robertson, Miss ditto	5	5	0
Roots, Miss, 21, Keppel street	5	5	0
Rothsay, Lady Stuart de, Highcliff ...	5	5	0
Routh, Mrs. Sutton Ct. Lodge, Chiswick	5	5	0
Rowell, Mrs. E. Russells, Sutton, Surrey, per J. Ramsbotham, Esq.	5	5	0
Royston, Mrs. Newbury, Berks	5	5	0
Rump, Miss, Wells, Norfolk	5	5	0
Russell, Mrs. H. Clifton grove, York ...	5	5	0
Ruttledge, Miss F. G. George street, Hanover square	5	5	0
Rope, George, Esq. Blax Hall, Woodbridge ... ... annual	1	1	
Rope, Mrs. ditto ... ... annual	1		0
Rickman, James, Esq. Staines annual	1	1	0
Randall, John, Esq. Portman street, Portman square ... ... annual	2	2	0
Riley, Joseph, Esq. Hatfield Broadoak, Essex ... ... annual	1	1	0
Rowe, G. R. M.D. Cavendish sq. annual	1	1	0
Reeve, Mrs. Henry, Moreton terrace, Kentish town, per H. Hancock, Esq...	5	5	0
Rolls, T. Esq. Bridge, Marlow annual	1	1	0
Ransom, Thos. Wm., Darlaston, annual	1	1	0
Rendle, E. Esq., Plymouth annual	1	1	0
Robertson, Mrs. W. H., Buxton, Derby	5	5	0
Russell, John, Esq., Cyfarthfa, Merthyr Tydfil, per J. L. White, Esq. ...	10	10	0
Rolls, T., Esq., Bridge, Marlow, annual	1	1	0
Royston, Mrs., Newbury, Berks ...	5	5	0
Salt, Miss, 9, Russell square, per John Keal, Esq.	5	5	0
Sankey, Mrs. Sutton Valence, near Maidstone	5	5	0
Sargant, Mrs. Ely lodge, Stoke Newington, per J. Anderton, Esq.	5	5	0
Saunemann, Mrs. Cheyne walk, Chelsea.	5	5	0
Saxton, Mrs. W. W. Market Drayton, Salop	5	5	0
Shepherd, Mrs. 7, Mansfield st. Cavendish square	5	5	0
Sells, Mrs. Guildford	5	5	0
Sewell, Miss S. Beauvoir house, Englefield road, Kingsland	5	5	0
Shann, Mrs. York	5	5	0
Shipton, Mrs. Vicarage house, Othery, near Bridgewater	5	5	0
Sidden, Henry, Esq. Blackfriars road annual	1	1	0
Sidden, Mrs. ditto	5	5	0
Silver, Mrs. J. Deal	5	5	0
Simons, Mr. George, Denmark hill ...	5	5	0
Smith, Mrs. Woodland, Stoke d'Abernon, Surrey	5	5	0
Smith, Mrs. John street, Berkeley sq. ...	5	5	0
Smith, Mrs. P. Park st. Grosvenor sq....	5	5	0
Smith, Mrs. Crawley, Sussex	5	5	0
Smith, —, Whitchurch, near Reading ...	5	5	0
Snape, Mrs. Surrey County Lunatic Asylum, Wanstead	5	5	0
Snowden, Mrs. George, Ramsgate ...	5	5	0
Sola, Mrs. Putney Vale, Roehampton ...	5	5	0
South, Mrs. Blackheath park	5	5	0
Spong, Miss Ellen, Mount hill house, Rochester	5	5	0
Stallard, Mrs. Warminster	5	5	0
Standring, Mrs. Forest hill, Sydenham...	5	5	0
Standring, Miss, ditto	5	5	0
Standring, Miss H. M, ditto	5	5	0
Stevens, Mrs. Lansdown villa, Fulham..	5	5	0
Stewart, Mrs. Streatham, Surrey ...	5	5	0
Stewart, The Lady Isabella, Belgrave square	5	5	0
Stone, T. S. Esq. Christ's Hospital 2nd donation	5	5	0
Stone, Mrs. T. S. ditto	5	5	0
Straton, Mrs. A. Steeple Langford, Heytesbury	5	5	0
Sabine, Colonel, 43, Devonshire street, Portland place ... ... annual	1	1	0
Schofield, James, Esq. Middleton, near Manchester ... ... annual	2	2	0
Shaw, Mrs. H. E. F. Sutton Colefield, Warwickshire	5	5	0
Shepherd	5	0	0
Skey, F. C. Esq. 13, Grosvenor street ...	10	10	0
Snow, Mrs. W. E. Tredegar square ...	5	5	0
Spencer, The late Mrs. J. Brompton row	1	1	0
Standring, Mrs. Benjamin, Forest hill annual	1	1	0
Solly, Samuel, Esq. St. Helen's place 2nd donation	5	5	0
Symonds, Mrs. Frederick, Beaumont street, Oxford	5	5	0
Stedall, Miss Sarah, Mayfield, Sussex, per William Wallis, Esq.	5	5	0
Smyth, Luke D. M.D. Bingham, Notts. annual	1	1	0
Smith, George Robert, Esq. 4, Great Cumberland place, Peter Hood, Esq...	5	0	0

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture II.

ANATOMY OF THE CRANIAL REGION—(*Continued.*)

To the Surgeon the outer surface of the adult cranium presents but little of interest. In the occipito-frontal region this outer surface, for the most part convex and perfectly smooth, is intersected by sutures,—the coronal, the sagittal, and the lambdoid, all of which are clearly marked by their serrated edges. There are also some eminences which may serve as landmarks ; just above the root of the nose,—the nasal eminence, varying in size, but corresponding generally to an excavation in the bone; at the back, the occipital protuberance, persistent through life, and always tolerably well marked ; on the sides, the frontal and parietal eminences, gradually rounded off in the fully-developed cranium, prominent and conical in early life.

In the lateral aspect, we find the temporal fossa in front, the prominent mastoid process behind, and the meatus externus between the two. This surface, alternately concave and convex, is also intersected by numerous sutures, most of which are, however, crowded together in the front part of the temporal fossa. One of these sutures, irregular in its course, but, on the whole, horizontal in its direction, is subdivided into the spheno-frontal, the spheno-parietal, the squamous, and the masto-parietal, all tolerably well marked by jagged edges. But there are two other sutures, following a different direction, which require especial attention, the end of the coronal suture, and the spheno-temporal. Running downwards, these two sutures are finely serrated in a great part of their course, but in many skulls, especially in the neighbourhood of the great wing of the sphenoid, having no teeth-like processes, these sutures present very much the appearance of cracks or fissures.

The sutures on the outer surface of the cranium have sometimes been mistaken for fractures or fissures, but a little attention will enable us, generally, to detect the true nature of the case. In the temporal fossa, however, I can readily understand that the appearances might be most deceptive ; the smooth, thin margin of the perpendicular sutures, to which I have alluded, might, in many cases, easily be mistaken for a fissure ; and, in a case where symptoms of compression existed, such appearances might lead to the application of the trephine for a supposed extravasation of blood between the bone and the dura mater, and all the more readily, as these sutures are in the immediate neighbourhood of the great trunk of the middle meningeal artery.

Again, it must be borne in mind that oftentimes there is an unusual disposition of sutures. The sagittal suture may, for instance, be greatly deviated to one side ; the suture which, in early childhood, runs down the middle part of the forehead, may remain unobliterated through life ; or a large Wormian bone, forming the upper part of the occipital, will entail a suture running across this part of the skull. Such an abnormal disposition of sutures, if we are not on our guard, will certainly tend to lead us into an error. An ecclesiastic, having fallen from his horse on to the back of his head, presented some cerebral symptoms which led to incisions being made at the seat of injury ; a transverse line was detected running across the occipital region, and two Surgeons decided upon applying the trephine at once, under the supposition that there was a fracture ; but to this proceeding Nouvelle stoutly objected, as it appeared to him that the supposed fracture was simply a line of suture, dependent upon a Wormian bone. No operation was performed ; the patient recovered, and, six years afterwards, left in his will directions that his skull was to be examined by the Surgeon who had saved him from the trepan. A careful examination proved that Nouvelle's opinion was perfectly correct; the superior angle of the occipital was formed by a large Wormian bone, which was subsequently preserved in Saucerotte's museum.

The external surface of the base of the cranium presenting, as far as our present object is concerned, nothing of practical importance, I pass on at once to the internal surface of the calvaria, and its fibro-serous lining, which we must examine first.

The fibro-serous membrane subdivides the internal surface of this region into two halves by its falciform process, the falx major, which dips between, and partially separates the hemispheres of the brain.

The serous part of this membrane, the parietal arachnoid, as it is commonly called, is simply formed by a layer of tessellated epithelium, investing the whole of the internal surface of the dura-mater, from which the epithelial scales may be scraped off; but it is impossible to separate this fibro-serous membrane into two distinct layers.

The dura-mater itself, forming the internal periosteum of the bones, is attached to them by slender prolongations, made up of vessels and delicate fibres, which may, however, in the generality of cases, be easily broken down, except at the sutures, where the membrane is firmly connected to the fibrous tissue intervening between the bones.

But, to the Surgeon, one of the most important features about the internal surface of the cranial vault is that which belongs to the large vessels connected with this fibro-serous membrane, vessels which groove more or less deeply the osseous tissue.

First, running along the whole of the roof, there is the large groove for the superior longitudinal sinus, beginning as a small channel, and becoming wider and wider as it passes backwards to the occipital protuberance, corresponding in fact to the attachment of the falx, in which is contained this superior longitudinal sinus. Then, there is the groove for the lateral sinus, also formed in the dura-mater, the top of which, at the back part, just skirts the limits of this region, and which, it is of importance to note, even rises into this region itself, just as the channel is reaching the mastoid portion of the temporal. Again, there are the numerous and deep-grooved channels belonging to the meningeal vessels, ramifying over a great part of the lateral surface of the vault. The description usually given of the middle meningeal artery, is that, after reaching the anterior inferior angle of the parietal bone, it sends off its branches in various directions. This distribution, although existing in many cases, is by no means so general as is commonly supposed. As all the arteries of the body are liable to great variations in their distribution, so too is the middle meningeal, which frequently, while in the middle fossa of the skull, divides itself into two equal-sized trunks, one of which takes the usual course, and the other passes towards the posterior part of the parietal, so that we have here, at the back, as large a vessel as that which lies in the front. Again, in some instances, and those not a few, this middle meningeal, instead of two, divides itself into three large vessels, spreading their branches out in all directions. And, again, in many instances, branches of this middle meningeal, and that of a tolerable size too, are found both on the frontal, and on the occipital bones. In such a distribution as this, there are arborescent grooves covering the whole side of the skull, from the external angular process far back into the occipital bone. A careful examination of a large number of skulls has convinced me that these different distributions are very common. All the varieties which I have mentioned are well illustrated in the different skulls belonging to the collection in the College Museum.

And, in connexion with these meningeal vessels, let me call your attention especially to the fine loose cellular tissue which surrounds, and forms a bed for, the trunks and larger branches.

In addition to the well-marked vascular channels, which I have already alluded to, we find, especially when there has been any increase in the vascularity of the bones, traces of small vessels, in countless numbers, over the whole surface of the vault, marking the large and free supply of blood which the bones receive through the dura-mater.

Lastly. The whole internal surface of the vault is covered with elevations and depressions, the frontal and parietal

fossæ, deeper than might at first sight be supposed from the slight projection of their corresponding protuberances, and, on either side of the superior longitudinal groove, pits, more or less well marked or the so-called glandulæ Pacchioni; pits which sometimes are so deep that they perforate the bone.

Hæmorrhage between the bone and the dura-mater, arising from the vessels which we have just been considering, must ever be a subject of the utmost interest to the practical Surgeon.

And first, as to arterial hæmorrhage, which, it is commonly said, can only be of importance when the trunk of the middle meningeal artery is torn across; and, as the trunk of this artery is generally described as being situated at the anterior-inferior angle of the parietal bone, our attention is always especially directed to this point. But it must be borne in mind that there is another and a very frequent distribution of this vessel, one in which, as we have already seen, the artery divides into two main trunks of equal size; trunks, either of which might give rise to considerable bleeding. And not only may we have bleeding from these trunks, but we also find in many cases large branches both in the frontal and in the occipital region, which are of sufficient size to pour out blood to some extent. Practically, then, instead of thinking only of the anterior-inferior angle of the parietal in cases of supposed extravasation of blood between the bone and the dura mater, we must ever recollect that such extravasations may occur in any part of the lateral surface, and that, too, from large arterial branches.

Can these vessels be ruptured or torn across without a fracture? Dissections have proved that they can, but I must say that some of the cases which are commonly quoted as illustrations of this form of injury, do not present the slightest proof that such was their real nature. A laceration of the middle meningeal artery, without any fracture of the bones, must be a very, very rare form of injury.

But hæmorrhage over this lateral surface of the vault may proceed from other sources besides the arteries. It may come from the lateral sinus, from that part of the sinus which, we have already seen, rises into the lower margin of the vault. One of the largest extravasations of blood I have ever met with between the bone and the dura-mater, an extravasation which covered, and deeply indented, the whole of the lateral surface of the brain, proceeded from this part of the lateral sinus. And this case will further serve to illustrate the necessity of not confining our attention to the fore part of the parietal in cases of supposed hæmorrhage. From the history of the case, I was led to believe that blood had been poured out between the bone and the dura-mater; but there was nothing about the patient which could serve as a guide to the spot, save a little wincing, when firm pressure was made over the front part of the right temporal muscle. Having determined upon making an incision in the lower margin of the right parietal, I laid bare the two anterior thirds of this part of the bone; but, as I could not detect either a fissure, or even a bruised appearance of the soft tissues, I proceeded no further. The patient died a short time afterwards; and, at the examination after death, I found a fissure at the back part of the parietal, one branch of which, passing perpendicularly downwards, had just caught the lateral sinus, as it turns under the petrous bone.

On the crown of the head, we may also have, but this is very rare, an extravasation of blood from the superior longitudinal sinus.

Can blood be poured out between the dura mater and the parietal arachnoid? Not many years ago, it was held that an extravasation could take place between these membranes, and cases of hæmorrhage were brought forward to prove, not only that the membranes had actually been separated from each other, but these cases were made use of to demonstrate the parietal arachnoid, the existence of which, as a perfectly separate layer, was, even then, already doubted. It is now, however, well known that these appearances are altogether dependent upon blood extravasated into the cavity of the arachnoid, and subsequently covered over by a false membrane.

We have seen that the dura-mater is not very firmly attached to the bones, except along the course of the sutures. This membrane may, then, be separated from the bone by a simple blow on the head; and that, either primarily, by the giving way of the slender vessels and fibrous prolongations, or secondarily, by inflammation and suppuration of the osseous tissue spreading to the membrane, in consequence of which we may have lymph or pus thrown out between the bone and the dura-mater. And here, let us again recall to mind the intimate connexion of the dura-mater and its epithelial lining; for, in the immense majority of cases, inflammation of the fibrous tissue will lead to effusion on the free surface of the serous membrane, and consequently into the cavity of the arachnoid. Let us also bear in mind, that matter thus effused within the arachnoid, in the neighbourhood of the falx major, may run down that process, and thus at once reach the surface of the corpus callosum.

Practically, it is also of importance not to forget that the loose cellular tissue, which surrounds the meningeal vessels in their osseous grooves, may, in cases of suppuration between the bone and the dura-mater, lead to a form of diffuse inflammation, which, travelling along the cellular tissue, may pass from the vault of the cranium down into its base. This I have seen in several cases, and I have frequently had opportunities of tracing the suppuration, in streaks, from the upper part of the parietal, along the branches of the middle meningeal artery, down as far as the foramen spinosum.

If we now look to the structure of the bones, the surface of which we have thus cursorily examined, it will be seen that they are, for the most part, formed of diploë, encased between two compact tables; an outer one, tough and elastic; an inner one, hard and brittle. Sections of these bones show that they vary very much as to their thickness, not only in different regions, but also in different parts of the same bone. Thus, they are very thick towards the nasal eminence, and at the occipital protuberance, and especially so in the mastoid region. They are, on the contrary, remarkably thin in the temporal fossa, so much so that they are oftentimes all but transparent in this region. Again, if we take a single bone, the parietal, for instance, it will be found to be very thick at its upper and at its back part, but very thin towards the anterior part of its inferior margin.

This greater or lesser thickness of the bones is mainly dependent upon the greater or lesser amount of the diploë. If we cast a glance at the lower animals, we find this characteristic feature of the cranial vault—a diploë encased between two compact tables—much more largely developed, and in perfect keeping with the habits of the animal; the intervening structure increasing in depth as the animal, from its mode of life, is more or less liable to injuries of the skull. Look to the cranial vault of the monkey, what a great depth of diploë. Look to the extraordinary modification and enormous amplification of this diploë in the leaf-devouring animals, the most remarkable instance of which is presented by the elephant, liable at all times to heavy blows on the head, in whom the two compact tables of the flat cranial bones are separated from each other, as in one of the specimens belonging to the College Museum, to the extent of 10½ inches, by large air-cells excavating the diploë, over the whole vault of the skull.

Where the bones are very thin, on the other hand, there is no diploë; it disappears altogether, the bone is reduced to its compact tissue.

Such is the structure of the bones of the vault of the skull, a triple structure, which admits of each layer of bone being injured, independently of the others. Great stress is always laid upon the brittleness of the inner plate, and toughness of the outer one, conditions which may lead to a fracture of the former, without any injury of the latter; and such, no doubt, is the case. But how seldom, very seldom, does such a form of injury occur. So rarely, indeed, is it met with, that Mr. Guthrie justly thinks it desirable, in a practical point of view, not to bear it in mind.

Although tough, the outer table may be broken, and even driven into the diploë, without any fracture of the inner plate. But there is another form of injury, of frequent occurrence, and especially deserving notice, as it sometimes leads to disastrous consequences. I allude to the crushing and splintering of the diploë, which may exist without any apparent injury in either of the corresponding compact tables.

And, as an admirable illustration of an extensive injury of the outer plate and diploë, without any injury of the inner plate, let me refer to the cranium of the Mylodon, belonging to the College Museum, in which there are two extensive fractures of the skull, one quite healed, the other partially so. One of these fractures 4 inches long, extends in the axis of the

skull, across the fronto-maxillary suture, near the right orbit. The blow has depressed the outer table of the skull, but the fracture is entirely healed. The second fracture, much more extensive, affects the middle of the posterior part of the parietal region, extending a little way over the occiput. The outer table of the skull has been smashed in, for an extent of 5 inches in the long diameter, and 3 inches transversely; and yet, so admirably was the cranial vault, with its largely developed air-cells extending over its whole surface, adapted to the animal's mode of life, that the inner table, the true brain-case, is perfectly sound, notwithstanding such extensive injuries, evidently of long standing, and caused, no doubt, by the fall of heavy trees, which this huge denizen of the woods was engaged in uprooting, for its daily food.

This skull and its fractures have a world-wide reputation, connected as they are with the splendid deductions made by Professor Owen, in the year 1839, as to the habits and mode of life of the Megatherian animals: deductions then objected to by Dr. Buckland, who thought that an animal getting its daily food by uprooting trees would be liable to have its head broken by their fall. Who cannot imagine the enthusiastic Dean's intense delight, when, three years afterwards, this skull, proving how correct he, too, had been in his previsions, arrived at the College!

It is, too, in the bones of the vault that we find nearly all those extensive modifications which the skull undergoes in its endeavours to adapt its cavity to the altered condition of the cranial contents.

How little, comparatively speaking, is the base of the skull deviated from its natural condition in those huge hydrocephalic heads which are in the College Museum! In the largest, where the patient lived to the age of 25, the base measures, from one external meatus to the other, merely four inches and two-thirds; in fact, there is scarcely any enlargement. But how expanded are the bones of the vault, which, at its horizontal circumference, actually measures no less than 36 inches. And then look to the individual bones, the frontal for instance, measuring from the nasal to the coronal suture, 8¼ inches, and the right parietal 10½ inches, diagonally. And then observe, too, in addition, the extraordinary number and size of the Wormian bones, placed in rows, from 1 inch to 4½ inches in breadth, between the sutures, evidently for the purpose of hurrying on, from many centres, the ossification of the expanded roof, so as to protect, as much and as soon as possible, the widely dilated brain. In such cases the bones are of peculiar and premature hardness, and with little or no diploë. But, in other instances, this increase in the contents of the skull leads to the bones of the vault being preternaturally thin, and even reduced to a mere membrane. In some specimens in the College Museum, the greater part of the gigantic vault is all but membranous; some scattered pieces of parchment-like bone existing here and there only.

On the other hand, the skull may have to adapt itself to a diminution, instead of an increase, of the cranial contents; and then the bones of the vault may present an extraordinary degree of thickness. The internal plate sinks so as to adapt itself to the shrunken brain, and the diploë expands so as to fill up the space thus left between the plates; the thickening, in such cases, is altogether in the diploë. In the specimen, No. 379, College Museum, the two plates present a natural appearance, but the diploë is nearly an inch thick; and a fact of singular interest, noticed by Mr. Paget, as especially well marked in this specimen, is that this expansion, this hypertrophy of the diploë, takes place especially in those parts of the bone in which ossification first made its appearance.

As in injuries, so in disease, each layer of the flat bones of the vault may be affected independently of the others. In some cases the disease bears upon the plates; in others, upon the diploë; and in many instances, upon all three at the same time, producing one uniform, thick mass of matter, of an ivory hardness, or rendering the bones of the skull perfectly porous, and cellular throughout their whole thickness, however great that thickness may be.

Caries or necrosis may affect either one of the layers, or all three layers may be involved in the destruction. Tumours of various kinds, all more common about the vault than in the base, may also attack each of the layers separately. An exostosis may grow from the internal plate, and its existence never be revealed until after death; and cancerous growths not unfrequently begin in the diploë.

Which of the two plates of the bones of the vault is the more vascular, the internal or the external? Looking to the small periosteal arteries, and to the large size of the meningeal vessels, it has been thought that the bones of the vault must receive their principal supply of blood from their interna surface. But minute injections in the fœtus certainly show an intense degree of vascularity about the external plate, and but little about the internal one. In some beautiful specimens, most successfully injected by Professor Quekett, the outer surface of a fœtal parietal bone is of a brilliant red colour, whereas the internal surface is but faintly tinged. Placed under the glass, these specimens show that the outer surface of the bone is covered with numberless vessels radiating from the centre of ossification; but, on the inner surface, vessels are but dimly seen. And then, again, an examination of the microscopic structure of the bones of the vault in the adult affords the same evidence as to the relative vascularity of the two plates; the Haversian canals being large and numerous in the outer plate, but small and very few in the inner one.

In the diploë, however, the vessels from both sources communicate freely with each other, so that a full supply of blood is carried on from one plate of bone to the other.

The principal veins, destined to bring back the blood from these bones, are found in the structure of the diploë, where they form large and numerous venous channels, the existence of which is easily shown by simply rasping off the external plate. These channels exist in all the bones of the vault, but they are best seen where the diploë most abounds. In the frontal region, there are two main channels, one corresponding to each half of the bone; in each parietal, there are two channels still larger, and corresponding to the principal divisions of the middle meningeal vessels; and again, in the occipital region, there is one large trunk for each half of the bone.

Scarcely to be traced in early childhood, these diploïc veins become more and more developed, as we advance in life, and, in old age, they frequently present the appearance of irregularly dilated and deeply excavated channels, running from one bone into the other, and thus covering the whole diploë of the vault with a network of veins communicating freely with each other, and resembling in their distribution the vessels which we have already noticed about the scalp. These veins, thus lodged in the osseous structure, communicate also most freely with the periosteal, and with the meningeal veins, as well as with the sinuses of the dura mater.

Practically, then, let us note that, although to a certain extent independent of each other, the arteries on the outer or inner surface of the vault may afford a supply of blood sufficient for the nourishment of the bone in its whole thickness, so that a separation of a portion of the periosteum or of the dura-mater does not necessarily entail the death of the corresponding piece of bone. How often do we not see a piece of bone, deprived of its periosteum, still continue to live, and the case ultimately do well, without any exfoliation. The veins of the diploë especially deserve our attention. In cases of partial fracture of the bone, that is, where the external plate and diploë only are broken, some of these channels being laid open, may pour out blood from between the fragments, and thus may give rise to the supposition of a fracture of the skull with hæmorrhage between the bone and the dura mater. Again, it is these large venous channels which make it so difficult for us to rely upon Abernethy's precept as to the bleeding of bone, when deprived of its periosteum and dura-mater, in intra-cranial extravasations of blood. Let the bone be thin, and without diploë, and there will be scarcely any bleeding upon scraping the surface of the bone, whatever may be the state of the dura-mater beneath. Let the bone, on the other hand, be thick, with plenty of diploë, and some of these venous channels, and then the osseous tissue will certainly bleed when scraped, notwithstanding the separation of the dura-mater.

But it is in inflammation and suppuration of the diploë that the venous channels become of especial interest. Larger and more numerous in the bones of the vault of the cranium than in any other part of the skeleton, these venous channels afford an easy explanation of the fatal symptoms, so frequently observed about injuries of the head, apparently of a trifling nature. The diploïc veins becoming inflamed may lead to purulent infection and secondary abscesses, and thus is solved the problem which has so much puzzled the Surgeons of the last century: a problem which led to such various and such ingenious explanations as to a communication between the

head and the liver. And then, in trephining the skull, let us recollect that matter may be poured out from these channels, when they are cut across, and so lead us to think that the bone has been perforated in its whole thickness, and that the matter is coming up from the surface of the dura-mater.

Instead of diploë, we find in some parts of the bones which we have examined, large air-cells separating the plates from each other. The frontal bone, just above the root of the nose, and the whole of the mastoid process, most frequently present these cells containing air, and lined by mucous membrane.

The frontal bone is remarkable for the very great variations which it presents as to its air-cells or sinuses. Thus, in some instances, although otherwise well developed, this bone does not present the slightest indication of these cavities; the nasal eminence may even be largely developed, and yet there may be, on dividing the bone, no appearance of a sinus. In the College Museum there are several preparations in which the nasal eminence is very largely developed, and in which a section shows that there is no sinus; there are the two plates of bone, and between them merely a large quantity of diploë.

The nasal eminence does not then, in all cases, correspond to the development of the frontal sinuses. There may be a remarkably prominent nasal eminence without any sinuses; and, on the other hand, there may be largely developed sinuses, without any corresponding elevation of this part of the frontal. Such a variety is also well shown in some of the preparations in the College Museum.

Great irregularities may also exist in the size, and in the shape of these frontal sinuses; indeed, no two skulls are alike in the development of these sinuses, which, oftentimes, even differ widely from each other, on the two sides of the same skull.

In some preparations, the bone is very thick, with one small, diminutive cell on one side, and none on the other. In some preparations, there is a small cell on one side, and a very large, irregular, and deeply-excavated cavity on the other. In other preparations, there is a large cavity on each side, with the septum in the middle; but frequently the septum of these sinuses is pushed far over to one side, so that the larger of the two cavities extends across the central part of the bone, and the diminutive cell lies to its side. All these varieties are well illustrated in the collection of the College Museum.

Of the two plates of bone between which these sinuses lie, the internal one is, in the generality of cases, the thinner.

Varying much as to their depth, these sinuses vary just as much as to their height. In some preparations, the sinus, on one side, extends but little above the brow; but, on the other side, there is a large, irregular cavity, reaching far up between the two plates of the frontal.

In some instances, these air-cells occupy the greater part of the frontal, extending upwards towards the coronal suture, downwards into the orbital plates, and outwards to the external angular processes. In some very rare instances, indications of these air-cells have even been found, not only in the frontal, but in the parietal bones, as far as the crown of the head.

At what age do these sinuses begin to make their appearance? Simple as this question is, yet it is one about which there still exists the greatest diversity of opinion. By some anatomists, whose works are generally marked by the greatest accuracy, the development of these sinuses is said to begin during the first year. Other anatomists, on the contrary, state there is no appearance of these cavities, even at a later period of life, that is, at ten years old.

Doubtless there is some difference as to the time of the appearance of these sinuses in different individuals; but there is no doubt, also, that they are not generally found until some years after birth. By the brothers Webber it is stated, that there are scarcely any marks of these cavities at twelve years of age. Mr. Malyn holds that they are not developed until at a period coeval with puberty; and Mr. Hilton, whose researches, recently published, on this subject, have been most careful and extensive, is of opinion that these cavities do not begin to make their appearance until fourteen or fifteen years of age. And my own investigations on this point, extending over several years, have led me to the same conclusions. Certain it is, that there is not the slightest indication of these frontal air-cells in early childhood; and equally certain is it, that, in the generality of cases, these cavities are practically of no account until the time of puberty.

I have thus dwelt at length upon the anatomy of the frontal sinuses, as the subject is one of great importance to the practical surgeon.

My attention was many years back drawn to this subject by a case of compound fracture of the skull with marked depression of the bone, in the region of the frontal sinuses. The patient was a lad, 15 years old, and as there were no symptoms, a question arose as to the probability of the outer plate only having been driven in. It was thought advisable, however, to elevate the depressed bone. The operation proved that there were no frontal sinuses; when the broken bone was removed the dura mater was quite sound. In adult life these frontal sinuses must always be taken into account in all cases of accidents in their immediate neighbourhood, for extensive depression of the bone may, at this period, exist without any injury whatsoever of the internal plate. Hence the reason why Surgeons, who, as a general rule, think it advisable to operate in compound fracture of the skull with depression of bone, and without symptoms, abstain from doing so in this region; the true brain-case, that is the internal plate, being uninjured, there is no reason for resorting to any operation.

Fractures in this region may also lead to emphysema, extending over the forehead, in the loose cellular tissue under the occipito-frontalis muscle; and this emphysema may even suddenly appear here without an injury. In such cases, the excavating of the frontal sinuses has proceeded to such an extent that the internal wall is perforated, and, in some violent effort, the air is suddenly driven out of the cavity. A well-marked instance of this kind has been reported by M. Jarjavay. Caries or necrosis may also destroy the outer plate of these sinuses, and thus lead to emphysema.

Lined by a mucous membrane continuous with, but, in some respects, differing from, the pituitary membrane, these sinuses, it must be borne in mind, are liable to various morbid affections. Disease originating in the nasal cavities, may spread into the frontal sinuses; hence the pain in the forehead, so frequently observed in severe catarrh. Fluid secreted in these sinuses may be retained in them by the blocking up of their outlet into the middle meatus; hence the dropsy, hence the circumscribed suppuration which sometimes gives rise to large tumours at the lower part of the forehead. Such tumours may also be formed by growths of various kinds, and by hydatids, lying within these sinuses.

In the mastoid region we there also find air-cells, more or less well developed, and communicating with the middle ear. Varying much in size, in different individuals, these cells, in some cases, are largely developed, so largely, indeed, that they not only occupy the mastoid process itself, but, in after-life, even spread into the neighbouring bones, when they have become united. In some cases, on the other hand, the mastoid process is all but solid, the cells being small, and very few in number.

The layer of bone which covers in these cells, is generally formed of compact tissue, and often very thin; at other times it is thick, and may even contain cancellous tissue. Some slight marks of these cells exist even at the time of birth; they are, however, but rudimentary cells, and only found in the immediate neighbourhood of the tympanic cavity.

As in the frontal region, so, too, may we have here an emphysematous swelling from a fracture, involving the mastoid cells, or from absorption of the external plate, or from caries or necrosis affecting the superficial part of the bone. And especially is this region liable to inflammation and suppuration, which may begin on the surface of process, or, as is much more commonly the case, spread from the tympanic cavity.

Let us not forget the intimate relations of these cells with parts belonging to the cranial cavity. Hence the imminent danger always lurking in suppuration of the mastoid process, which may at any time, and without any apparent cause, suddenly spread to the membranes of the brain, and to the brain itself.

But, of late years, anatomy has even gone further, and pointed out that, at different periods of life, different parts of the brain are especially liable to be affected when inflammation spreads from the mastoid cells to the cranium, according to the development of the mastoid process and its cells—the cerebrum, in very early childhood, the cerebellum, at a later period, and especially the lateral sinus, which, in the adult, is generally the first part to be affected.

ORIGINAL COMMUNICATIONS.

ON THE COMPLICATIONS OF CONTINUED FEVER OCCURRING DURING THE RECENT EPIDEMIC AT THE SMYRNA HOSPITAL.

(Read before the Smyrna Hospital Medico-Chirurgical Society, May 28, 1855.)

By SEPTIMUS GIBBON, M.B. Cantab.
Physician to the Hospital, and Assistant-Physician to the London Hospital.

If an accurate comparison could be made between the relative mortality of the different diseases which have befallen our brave soldiers during the present war, I believe that continued fever would be found to number almost as many victims as all other diseases put together. The army regulation presumes that every soldier dying in Hospital is carried off by the disease for which he was admitted; so that the death returns, as published in the papers, are valueless for statistical purposes. If we would approximate to the truth in this matter, perhaps we shall not greatly err in attributing to continued fever the numerous deaths set down in the returns to "gelatio" and "diarrhœa." We know that many men admitted into this Hospital for "gelatio," "diarrhœa," "vulnus," or other trivial ailment, have fallen ill and died of typhus fever, and it is probable that such has been the case at other Hospitals, where, I believe, no attempt has been made to isolate the cases, and prevent the spread of infection. I trust that the wise provision we have made for at once isolating all recent and imported cases, and the high temperature of the climate, which is known to be unfavourable to the spread of typhus, will afford us at Smyrna comparative immunity from so crippling a disease.

Not only has typhus already been attended with an overwhelming fatality, but we learn that it still prevails to a large extent in the camp, at Balaklava, Scutari, Kululee, and Abydos. And certainly the age of the vast majority of the soldiers, viz. from 18 to 28, the hardships and privations of warfare, the crowding together of healthy and sick, exposure to the vicissitudes of temperature and climate, etc. etc., are conditions favourable to the development of continued fever. Hence, it may happen that during our temporary attachment to Her Majesty's forces in this part of the world, we may more often be called upon to treat continued fever than any other serious disorder; and on this account I would invite your attention to some points in the pathology and treatment of this interesting malady.

There are few pathologists of the present day who do not sanction the theory of fever as first announced by the Father of Physic, when he asserted that it was a morbid material in the blood. This is, I believe, the only theory that satisfactorily accounts for the numerous and varied phenomena often exhibited by a case of continued fever. "Fever," in the words of an old Physician, "is a disease which affects the head, trunk, and extremities; it affects the circulation, absorption, and the nervous system; it affects the body, and it affects the mind—it is, therefore, a disease of the whole system, in the fullest sense of the term. It does not, however, affect the various parts of the system uniformly and equally; but, on the contrary, sometimes one part is more affected than another."

Adopting this in preference to any of the more limited theories of fever, we must allow that the permanent and palpable effects of this disease are to be traced chiefly through the circulatory system. It is the continued excitement or disturbance of the nervous system which, I believe, produces the congestion or inflammation of different parts observed in the bodies of those who have died of this disease. Certainly, it is not at variance with our notions of pathology to suppose that an increased flow of blood (blood may be charged with an animal poison) should light up an inflammation in the brain, lungs, or intestinal canals. It would be an invaluable accomplishment to be able to distinguish the causes and circumstances which operate such an effect in one case of continued fever rather than another; but, in our profound ignorance of the matter, I am content to assume that the blood is determined to the brain, lungs, or intestines for the beneficent purpose of eliminating its morbid constituents, and it is only because the integrity of a vital organ is jeopardized that the Physician is called upon to control or counteract the workings of Nature. In the following remarks, I shall briefly discuss those cases of continued fever occurring in my division, in which I have known or inferred that undue accumulations of blood have taken place in different parts of the body, chiefly in the head, chest, and belly. The dominant type of the epidemic has been of the "typhus" variety. Out of 84 men who have passed through continued fever in my wards since the 24th of March, only 4 have had the rose-coloured spots on the skin, and the persistent diarrhœa or intestinal lesion, which are diagnostic of "typhoid" fever; the rest have had a well-marked "measle-like" or "mulberry" eruption, flushed face and head, and symptoms indicative, to a greater or less degree, of determination of blood to the brain, which are so characteristic of the "typhus" species. Like other epidemics, this was most fatal at its commencement, and had in a measure expended its fury before I took charge of the fever wards. Of the 84 cases treated 6 have died: 3 from exhaustion, 1 from ulceration of the ileum, 1 from subsequent mortification of both lower extremities, 1 from subsequent phthisis.

For so favourable a result much of the credit is due to the skilful treatment of my colleague, Dr. Coote, under whose charge were many of the cases.

As there are several gentlemen here who, according to Dr. Jenner's teaching, look upon "typhus" and "typhoid" fever as essentially different diseases, I will here explain that experience has led me to consider them merely as varieties of the same disease, dependent on the constitution, locality, mode of life, or other extraneous circumstances of the patients.

It is several years since I read Dr. Jenner's able paper on the non-identity of "typhus" and "typhoid" fever, and I have it not here to refer to; but, as well as I recollect, he gives an analysis of about 150 cases observed in the London Fever Hospital, and concludes that they are distinct diseases, because in "typhoid" fever the eruption, consisting of oval rose-coloured spots, which do not entirely disappear after pressure, comes out at irregular times; Peyer's agminated and solitary glands of the intestines are always more or less affected; and the disease is not communicable, but has rather a miasmatic origin—whereas, in typhus, the cutaneous rash, which is of a diffusely mottled or mulberry character, makes its appearance at a stated period of the disease, Peyer's glands are never affected, and the disorder is highly contagious. In reference to this doctrine, which has been sanctioned by many eminent Physicians, I would simply remark,

1st. That I have dissected more than one case of typhus in which the intestinal lesion existed, and also felt morally certain that a case of typhoid fever had infected a person with typhus, and *vice versâ*. According to Jenner's doctrine, how are we to account for the occurrence in the present epidemic of typhus of several cases of typhoid fever? In three of the instances which have proved fatal, it is scarcely possible that one disease was mistaken for the other; because, in all these cases, dissection showed ulceration of the ileum.

2nd. That Dr. Jenner's instances are too few, and selected as they, for the most part, were from the patients of one Hospital, the social, atmospheric, and local influences to which the patients had been subjected were not sufficiently varied to enable a cautious Medical reasoner to decide against the identity of the two diseases.

3rd. That the differences in the symptoms are no proof that the distempers are not caused by the same virus; for in other exanthemata we meet with, perhaps, a greater difference in symptoms, *e. g.* scarlet fever with or without sore throat, and measles with or without catarrh.

I shall in the first place detail two cases of recent occurrence in my division of the Hospital, which tend to establish the identity of these varieties of continued fever.

Case 1.—Henry Rogers, aged 34, a civilian orderly, in a ward where there were several cases of typhus, but not one of typhoid, was admitted under the care of my colleague, Dr. Wilkinson, (to whose kindness I am indebted for the notes of the case, and permission to lay them before this Society), April 6th, 1855, having intense headache, pain in limb, skin hot and perspiring, pulse 108, tongue coated with a thick whity-brown fur, bowels rather confined. He said that five days ago he was attacked with pains in limbs, headache, weariness, and frequent perspirations, but had no rigor. Ordered a

calomel and colocynth pill. Next day the lower part of chest, abdomen, and inside of the arms and legs were covered with circular spots of a vivid rose-colour, which did not entirely disappear on pressure.

Ordered—Potass. nitr. gr. v., spt. ætheris nit. ʒss., aquæ ʒj., ter quotidie; beeftea, arrowroot, 4 ounces of wine.

April 9th.—It was noted that restless delirium with attempts to get out of bed had supervened, rash was not so marked, the rose-colour fading into a purple. Bowels were purged eight times; urine and fæces being passed unconsciously.

10th.—His pulse rose to 164 beats in the minute, skin was moist, stools solid. He lay with eyes partially open in a semi-comatose state, just able to answer "yes" or "no."

With the exception of his pulse dropping to 120 per minute after he was allowed eight ounces of wine, and four of brandy daily, he continued in the same state up to the 15th, when he complained much of pain in the abdomen, referred especially to right iliac fossa, but there was no great tenderness on pressure. On this day Dr. Wilkinson observed that the fæces passed into the bed were of a very dark brown, almost black, colour. As there was no looseness of the bowels he gave him ʒiij. of ol. ricini, which operated twice, first stool being dark, the second yellow. His pulse was 120, very feeble and fluttering. Pain in abdomen was less, but he still moaned and complained of pain in the right iliac region, where there was some tenderness.

April 17th.—Diarrhœa has set in. From this day up to the time of his death, which occurred from exhaustion on the 23rd, the diarrhœa continued steadily to increase until during the last day or two of his life; the bowels acted every hour. The astringents employed to check it consisted of Dover's powder, compound chalk and opium powder, frequent opium enemata, catechu, aromatic confection, and ¼-grain doses of nitrate of silver every hour.

A post-mortem examination was made by Dr. Wilkinson, the following is his account of it:

"Jejunum pale and healthy; mucous membrane of lower part of ileum much congested; three or four of Peyer's patches ulcerated, one ulcer being as large as a split walnut; its surface red and reticulated, the valvulæ conniventes for four inches below this ulcer were much thickened, their surfaces granulated and uneven, with a yellowish deposit firmly adherent; this deposit was also seen on the mucous membrane between the valvulæ conniventes; the valvulæ felt quite thick and stiff.

"There were no other morbid appearances except a soft recent deposit of lymph on the lower half of the right pleura."

I would particularly call attention to the morbid appearances of the intestine in this case. The point in which it differed from all other specimens of typhoid ulceration that I have seen, was the fact that the exudation was not confined to the agminated and solitary glands, but was deposited also in the villi and substance of the mucous membrane of the ileum. I made a careful microscopic examination of the specimen, a specimen which might easily have been mistaken for tubercular ulceration by one unacquainted with his history. Besides the ulcers there was a vast number of small whitish prominent spots, about the size of a pin's head or rather larger, situated in the substance of the mucous membrane, which consisted of masses of granulous matter containing a few minute oil globules. Those of us who saw the morbid appearances in the case of our Dispenser, who died of typhoid fever, will recollect that although there were unusually large masses of exudation in Peyer's patches and in the solitary glands of the large and small intestines, there was no deposit in other parts of the mucous membrane. But this case seems to show that in the exanthemata of continued fever the deposit is not limited to Peyer's agminate or solitary glands, but that it sometimes occurs as an ordinary deposit of exudation matter in the mucous membrane, just as the variolous pustule forms in the substance of the skin or mucous membrane.

This genuine case of typhoid fever was contracted by an orderly while attending on cases of the typhus variety, so that there is a probability that he was infected by one of the other cases. This is not the first instance of the kind that I have met with, and I am fully aware that it will and ought to require a large number of such instances to convince you that typhus and typhoid fever are essentially the same disease.

The next case will tend to prove that typhoid fever is a contagious or communicable disease, and not one solely of malarious origin.

Case 2.—Dr. Wilkinson, who took charge of the patients in the corridor of my division, attended no case of fever except the above-mentioned typhoid case of which he made an examination on April 23rd. On the 26th he himself began to feel chilly, had some soreness of the throat, foul tongue, constipated bowels, wandering pains in back and limbs. On the 3rd of May I was requested to see him, as well-marked continued fever had set in with rigors, heat of skin, headache, thirst, total loss of appetite, and extreme muscular debility. Pulse 96, full, bounding, but soft; tongue had a dry red streak down its centre, thickly coated at its edges with a yellowish fur; abdomen retracted, empty, notably tender in right iliac fossa. For three days diarrhœa has existed; to-day the bowels have been moved ten times since breakfast. No cutaneous eruption.

Ordered—Cataplas. sinapis abdomini, hydr. c. cretâ, pulv. ipecac. co. āā gr. ijss., statim et cras mane; haust. aromaticus, c. liq. opii sed. ♏v., statim et post sing. sedes liquidas.

May 4th.—Bowels opened twice during the night; stools were pale liquid, with a fæcal scum floating over them. Tongue has a dry red streak down centre.

At 2. p.m.—Bowels relaxed four times, when I increased the liq. opii sed. to ♏ x. for a dose after each relaxed motion. Ordered chicken broth, and arrowroot with a little brandy in it.

5th.—Tongue has same character, abdomen retracted, tenderness and gurgling felt on pressing over the right iliac region. Diarrhœa checked. Three round rose-coloured spots, size of a split pea, were observed on chest and abdomen, which did not entirely disappear on pressure. 9 p.m. The bowels have been moved three times during the afternoon.

Ordered hydr. c. cretâ, pulv. ipecac. co. āā. gr. ijss., hâc nocte et cras mane.

6th.—Slept scarcely at all; bowels relaxed six times during the night; stools powdery, liquid, and light-coloured; tongue has a dry red streak down centre, and moist edges. Abdomen retracted; over ileo-cœcal valve there is great tenderness, and distinct gurgling.

Ordered empl. lyttæ regioni iliacæ dextræ circular., six inches in diameter, and to take the Dover and grey powder at night time. Omit all other medicine.

After the application of the blister, he was not troubled with any more abdominal symptoms, though two days afterwards he passed a slightly melanotic stool. The characteristic typhoid eruption became more abundant, and he passed through the fever without another bad symptom. It is Dr. Wilkinson's firm conviction that he took the disease from H. R., and certainly there is a strong probability that he did so.

That there was great congestion, if not ulceration of Peyer's glands in this case, is, I think, evidenced by the character of the tongue, the alvine evacuations, the diarrhœa, the abdominal tenderness, and lastly, by the peculiar plash or gurgle felt when pressure was made in the right iliac region; but what, perhaps, is stronger evidence still of its existence, is the fact of those symptoms having been removed by counter-irritation, and that excellent diaphoretic the pil. hydr. e. cretâ co. gr. v. of the Smyrna Hospital Pharmacopœia.

With reference to the treatment of this complicatien which, as you are aware, so frequently proves fatal in continued fever, it appears to me that the sole indication for treatment is to prevent accumulation of blood in the portal system, which is accomplished by topical bleeding, or counter-irritation, and by promoting the secretion of the liver and skin. Local and general astringents I believe to be useless, and opium which, given without mercury, produces congestion of the portal system, to be worse than useless. On one occasion, when given in this way largely, to allay pain after the operation of ovariotomy, I believe it caused fatal diarrhœa, when dissection exhibited a congested state of the mesenteric glands and veins.

I will now allude to a few cases in which head symptoms have required treatment.

Case 3.—D. H., aged 38, admitted April 14th, under me, from the Lazaretto, with typhus fever, apparently of six or seven days' duration; pulse scarcely perceptible; tongue tremulous, covered with a dry brown fur; he had low muttering delirium. Ordered milk diet, wine 8 ozs., arrowroot and beef-tea. Haust. ammon. acet. 4tis horis.

Next day, his condition had somewhat improved; the delirium was of a more active description. Bowels had not been moved.

Ordered—Ol. ricini, tinct. sennæ co. āā ʒiij. statim. Pil. hydr. c. cretâ co. gr. v. alt. noct.

16th.—Has had no sleep for two nights; during the latter part of the day he became maniacally delirious; had illusions of sight and hearing, so violent as to require to be strapped in bed; he had, moreover, subsultus tendinum, a vascular eye, with a somewhat contracted pupil, no great heat of scalp, or undue pulsation of carotids.

Looking upon this delirium as similar to, and depending on the same state of the brain as delirium tremens, I ordered him to take at bed-time the following mixture:—℞ Morphiæ hydrochlor. gr. jss., antim. potass. tart. gr. ½, tinct. hyoscyami ʒij., aquæ menth. pip. ʒiv. Ft. mist. cujus capiat ʒj. omni horâ donec somnus superveniat.

17th.—Took two doses of the narcotic mixture, *i. e.* ¾ of a grain of morphia, and has slept since. Now lies on his back sunk in the bed, hands blue and cold, face and head in copious perspiration; pulse too rapid to be counted, scarce perceptible at wrist; tongue tremulous, protruded with difficulty, nearly clean, red, and dry; pupils contracted; heart's sounds loud, impulse good. Thinking these symptoms due to the morphia, I determined to watch him closely, but the symptoms increased instead of passing off. At 4 p.m. I made the following note:—Hands still cold and blue; no perspiration on face; pulse 150, scarcely perceptible; countenance has an oppressed expression; pupils more contracted; respiration sighing irregular, 40 per minute; carotids pulsate with considerable force; he wanders a good deal, but returns rational answers when spoken to. Thinking the cerebral congestion must be due to something more than the opiate, I now determined to give tartar emetic in ½-grain doses every hour, to have the scalp shaved so as to be able to raise a blister on it, in case there was no improvement before midnight. I visited him several times in the course of the evening; the tartar emetic caused neither vomiting nor purging; at 11 p.m. I made the following note:—Countenance has more expression; hands and skin generally warm; pulse 130, very soft and weak; more collected, answers questions with more alacrity.

To take porter instead of wine; continue the tartar emetic in ½-grain doses every four hours.

18th.—Has slept well; countenance much improved; pulse 108, soft and weak; bowels opened twice; lies on side; respiring 25 times per minute. He progressed favourably, and now convalescence is thoroughly established.

Although, unfortunately, I came to a different conclusion at the time, I make no doubt now that the mild delirium, sleeplessness combined, as it was, with a weak and fluttering circulation, tremors and subsultus tendinum depended upon congestion of the vessels of the brain. The delirium exactly resembled that of delirium tremens, a character which it has assumed in the majority of my severe fever cases.

[To be continued.]

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

CASES OF GLANDERS.

[For the particulars of the two following cases we are indebted to Mr. Alfred Carpenter, now of Croydon, but at the time they occurred House-Surgeon to St. Thomas's Hospital. The first of them was treated in that Hospital, the latter one came under Mr. Carpenter's notice during a visit to one of the midland counties very shortly afterwards.]

ACUTE GLANDERS.—DEATH ON THE EIGHTEENTH DAY.

(Under the Care of Dr. Barker.)

George B., aged 50, a travelling comfectioner, was admitted into King's Ward under the care of Dr. Barker, July 1st, 1851. He had been a strong, stout, healthy man, until a few weeks since, when he became out of health. He stated that he had a habit of biting his little finger nail, and that from this cause there was usually a small sore and tender spot by the side of it.

Such was the case ten days ago when he was cleaning a diseased horse, and he then rubbed his finger against a diseased part of the animal. He took no notice of this until the following day (not being aware of the danger) when the finger began to be painful and some matter formed, which he let out by means of a needle, on June 21st, and then applied a poultice. On the 22nd, several lumps, varying in size from a horse bean to a nut, and at times tender to the touch, formed in various parts of the arm and forearm. Being alarmed by the appearance of these lumps, as well as by the general uneasiness and aching in the limbs, he applied to a Surgeon, who ordered bran poultices and aperient medicine. In two days the lumps increased in number, and the left arm, thighs, and calves of the legs became similarly affected. On the 25th, a great number of bright red spots appeared on the body; they were about two lines in diameter, and had a darker central point. At the same time there was loss of strength, want of appetite, and great anxiety of mind. These symptoms, with slight variation, continued to the day of admission.

Present symptoms.—The face is flushed, and he seems restless, anxious, and hurried. The small lumps on the extremities can in many places be easily discovered by the eye, and many more can be felt on passing the hands along the limbs; most of them are tender to the touch, some are hard, others soft. The red spots have become less numerous, only a few remaining on the thorax; and there are also several pustules, each containing a drop of pus, having hard bases, and no central depression. The headache, which was severe a few days since, has ceased; the bowels are and have been rather confined. The tongue has a whitish brown fur; no appetite. Pulse 90, and without power. The action of the heart is natural, and the physical condition of the chest is normal.

A careful consideration of recorded cases of glanders having, in Dr. Barker's opinion, demonstrated the inefficacy of all modes of treatment hitherto adopted, he determined to give support; administer tonics and stimulants if they should be required; regulate the bowels; and, if the patient became restless and irritable, to give opiates. He therefore prescribed strong beef-tea with the milk diet; also

Pulv. jalap. c. hydr. ʒi.ss. ℞ Quinæ disulph. gr. ij., acid. sulph. dil. ♏ v., tinct. gent. co. ʒi., aq. menth. p. ad ʒjss. M. Ft. haust., ter die sumendus.

Being a teetotaller, the man strongly objected to stimulants, and could scarcely be persuaded to take even a pint of porter.

July 2nd—Most of the red spots have disappeared; the lumps generally are more tender and feel softer, one on the right ankle has become red, and the whole joint is somewhat swollen. The pulse is weaker, he complains of severe thirst, and has a slight cough; but there is no other sign of thoracic complication. No discharge from, or complaint of uneasiness in, the nose. He still continues restless and anxious, and his appetite is bad; ordered to drink soda water *ad libitum*.

July 3rd.—Continues in a peculiarly agitated state. None of the red spots are so well marked as on the 1st., but a few fresh pustules have formed. The little finger is more tender and painful; the right ankle more flushed; and in a swelling above the left knee there is distinct fluctuation, as also in several other smaller swellings in different parts of the body. He is weaker, and scarcely able to sit upright; is alarmed and anxious, and cannot sleep. The cough is more troublesome, and the breath shorter than natural. There is no stethoscopic sign of thoracic complication. He now complains of itching and dryness in the nose, dryness of the throat, some hoarseness, and a little difficulty of swallowing. Pulse 96; feeble. The bowels have been freely relieved of a quantity of dark and very fetid evacuations. Ordered

Opii gr. i., horâ somni sumend.

July 4th.—Had more sleep and a quieter night, but altogether he seems worse, and continues to lose strength. He has now a discharge from the nostrils, like dirty mucous, and also a continual itching in the nose. The cough continues with the expectoration of very tenacious mucus, dirty, like that from the nostrils, and here and there streaked with blood. He still complains of a dryness in the throat, and the voice seems quite altered; he cannot take a deep inspiration, on account of a tightness across the chest; the respirations are much increased in frequency, and there is pain, on pressure, at the epigastrium; but all the physical signs of chest complications are still absent. The tongue is a little cleaner; the thirst continues severe; the pulse remains the same, feeble but regular. Both ankles are now red, and very tender, as well as swollen. The tumour above the knee is a little larger,

and has over it a slight ecchymosis. One or two small spots have also appeared on the face, as if the commencement of pustules. Ordered,

Morph. hydrochlor. gr. ½ h.s., vini rubri ʒiii. quotidie.

July 5.—He was asleep when first visited this morning, but he was observed to be very disturbed, the body being frequently agitated by muscular twitchings in different parts. During the whole night he has slept in this disturbed manner. When awake, he is frequently blowing his nose, which seems stuffed up. The mucus is dirty, thin, semi-opaque, yellowish, and occasionally streaked with blood, and is not very different from the expectorated matter, some of which probably comes from the same source, as he is frequently clearing his nose by an inspiration at the same time that he is clearing his throat of mucus. There is now but one perfect pustule on the body, it is near the left clavicle, is about the size of a pea, with a hardened base, and filled with yellow pus. Another, nearer the shoulder, has been ruptured, and has left a very unhealthy-looking sore, with sloughy edges, surrounded by an inflamed areola, and discharging a little thin sanious matter. Many other smaller pustules are in a similar condition. The ankles are a little more swollen and discoloured. The lumps continue to increase in number and size, and are situated more particularly along the course of the lymphatics, in the upper and lower extremities; the earlier ones are softer. The abscess, which has formed above the left knee was opened, and about ʒjss. of ill-formed, dirty-looking pus evacuated. The thirst and dryness of the throat continue, with considerable difficulty of deglutition. The difficulty of respiration remains about the same, but the respiratory murmur is healthy, although he complains of pressure beneath the ribs on the right side. There is no further abdominal tenderness, but he is much troubled with flatus, and the evacuations continue very offensive. The urine is scanty, slightly acid, and very high-coloured; specific gravity 1·022. The colour does not depend upon either blood or bile; no great excess of urea; no sediment, or any indication afforded by the microscope.

Wine increased to ʒvj., with brandy ʒij. daily; morphiæ hydrochlor. gr. ¾. h.s.

In the after part of the day he complained of severe pain in the toes, and upon one of them a dark livid spot formed, about the size of a sixpenny piece.

July 6th.—Many fresh pustular elevations with hardened bases have formed since yesterday, while here and there is one in which the hardened base is absent and only containing a drop of pus. The toe is darker coloured, and the ankles are more swollen; there is also a more general swelling of the feet. The discharge from the nose has increased, and it now runs from the nostrils; the respiration is of the same character; the cough is not so troublesome, and there is scarcely any expectoration. Pulse 94, very feeble; tongue drier and browner. A thin sanious fluid is discharged from the opened abscess. The morphia procured him some sleep; he mutters a good deal while dozing, and has frequent muscular twitchings. He was ordered

Acid. hydrochlor. dil. ɱx., acid. nitric. dil. ɱx., tinct. hyoscyami ʒss., aquæ mentha pip. ad ʒiss. 4tis horis sumend.

July 7th.—There is a considerable increase in the number as well as the size of the pustules since yesterday. The red hardened bases have extended and become elevated above the surrounding skin; especially near the left eyebrow, where several pustules have become confluent. A great many more have appeared in different parts of the head and face. The feet and ankles are now quite pale, except where the pustules have formed. The whole upper surface of the toe is quite black and cold; the foot very swollen, but not colder than natural. He dozes a great deal, and then has frequent muscular twitchings. There is at times delirium, taking on a low muttering form; and though he can be recalled to a certain extent to himself, by speaking loudly, he quickly relapses into his former state. He lies on his back, slipping towards the foot of the bed. He is scarcely able to take his food, and seems to have a great difficulty of swallowing. The tongue is dry and brown; the pulse quick and variable, sometimes feeble, and small, 120; at others fuller, 108. Respiration much quicker than natural; the sounds were normal anteriorly; the posterior regions could not be examined on account of his weakness.

July 8th.—The pustules are now scattered over all parts of the body, appearing to prefer the surfaces above the lumps, which are now quite soft, some red; the face and forehead are thickly beset with them. Many parts of the limbs have become livid, especially where any pressure is made. He can scarcely speak; but lies on his back, muttering to himself, and snatching at imaginary bodies. The discharge from the nose is not so great, but very offensive, as is the case with the whole body. He takes no notice of those around; when spoken loudly to, he opens his eyes, but instantly relapses again. The breathing is shorter and almost gasping; the skin dry; the tongue dry, and almost black; the pulse irregular, 160; features sharpened; evacuations passed involuntarily; and there is inability to take any food. He continued in this state, the twitchings gradually ceasing, until 7 p.m., when he died quietly.

The amount of stimulus given may appear very small, but it was with great difficulty that the man was induced to take even that quantity. The bowels were sufficiently open after the first aperient powder; but, as the evacuations were very offensive, two doses of castor-oil were administered.

No post-mortem examination of the body was allowed.

Inquiries were made as to the condition of the horse which is said to have occasioned the disease. It appeared that it was sent to a slaughterer's about the time of the man's admission into the Hospital, and was killed the next day. It had been diseased with farcy, and probably glanders, for some time; but the slaughterer not being aware of any particulars in connexion with the horse, had not made any regular post-mortem examination, and therefore the proof positive was wanting.

The next case might be styled a case of acute farcy in its first stage; but its identity with glanders is shown in the second and third.

ACUTE FARCY PASSING INTO GLANDERS.—MERCURIAL TREATMENT.—RECOVERY.

[Communicated by Mr. CARPENTER.)

Elias B., aged 48, a respectable grazier, states that about October 18th he bought a horse at a country fair. In a subsequent quarrel with the horse-dealer he received a blow upon the upper lip, causing a small lacerated wound. A few days afterwards the lip became painful, and began to swell; this was soon followed by pains in the legs and arms. He obtained some medicine from a druggist, but afterwards becoming alarmed, sent for his own Surgeon. The writer (Mr. Carpenter) happening to be in the country, saw the case on the 4th of September, and found him in a very deplorable state. The upper lip and right side of the face were very much swollen, the right eye nearly closed, the skin nearly livid about the lip; the right half of which was a dark dry slough, with a good deal of dried purulent discharge about it. Surrounding this livid part was a lighter erythematous surface, extending up the side of the face and forehead. Beneath the slough there was some unhealthy-looking pus, and in the livid portion of the cheek were one or two furunculoid spots. The right elbow was swollen from the middle part of the forearm, to about three inches above the condyles of the humerus, very painful, and exceedingly tender; the skin had an erythematous blush, similar to that of the face, much darker in the centre than at the circumference, where the redness was more vivid. There was a somewhat similar place on the front of the left leg, but much less extensive. He stated that he was subject to rheumatic fever, and believed that these swellings were from that cause. But it was evident that they were something more. He thought that they might be from bruises received in his encounter with the horse-dealer, as, on being more closely questioned, he acknowledged that he had received blows about those parts. The constitutional symptoms were rather high, but the pulse was not hard. It was almost determined that he was suffering from an attack of erysipelas, when the cases related by Dr. Elliotson were remembered, and a suspicion raised that it might be from the effects of the poison of glanders; and on inquiry it was ascertained that the horse he had bought was actually glandered. This knowledge was obtained from the patient's friends, and not from the man himself, who had no ideas of this nature. The treatment was at first directed to abate the febrile symptoms; a poultice was applied to the lip, warm fomentations to the arm and leg, and some simple saline medicine given frequently. On visiting him on the following day, the swelling, redness, and pain were found to be less severe. The slough had separated, and left a deep, unhealthy-looking ulcer with excavated edges; the nose and salivary glands

were minutely examined, and were found free from disease; there were no spots or pustules upon any part of the body, except that mentioned on the cheek.

On September 6th the redness and swelling had still further decreased, as well as the tenderness. The appearance of the elbow was much altered. The swelling had become quite prominent, and more circumscribed, principally seated over the supinator muscles, below the bend of the elbow; it was much softer. He complained of severe aching pains in all his limbs, and still believed that he was suffering from rheumatic fever. The pulse was soft, 90; tongue loaded with a white fur, scarcely any appetite and some little thirst; no rigors. The excavated ulcer on the lip seemed a little larger; but the swelling about the forehead and right eye, as well as the erythematous redness, were nearly gone. The discharge from the sore was profuse, dirty, and very offensive; the front of the leg very painful, but less swollen, and not so circumscribed as that of the arm. On September 8th the swelling on the forearm presented the characters of a circumscribed abscess. The redness was gone, except in the centre of the swelling, where pus seemed to be presenting. A lancet was introduced, and about six ounces and a half of ill-formed offensive pus evacuated. The pain had been very acute, but was at once relieved by the operation. The leg continued in the same state. The ulcer in the lip was not extending, but the edges continued excavated, the discharge sanious and offensive. The swelling and redness were quite gone. The aching pains in the limbs were severe, and prevented his sleeping at night. The tongue had a yellowish moist coat; the appetite was a little better, and there was less thirst; pulse 90, rather weak. But altogether he expressed himself as being better. The bowels being rather confined, he was ordered an aperient, as well as the following medicine:—℞ Pil. hydr. gr. viii., opii gr. i. in pil. ii., omni nocte sumend. He was also allowed a little better diet, such as strong beef-tea, etc.

September 10th.—He appeared in much the same state; perhaps less discharge from the lip. There was also fluctuation in the front of the left leg: about an ounce and a-half of pus, somewhat similar to the former, was let out, and poultices applied afterwards. The poultice to the lip was discontinued, and some of the following ointment put in the ulcer, and over it some charpie. ℞ Ung. hydr. fort. ʒi., ung. simp. ʒi. M. Ft. ung. He slept better after taking the pills.

On the 13th, more decided symptoms of debility appeared. He felt languid and faint; pulse 86, very weak. Tongue cleaner; skin moist; appetite improving; scarcely any thirst, except in the night. Some red granulations could now be seen at the bottom of the ulcer, which seemed to be filling up; it was also less excavated; and the discharge although profuse, was not so offensive. The abscesses discharged freely, and were now quite easy; but he had tender lumps in the calves of both legs, which interfered with his position in bed. The pains in his limbs were not so severe. There was also some cough, and a little tenderness beneath the left pectoral muscle, but no lump could be detected, nor physical signs of chest-complications. He was ordered some mixture containing carbonate of ammonia and cinchona; to eat a mutton chop or two daily, and to take a little port-wine and porter.

On the following day he seemed worse, having become much alarmed on account of being told that he had the glanders. He became restless, more anxious, and with more severe pains in the limbs; but his pulse continued weak, 88. Tongue a little cleaner. The appearance of the lip had improved, healthy granulations springing up on the inner side, although another small slough had formed and separated on the outer side. The nose and salivary glands continued quite free from disease. The cough had increased, but there were no abnormal physical signs. He felt better after a large dose of wine had been given, and he had been assured that there was no immediate danger. Not having slept so comfortably, the quantity of opium was increased to gr. jss. o. n.

During the next few days he seemed to improve, the abscesses and lip continued to discharge, but the amount gradually decreased. The swelling in the calf of the right leg increased in size, became very tender, and at length an erythematous blush appeared over it. The sloughy appearance of the lip departed, and it became a healthy ulcer, with healthy purulent discharge; at the same time he began to complain of his mouth being a little tender, and his breath to have a mercurial fœtor, and also of darting pains in the back of his head, and the nape of his neck, with now and then a slight rigor. The cough varied very much; at one time severe, with a stringy, frothy expectoration, when physical signs of chronic bronchitis could be heard; at others, slight and dry. The appetite, state of the pulse, and appearance were much the same. On September 16th, the eyes became affected, the lids gumming up, and in a day or two discharging some purulent stuff. They, however, recovered themselves after the repeated application of warm fomentations, and a slight astringent lotion. Occasionally a tender spot would form, feeling like a little hard lump; in a day or two it would quite depart, and one or two others would appear in another part of the body. On September 19th, the abscess which had formed in the calf of the right leg was opened, and about ʒss. of pus let out. About this time also the cough became exceedingly troublesome, with profuse stringy expectoration, not at all gummy or rusty; he received benefit from the repeated application of mustard-cataplasms to the chest. The lip had now nearly healed, and the furunculoid spots on the cheek had disappeared. The abscesses opened first scarcely discharged anything, and the pains in the limbs were much easier. The gums becoming rather too spongy, the mercury was omitted, the opium alone being taken at bed-time, but the application of the blue ointment was continued a little longer; it was not left off until September 25th, when the lip had quite healed, and the gums had recovered themselves again. He now began to get very feverish towards evening, and to have a more decided attack of rigors, occasionally followed by profuse sweating, but the tongue kept clean, and the appetite good; being able to eat two or three chops daily, and take half a pint of port-wine, with a little brandy, and some porter. But his weakness increased so much that he could not raise himself upright in bed. Another abscess also developed itself in the calf of the right leg. It was opened, and a small quantity of pus let out; the cough and expectoration had much decreased; the pulse continued weak, about 96. He was now ordered– Acid. sulph. dil. ♏ xv., ferri sulph. gr. i., tinct. opii ♏ v., infus. gent. co. ad ʒiss., 4tis horis.

This medicine rather checked his profuse perspirations. On Sept. 28th, he had a much more severe attack of rigors, and in a day or two several red elevations made their appearance about the body. The circulation seemed at times to become impeded in the extremities, and once or twice the left hand became cold and livid, and then black, looking as if gangrene had commenced, but after the application of warmth, the swelling, coldness, and dark colour departed. The elevations were dark red in colour, exceedingly tender, and felt hard. The number upon the forehead, scalp, and sides of the face were very great; they were also numerous on the upper extremities, but not many on the body or lower extremities. About Oct. 4th, the number was the largest; and then there seemed to be two kinds, one darker, another set lighter, and like minute spots of erythema nodosum. Upon a few of the darker ones now appeared a small pustule, of the kind which Willan calls phlyzaceous. The pains in the limbs and about the joints became exceedingly severe; the latter at times were swollen and tender to the touch. Such was his state on Oct. 4th, when he was so weak that he could scarcely raise his hand to his head; he had an exacerbation of the fever every evening; had a weak pulse, 100, and a very capricious appetite, so that it was necessary to ring the changes upon different articles of food: wine, ale, brandy, or porter being given as his fancy dictated. The iron and acid medicine was now omitted, and full doses of citric acid given.

After this had been taken for a few days the spots began to disappear, and the pustules to die off, while the heat of the skin and profuse sweating decreased. About Oct. 12th, the nose began to be tender, and require frequent blowing. The cough had nearly ceased, and the aching pains in the limbs were much less. On the two following days there was some slight bleeding from the nose, and, on the 16th, a discharge of thick, slimy, yellowish, semi-opaque mucus commenced, which, in the course of a day or two, became profuse. As soon as the spots began to decline he began to recover his strength and appetite; the abscesses had quite healed, and the tender lumps seemed to melt away. The bowels, which had been rather confined all through his illness, now frequently became relaxed, but not to any great extent. His

acid mixture was changed for quinine and astringents, whilst a solution of nitrate of silver (gr. i. ad. ʒi.) was frequently injected into his nose, with decided benefit. On the 24th of Oct. the eyes again became affected, and were treated in a similar manner, with success, although they remained weak, and discharged a little purulent-looking stuff for a long time. The discharge from the nose continued until the end of October, when it gradually ceased. The spots had then all disappeared; the sweating continued, but less profusely; he still had a good deal of pain in his limbs, but his strength was very much greater. He now began to sit up a little; and, after a few days, was able to get down stairs. The symptoms of depression gradually ceased. The hectic state departed; the pulse improved in strength and volume; and, on Dec. 1st, although he had not quite recovered his former robust health, was in a very fair way of losing all traces of the disease.

The favourable result of this case will be a good recommendation to the employment of mercurials, followed by antiscorbutics. The citric acid was given with the idea that it might combat the evidently diseased state of the blood; whether the result was an effect, or merely a coincidence, it is impossible to say.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 18.—Formula for Sulphuretted Hydrogen Gas.

To the Editor of the Medical Times and Gazette.

Sir,—What is the best formula for administering sulphuretted hydrogen gas, in order to its proper elimination in the stomach, for therapeutic purposes? and what is its known action in "diabetes mellitus," whether favourable or otherwise? I am, etc. R. M.

No. 19.—The Province of Medical Science.

Sir,—"In the Christian world the higher education is resolved into three faculties,—Theology, Jurisprudence, and Medicine,—of which the first conducts our mental culture with reference to Religion; the second, with reference to the State and its business; the third, with reference to the material world and the properties of its component parts. For Medicine, in its original and comprehensive sense, as one of the great divisions of human culture, must be considered as taking in the whole of physical science."—Whewell's Elements of Morality, including Polity, Vol. II. p. 321, Ed. 1845.

Where is the evidence of this "original and comprehensive sense?" M.D.

No. 20.—Medical Aphorism.

Sir,—I happen to have a copy of the "Schola Salernitana," which was formerly the property of Davies Gilbert, Esq. On the fly leaf appears, in the handwriting of that distinguished man, the following curious note:—

"*Distichon celeberrimum*—

Mingere cum Bombis
Res est saluberrima Lumbis—
In hac saltem Editione desideratum."

Now, I would venture to inquire, first, as to the authority and authenticity of the aphorism; and, secondly, as to its meaning and practical value? S. H. G.

ANSWERS.

To Query No. 3.—The Bittern.

To the Editor of the Medical Times and Gazette.

Sir,—In answer to Query No. 3, page 15, of your present volume, I beg to say, that the Bittern—"Die Mutterlauge"—"L'eau-mère"—or mother-liquor of the Kreuznach Mineral Water, has, by my request, lately been imported by Messrs. Brew and Schweitzer, Chemists, 71, East-street, Brighton.

In Dr. Triezer's small pamphlet on the subject, published at Kreuznach, 1855, there is an analysis of this mother-liquor, made very recently by Mr. Polstorf, which I here transcribe. Its specific gravity 1·3133 by 60° Fahr. According to this Chemist sixteen ounces of the mother-liquor contain:—

Chloride of potassium	168·31 grs.
,, sodium	226·37 ,,
,, lithium	7·95 ,,
,, calcium	1789·97 ,,
,, magnesium	230·81 ,,
,, aluminum	1·56 ,,
Bromide of sodium	59·14 ,,
Iodide of sodium	0·05 ,,
Iron, manganese, and phosphoric acid	traces.
	2484·16 ,,
Organic matter and water	5195·84 ,,
Total	7680·00 ,,

Permit me to add, that several of my patients are now using the mother-liquor either pure, as fomentation, or in fresh or sea-water, as hip or general baths, in connexion with various mineral waters used internally, according to the requirements of the case. The result of these trials with the newly imported mother-liquor I may, with your permission, report in your pages on a future occasion. I am, etc.

Brighton, July 31, 1855. A. Franz, M.D.

To Query No. 13.—Mode of Action of Copaiba.

Sir,—I am happy to be able to inform B. S. that considerable progress has already been made towards settling the question to which he refers.

Whilst in Paris last year, I was shown in the "Hôpital du Midi," by Professor Ricord, several patients on whom various modes of the local application of copaiba had been tried for gonorrhœa. He told me that he had been originally led to these experiments by the case of a young man in whom the urethra opened at the base of the penis, and who habitually passed the whole of the urine by this aperture, but could at will allow it to pass through the penile portion of the urethra to the normal meatus. This patient suffering under gonorrhœa, copaiba was administered in the ordinary way, and with its ordinary good results, so far as regarded the posterior part of the urethra, although the inflammation continued as virulent as ever in the anterior portion of the canal. M. Ricord, therefore, directed him to cause the urine to pass through this portion also, and the administration of copaiba being kept up, with a similar result. The self-evident conclusion from these facts was afterwards corroborated, by cases in which fistulous openings prevented the urine from traversing the whole of the canal, and in which, therefore, the anterior portion of the urethra was the only part not benefited by the copaiba, until the medicated urine was applied by injection to that also.

B. S. will perceive, then, if I have properly conveyed the distinguished Professor's observations, that the truth of his first proposition has been sufficiently demonstrated; the corollary he deduces is unfortunately not capable of the immediate consequent solution he suggests; for, at all events, up to the end of November, 1854, every mode of injecting the copaiba, either in various forms of solution, or otherwise, had failed, though in the hands of M. Ricord himself. I am, etc.

Notting-hill, July 23. James Turle.

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Medical Times & Gazette.

SATURDAY, AUGUST 4.

MEDICINE CIVIL AND MILITARY.

Our latest letters from the East, dated from the Crimea, July 16, Constantinople the 19th, and Smyrna the 21st, show that great and increasing interest is attached to the state of the Army Medical Department, and the effects likely to be produced upon its condition and felt by its members in consequence of the recent introduction of the Civil element. So long as the Military and Civil Surgeons were employed in separate fields, the appointments of the latter were passed over by the former with but little demonstration of party feeling. The Staff of the Smyrna Hospital was exclusively Civil, and at the time of its formation the Army Medical officers had been so thoroughly overworked, such great and responsible duties in the Military Hospitals were in consequence thrown upon youths in their teens, and the supply of well-qualified young Surgeons was becoming so deficient, that the necessity of obtaining the assistance of Surgeons of a certain age and professional standing, from without the lists of the Army Medical Department, was almost universally acknowledged. It very soon became evident that the experiment made at Smyrna was in many respects remarkably successful, and, had it ended here, or even in the establishment of one or more Civil Hospitals, in more eligible situations than Smyrna, nearer the seat of operations, some feelings of jealousy might perhaps have been aroused; but as the Civil and Military Practitioners were never brought into contact, nothing like angry dispute or personal unpleasantness could arise. It was determined, however, and we think very unwisely, to appoint a number of Civil Surgeons to serve at Scutari, under a Military Inspector, to assist the Military Medical officers in working the Military Hospital system. Even supposing that these appointments had been made with extreme care and judgment, one would scarcely have been surprised at some want of Professional harmony becoming apparent. Army Medical officers of long standing and great experience in all parts of the world, found themselves at once placed in an inferior position to men whose Professional superiority, they would not and could not acknowledge; and the Civil Surgeons found, on their part, that they were treated with the reverse of cordiality by men who considered their own prospects of promotion stopped by appointments, the necessity for which had ceased with the great diminution in the sickness of the army. Besides this, it was natural to suppose that questions of duty might arise to add to existing feelings of irritation. The superior Military officer thought he had a right to interfere with the practice of a Civilian of a lower or ill-defined army rank. The Civilian naturally resisted any such interference, and probably became additionally annoyed by the defects of a system he had to work under without the power of altering.

We have not thought it worth while to occupy our columns by the details of any of the affairs of this character which have arisen at Scutari, because we had hoped that the evil would work its own remedy, and that all the Civil Surgeons in the East would be collected together in one or more establishments, in which they would be freed from the trammels of the Military system. So far from this being the case, however, a new element of discord has been added by the employment of Civil Surgeons in the camp before Sebastopol. This appears at first sight to have been done without much thought. Surgeons obtained leave from Smyrna and Scutari to visit the Crimea, and when there, offered their services in the field, which were temporarily accepted. Others followed the example, or not having sufficient employment in the two Hospitals just mentioned, have been attached to one of the divisional Hospitals in the camp. A certain amount of dissatisfaction has been the inevitable consequence, and various instances of the results of Professional jealousy have been brought before our notice which we think it better, in the interest of all parties, to pass over in this general manner, than to enter into any lengthened details. It may be as well, however, to sum up the impression they have made on our own minds by a few words, first to the Army Medical officers, secondly, to their Civil brethren, and thirdly, to the Authorities at home.

First, to Army Medical officers we would say, that the regeneration of the department will date from the introduction of the Civil element. By exacting a reasonable rate of remuneration for their services, the Civil Surgeons have shown the Government that temporary Medical assistance, worth having, cannot be had in time of need without a scale of pay which, though far below what a lawyer would require to leave his practice and his home, is handsome when compared with the wretched sum Government have not been ashamed to offer to the members of a liberal Profession, upon whose aid the very existence of our National army depends. The necessary consequence will be an increased scale of pay throughout the Army Medical Department. Had the Civilians accepted anything like the pay of their Military brethren, for temporary service, without a prospect of half-pay or retiring pension, we would ask, what effect would this have had upon the Department? Again, we would say, if the Civilians are able to show that, by their power of acting uncontrolled by Military superiors in Medical matters, they are enabled to procure every necessary and comfort the sick and wounded can require, will not this show the necessity for giving a like freedom and independence to the Army Medical Department? The answer is so obvious that we almost wonder the Military Medical men have not been the first to point out the proved merits of the Civil Hospitals, and receive with unmixed astonishment the statements of more than one correspondent, to the effect that every effort has been made to keep the Smyrna Hospital empty. We cannot believe that any such motives as those imputed by more than one writer have been allowed to operate, and think it much more likely that the unhealthy character attributed to Smyrna has had its weight, than that any Medical Chief would dare to detain men in the Crimea who were not likely to recover for some weeks or months, when a large well-appointed Hospital was open to them, in the vain hope of showing that the Department was independent of extrinsic aid. Such unpardonable conduct, if proved, would call down an unmistakable expression of Professional censure and popular indignation.

To our Civil brethren employed in the East, we feel sure it is quite unnecessary to urge the propriety of making every allowance for any hasty expression of the feelings of men who, not looking beyond the surface of the matter, consider the honour of their department impugned by the employment of Civilians. If it appear that some members of the Department have been actuated by a desire to bolster up its credit, rather than to obey the dictates of common humanity,—such conduct should call for censure, not on Army Medical Officers generally, but on the individual offenders, who form a very small fraction of the body who have so nobly maintained the honour of the Medical Profession amid pestilence and privation, and have shared all the dangers of that noble Army, whose deeds are adorning the chivalrous history of our country.

It is necessary to impress upon the Government that, so long as the strength of the Army employed, the probable amount of sickness or casualties, and the numerical state of the Army Medical Department, render the services of Civil Practitioners imperative, it would be most desirable to allow them to work together, rather than to throw them into contact with Army Surgeons, and oblige them to work under a system which they disapprove. There is no collision at Smyrna, or at Dr. Parkes's establishment on the Dardanelles; there need be none at Scutari or in the camp. If Civilians are to be employed at either place, let them have an Hospital to themselves. Instead of distributing them among the four Hospitals at Scutari, it would be far better to place one of the four exclusively under their direction. The buildings and situation are all immeasurably superior to the Smyrna Hospital, and the merits of the two systems might be fairly tested side by side. We have no doubt that the result would be to liberate our Army Medical brethren from the Military superintendence which has sufficed to render the results of their devotion and labours so far short of what they would have been had no such interference been permitted. If Civilians are to be employed at all in the Camp, we say again, let them have an Hospital to themselves, whether at the unexceptionable site offered by the Monastery of St. George, or on the hills above Balaklava, or in one of the Divisional Hospitals in Camp; give them an opportunity of testing the merits of the system to which they are attached. If this cannot be done, it would appear to be far better to remove those Civilians at present in the Camp to one of the Civil Hospitals. There would then be less chance of unpleasant collision between the two classes of Medical officers, and greater means afforded of doing justice to the sick soldier.

SMOKE.

We remember some time since to have heard a story to the following effect:—There was a certain chapel in Spain, in which, according to the custom of the country, candles and lamps were suspended in profusion before the shrines or pictures of the saints. All of these lamps, save one, gave a lurid, smoking flame, and besmirched the ceiling with dark soot. But the one lamp that burned before the picture of the Virgin gave a tenfold brighter light, and no smoke at all; which, being observed by the pious, was considered to be caused by miraculous agency, and the chapel acquired great repute, and was visited by numbers of pilgrims. But it is said that a certain traveller, who was struck with the phenomenon, examined the thing minutely, and remarked that the miraculous lamp had a circular burner which admitted air to the centre of the flame; and that seeing at once the solution of the mystery, he experimented upon the subject, and became the inventor of the lamp known as *Argand's*, which has been the model of a horde of imitators in the shape of "Moderators," as our readers very well know(a).

This story recurs to our mind as our eyes fall on a Parliamentary document which has been lying on our library table for some days, being "a Digest of the information obtained with regard to the operation of inventions for the Consumption of Smoke," in the form of a letter from the Secretary of the Board of Health to the Home Secretary; and on this we will make a few observations.

As this great Metropolis is extending, so does the Smoke question assume more and more importance; for, in the first place, Smoke is a very expensive luxury. We do not refer here to the damage it does to our furniture and linen, the extra housemaid we must keep to dust our tables, the extra coats of paint and paper to our walls, and the wear and tear and cost of washing, although these items alone are no small consideration. It is the prime cost that we refer to.

Coal consists, in plain terms, of carbon and hydrogen, which are its valuable ingredients, and of sulphur and earthy matters, which are useless, if not injurious. When subjected to heat, the hydrogen, combined with some of the carbon, is given off in the form of coal gas. If this coal gas meets with abundant air in a heated state, it is converted into brilliant flame, while the *degasified* carbon smoulders at a red heat below it. If, on the contrary, the coal gas meets with air in insufficient quantity, or at too low a temperature, it is decomposed without being burned, and its carbon is precipitated in the form of soot. If combustion then is perfect, there ought to escape from the chimney nothing but carbonic acid, watery vapour, and the other lesser ingredients of coal in their highest state of oxidation, with a trifling quantity of dust mixed up by the current of air. If combustion be imperfect, the carbonic acid will be mixed with more or less coal gas unburned, or half-burned; and, besides these colourless gases, there will be a great quantity of carbon in that solid state which makes Smoke like one of the Egyptian plagues,—a darkness that may be felt.

As to the cost of Smoke, then, it must be understood that it is the product of the hydrogenous, that is, the fattest, richest parts of the coal; for coal that has been *coked*, *i. e.* deprived of its hydrogen by art, or converted into anthracite by Nature, is smokeless.

We will not pretend to be too precise about figures; but we may say in round numbers, that the coal gas which is given off and may be unburned, may amount to perhaps 20 or 25 per cent. of the entire weight of the coal used. Not only so: these gaseous elements are the most valuable parts of the whole for heating purposes; and, as a still further aggravation of this anti-economic process, part of the heat developed is used up, absorbed, and rendered latent in the production of this very coal gas, which is thus wasted and converted into so monstrous a nuisance; hence we are not much over the mark if we assert, that in the worst managed furnaces and fireplaces full half the coal goes unburned up the chimney.

Now, how is this to be prevented? In common fireplaces there is no doubt that much may be done by the simple expedient of putting on the coals at the bottom of the fire and not at the top, so that the gas which is given off may pass up through the fire and be burned, instead of being mixed with cold air, and going unburned up the chimney, as happens when they are put on at the top. There is an invention of Dr. Arnott's which effects this, but the fire is a dull and joyless one.

Would that some Argand would arise, and supply us with some cheap, simple, and easily applicable contrivance for giving us a bright, and *pokeable*, and, at the same time, very smokeless fire! We are not without hopes of having something of the sort ere long.

But the furnaces of steam engines, breweries, etc., are the monster culprits, and it is to these that scientific inventions and legislation for the prevention of Smoke chiefly relate. Now a furnace differs from a fireplace, inasmuch as all or nearly all the air which ascends the chimney goes through the fire, or closely over it, so as to be thoroughly heated; and there is no wide aperture, as in a common room, through which cold air passes. In a furnace, therefore, the amount of air can be more easily regulated; and this is just the difficulty, because it wants to be frequently varied according to the state of the fuel. When the fire has been recently stoked, large draught of air is required to burn the gas given off from the fresh coal; but if the same supply of air were continuous,

(a) We must add, that Mr. Bright, of Bruton-street, the respected successor of Argand, looks upon this Spanish story as apocryphal, and believes that Argand was led to the construction of his lamp from some improvements which he had made in a furnace for distillation.

another evil would arise, for if more air be admitted than is necessary, it robs the apparatus of an immense amount of heat; and in every well-regulated furnace, not only no coal gas should go up the chimney that has not been combined with oxygen, but no oxygen either should go that is not combined with its full share of carbon or hydrogen.

If we may compare human beings to furnaces, the gouty, overgorged, and indolent represent those which smoke, because the supply of air is insufficient; while the lean, nervous, and phthisical represent those in which aëration is in wasteful excess.

Now, then, we can readily comprehend the *rationale* of the various contrivances that have been proposed as preventors of Smoke. The letter of the Board of Health contains a digest of the information obtained from fifty-six eminent firms as to the results of efforts for Smoke prevention, as to the increase or decrease of cost, and the chief impediments to further improvement. These give the almost unanimous verdict, that the chief obstacle is the ignorance, prejudice, and carelessness of the stokers; and, on the other hand, that very much may be done, if the furnaces are properly constructed, by more care in putting on the coals frequently and in small quantities, so that the temperature of the furnace shall not be too much reduced, nor too much gas be given off at a time; and by the equally simple expedient of holding the furnace door ajar for a very few minutes after stoking, so that more air may be introduced just when it is most wanted. Prideaux's furnace-door is a very ingenious way of effecting the same thing, for it contains a valve which is wide open after stoking, and gradually closes in a regulated time. This has the further good effect of preventing all radiation of heat from the furnace-door, a thing invaluable on board ship. Juckes's furnace acts on another principle. The supply of air being continuous and equal, it provides that the supply of coal shall be equally so, by means of a set of fire bars revolving in endless chains, and gradually and easelessly carrying the coals forward. There are other patent machines for effecting the same end. A very favourite plan is to have two or more furnaces, fed alternately, and opening into one chimney, so that the excess of hydrocarbon from the furnace last fed may be burned by the excess of incandescent oxygen from the others. Many other contrivances are there, either for adapting the supply of air to the quantity of coal, or the quantity of coal to the supply of air. But the most gratifying part of the subject is, that Smoke has been diminished, and that a proper diffusion of information on the one side, and police regulations on the other, may cause it to be very much further diminished; and that common intelligence and care on the part of the stokers, stimulated by small rewards and fines, will probably abate eight-tenths of the nuisance arising from the tall chimneys which are England's glory and her shame.

THE WEEK.

The publication of the evidence given before the Committee of the House of Commons upon the Adulteration of Food, Drink, and Drugs, has led to a controversy between Dr. Hassall and Mr. Wakley, the Editor of the *Lancet*. A very vigorous attempt has been lately made, as is well known, to get up a testimonial to the former gentleman, which proceeding we ourselves thought was, at least, premature, inasmuch as Dr. Hassall was amply remunerated by Mr. Wakley for his services, and he was rather largely assisted in his practical investigations by several collaborateurs, whose labours have been hardly sufficiently acknowledged. We were, therefore, not surprised to observe an announcement in the *Lancet*, that the credit of the Analytical Sanitary Commission was claimed by Mr. Wakley, on the grounds that he started the original idea, paid the expenses, and incurred the legal risks. We think Mr. Wakley entitled to the credit he claims; and however we may differ from him on many points, we cannot but think that he deserves great praise for the boldness which he has evinced in carrying out his plan of the Sanitary Commission, and in publishing the names of those who vend adulterated goods. Much benefit has already accrued to the public from the disclosures thus made, and many respectable tradesmen have discontinued certain adulterations, of the mischievous nature of which they professed to be, and probably were, previously ignorant.

The Government have finally decided that Smyrna Hospital is not to be enlarged. The building is so commodious, the supplies cheap and abundant, and the winter climate so good, that it will probably be maintained as a Medical or Convalescent establishment for 500 patients. We see no great objection to this plan. It has not yet been determined what is to be done with the Surgical Staff. Several of its members are already in the Crimea, but no Civil Hospital has been established there. Why should not a Civil Surgical Hospital be formed at the Monastery of St. George? There are plenty of Civil Surgeons already in the East to superintend and work such an Hospital.

A case of considerable interest in a Medico-Legal point of view, if we are to believe the newspaper reports, has lately occurred in the county of Durham. A lady has died with suspicious symptoms, and a Coroner's inquest having been held, a verdict of death from irritant mineral poisoning has been returned, but without inculpating any party. The evidence went to show that the Medical attendants of the deceased suspected the symptoms of poisoning to be present, although they had not administered any deleterious substance; and one of the Medical gentlemen deposed that he had on several occasions seen a basket in the possession of the husband of the deceased, in which were Fowler's solution of arsenic, besides veratrine and nux vomica. It was also stated that the post-mortem examination revealed the presence of ulceration of the intestines, and that the analysis of the contents of the stomach gave unequivocal evidence of the presence of arsenic. Although the verdict exonerated all parties from blame, yet subsequently, on the application of the brother of the deceased lady, the husband has been apprehended and brought before the county magistrates on suspicion of being concerned in his wife's death. The inquiry is still proceeding, and an application has been made for an exhumation of the body with a view to its further examination.

An attempt having lately been made to fix a confirmation of the charges against Dr. Hall, in the evidence given before the Sebastopol Committee by Dr. Dumbreck, the latter gentleman has written a letter to the *Times*, in which he mentions that, so far from joining in the accusation against Dr. Hall as to the management of the Scutari Hospitals, he has stated in his evidence that he did not land at Seutari at all, in consequence of ill-health, and that he therefore could not join in any charge against Dr. Hall. We believe that much unjust reproach has been cast upon Dr. Hall, and that when he arrives in England he will be quite able to defend himself successfully against his assailants.

The Committee on the Adulteration of Food and Drugs continues its labours with greater assiduity as the Session draws nearer to a conclusion. We have heard that an attempt was at first made to keep back the evidence of Dr. Letheby; but that after what has lately transpired he will be examined. Some of the witnesses lately under examination have treated

the evidence just given as tinged with exaggeration, and Mr. Redwood, of the Pharmaceutical Society, has stood up in defence of the present order of things. He especially defends his clients, the Chemists and Druggists, whom he represents not only as a thoroughly honest and conscientious, but also as a highly-educated, class of men. Without detracting from their merits in the former particular, we think that the Drug-trade, from the highest to the lowest, has much to learn, notwithstanding the praiseworthy efforts of the Pharmaceutical Society.

A Chemist of Clerkenwell has been apprehended on a charge of rape upon a female servant who had consulted him. With the alleged crime we have nothing to do,—we merely call attention to the fact, that a Chemist, with no legal qualification to practise Medicine, sees and prescribes for a patient with suspected disease of the chest, visits her professionally at her master's house, and pretends to institute an examination into the condition of the lungs. We knew of a Chemist, some time ago, who was very fond of "applying the stethoscope," as the phrase is; and assured one patient that she had a decided *rawl* in her windpipe.

A Bill has just been brought into the House of Commons by Mr. Brady, the object of which is to improve the practice of Vaccination. We are very happy to observe that all the suggestions which we have made upon this subject have been adopted by the framers of the Bill. The control of Vaccination is to be taken out of the hands of the Poor Law Board and the local Boards, and placed under the supervision of the Board of Health; a Medical Superintendent and Medical Inspectors of Vaccination are to be appointed, and the fees for Vaccination are to be increased. It will be recollected that all these points were strongly insisted upon by us in our leading articles on the subject of the late Vaccination Acts. We fear that Mr. Brady's Bill is too late to pass this Session, and we are sure that the Profession in general will regret its postponement.

The *Times* of Thursday contains a complete contradiction of the statements made by the Surgeon whose letter was published in that Journal of July 5. It will be recollected that we last week expressed great doubts as to the truth of the statements made by the *Times'* Correspondent, and it was for this reason that we did not publish the letter in question. The following is a quotation from the letter, signed by two Surgeons attached to the Staff of the Army before Sebastopol, inserted in the *Times* of Thursday last:—"Many of his statements are utterly without foundation; others so exaggerated as to bear on their surface a mere shadow of truth."

REVIEWS.

Lectures on the Comparative Anatomy and Physiology of the Invertebrate Animals, delivered at the Royal College of Surgeons. By Richard Owen, F.R.S. Hunterian Professor to the College. Second Edition. Pp. 689. London. 1855.

It will be recollected that Professor Owen's Lectures on the Invertebrata were first published in numbers in the year 1843, and the present edition of the Lectures is as far different from the former as the present state of Comparative Anatomy is different from that which existed twelve years ago. Although the intervening period has not been marked by any startling discovery, yet the wide field of research embraced by the comprehensive domains of the animal kingdom has been constantly supplying new materials for the study of the Physiologist. With the ample opportunities placed within the reach of Professor Owen, it is almost needless to remark that he has brought the present edition down to the existing date of the noble science to which he has devoted the energies of his life; and it is equally unnecessary to recommend the book to the cultivators of Comparative Anatomy, as the mere announcement of its appearance will be a sufficient recommendation.

Atlas of Cutaneous Diseases. By J. Moore Neligan, M.D. Dublin. 1855.

This Atlas consists of sixteen plates, representing the various diseases to which the skin is liable, and the parasitic animalcules which occasionally infest it. Small-pox, scarlatina, and measles are not included in the series, being probably considered as forms of fever; but many of the heterogeneous disfigurations affecting the skin, as nævus, lupus, elephantiasis, ichthyosis, molluscum, and purpura are accurately delineated. The representations have been taken from actual forms of disease, and the Daguerreotype has been employed in several instances, as insuring greater accuracy of outline. The arrangement is that adopted by Dr. Neligan in his "Treatise on Diseases of the Skin," and the letter-press accompanying the plates is confined to a brief description of each figure, with a reference to the book in which it is described at length. Since the time of Willan and Bateman, pictorial illustrations of skin-diseases have been considered indispensable in the study of this class of affections; although we are convinced that, however accurate they may be, they never can supply the place of clinical observation. Rayer in France, and Erasmus Wilson in England, have given us admirable illustrations of this interesting class of diseases; and Dr. Neligan has now contributed to the Medical pictorial literature of Ireland a most creditable volume, which may vie with the others in fidelity and finish.

The New German Mineral-Baths Cure; also a Description of the Carbonic Acid Gas Bath for Female Complaints. By A. B. Granville, M.D., F.R.S. Pp. 148. London. 1855.

Dr. Granville's *brochure* is not altogether to our taste. It seems intended for the public more than the Profession, and such being our impression, we cannot approve the details which are afforded of the local application of the carbonic acid gas bath for female complaints; nor do we give implicit credence to their wonderful powers of promoting fecundity. If such be their physiological operation, let the Profession by all means be made acquainted with the *modus operandi;* but we are not satisfied by such information as that which may be derived from the "*habitués* of Kissingen," who are acquainted with the history of many cases of "infecund marriages," and who can inform us of four or five instances in every season "in elevated classes of society," and which "subsequent published announcements, *at a proper period*, have shown to have terminated successfully." We warn Dr. Granville against trenching upon the ground occupied by the "Manly Vigour" tribe.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

RE-VACCINATION OF THE PRUSSIAN ARMY.

(By Staff-Surgeon SCHILLING.)

From the year 1834 all Prussians entering the army, for their three years' service, have been vaccinated upon admission, and that whether vaccination had been previously performed or not. From this date to 1852, viz., 19 years, the following results have been obtained:—

Persons vaccinated or re-vaccinated . .	811,402
The vaccination succeeded in .	457,581
No results obtained in	353,821

Among the 457,581 soldiers re-vaccinated, there occurred—

217 cases of varicella,
191 ,, ,, varioloid,
13 ,, ,, variola.

Of the 457,581 soldiers only 4 died of variola in the 19 years, and this, notwithstanding their frequent exposure, whether in their own homes, or in barracks, to the small-pox contagion. No such immunity attends the Profession in the

case of other contagious or epidemic diseases, as cholera or typhus.

In the entire Prussian army, during the above period, 2,428 suffered under one of the three forms of pock, and of this number 86 died. Of these 4 had been successfully re-vaccinated, 25 had been re-vaccinated without effect, and 57 had not been re-vaccinated at all.

As during the 19 years the proportion of successful re-vaccinations has continued steadily increasing from 33 to 69 per cent., this must arise either from the greater perfection of the process employed, or the greater susceptibility of the subject, Dr. Schilling is convinced that the latter is the true explanation. That the resistance to re-vaccination does not necessarily imply resistance to variolous infection, is seen from the fact, that while 4 died after the success of the vaccination, 25 died when it had failed.

Casper's Wochenschrift. Band vi. 216.

To bring down the subject to the present time, we extract from the returns furnished in the *Berlin Medicinische Zeitung* for 1854 and 1855, the following facts :—

During the years 1853 and 1854 there were 110,993 re-vaccinations.

In 83,598 individuals there were plain scars.
17,503 ,, ,, ,, indistinct scars.
9,892 ,, ,, ,, no scars at all.

110,993

The results of the re-vaccinations were—
Regular in 70,466
Irregular in 14,202
Nil in 26,325

110,993

A repetition of the vaccination in the cases that resisted was attended with—
Successful results in 6625
No effects in 19596

Among the re-vaccinated troops there occurred during the two years—
11 cases of varicella,
30 cases of varioloid,
2 cases of variola.

HÆMORRHAGIC HYPERTROPHY OF THE SPLEEN.

M. Barth recently brought under the notice of the Paris Anatomical Society a remarkable example of lesion of the spleen. It was taken from the body of a woman aged 61, who had never left Paris, or suffered from intermittent fever. Her complaints were traced back at least two years, but their origin was obscure, and course gradual. She was emaciated, but did not exhibit any cachectic decoloration, nor had there taken place any hæmorrhage. The immediate cause of death was peritonitis, induced by a fall.

At the autopsy, there were found signs of recent and old peritonitis. The spleen was truly enormous, weighing 3050 grammes, while the normal weight of the organ is about 250 grammes. The splenic vein was found entirely obliterated, being almost entirely converted into a fibrous cord. The short vessels of the organs were atrophied, scarcely a vestige of these being discernible amidst the fibrous adhesions connecting the organ with the stomach, from which organ it was only 1 centimetre distant. The alteration of the spleen might be termed a hæmorrhagic hypertrophy, but its appearance varied at different points. At one part yellowish fibrinous matter was observed ; at another, it was the colour of muscular substance. Some parts were observed in a state of mash by the side of hæmorrhagic centres, resembling pulmonary apoplexy, or the colourless remains of old apoplexies. In some places, the hæmorrhage was found in well-defined centres, in others as diffused apoplexy. The form of the organ was entirely changed, while the consistency was hard, friable, soft, or almost fluid, according to the points touched. There was no hypertrophy of the abdominal glands.

M. Cruveilhier agreed with M. Barth in his belief that the obliteration of the splenic vein had preceded the production of his hæmorrhagic hypertrophy. Obliteration of the veins is the cause of hæmorrhage in a great number of cases, as he has observed in his experiments upon animals. He has endeavoured to produce obliteration of the sinuses of the dura mater, feeling very certain that such lesion would lead to cerebral hæmorrhage ; but he has not, as yet, succeeded in effecting this. M. Tonnelé has, however, presented a case in which, with inflammation of the sinuses, there was a large number of apoplectic centres ; and in pulmonary apoplexy M. Cruveilhier has found the veins of the lungs the subjects of obliterating phlebitis. These facts go, to a certain extent, to explain the condition of the spleen, especially when it is remembered that it has but one vein.

Bulletin de la Société Anatomique, An. xxix. p. 366.

EXCERPTA MINORA.

Reduction of Dislocation of the Thumb.—M. Verhaeghe describes a plan he first employed upon the recommendation of Langenbeck, who had repeatedly found it successful. When the patient has been chloroformized the Surgeon grasps with one hand the dislocated thumb, and carries it back, so to say, almost to the dorsal surface of the metacarpal bone. At the same time, with the point of the index finger of the other hand he presses up the head of the metacarpal bone, and with his thumb bears down the luxated extremity of the first phalanx. After the reduction the thumb should be kept fixed awhile by the starch bandage, or the dislocation will recur.—*Rev. Medico-Chir.* April. P. 238.

Achillæa Millefolium in Internal Hæmorrhage.—Dr. Coates has employed this substance with material advantage in several cases. Half an ounce is digested in a pint of hot water for twenty minutes, and half a teacupful given every two hours.—*Ibid.* P. 564.

FOREIGN CORRESPONDENCE.

THE ABENDBERG HOSPITAL FOR CRETINS.

KANDERTŒG, NEAR INTERLACHEN, July 22, 1855.

SIR,—I had the pleasure yesterday of paying a visit to the Abendberg Hospital for Crétins—an institution which I had long wished to see, and of the present state of which I am inclined to think that a short account may, perhaps, be acceptable to your readers. Although commenced but fourteen years ago, it was then the first Hospital for Idiots that the world had possessed, and to its example we are indebted for the several establishments of a somewhat similar character which have since come into life. It is not my purpose, however, to occupy your pages with any account of its formation, or of the reasons which induced its benevolent Founder to undertake the work, but simply to give a brief report of a personal inspection of its wards.

Early on Saturday morning, July 21, I left Interlachen, in order to climb the Abendberg, a mountain the foot of which comes close to the town. High up upon its side the Crétin Hospital was already distinctly visible, and an hour and a-half of steepish ascent brought me to its door. The reader must not suppose, from the use of such words as "Hospital" "wards," etc., which, perhaps, from the force of habit, have escaped my pen, that the institution referred to bears any resemblance to those so designated at home. If he will imagine two or three Swiss châlets of the larger class placed side by side and built into each other, he will have a pretty good idea of the exterior of Dr. Guggenbuhl's mansion. The heights of the Abendberg are at a great elevation, and the prospect commanded from them is a most glorious one, comprising the vale and town of Interlachen, the lakes of Brienz and Thun, and the Bernese Alps, with the snow-clad Jungfrau, in a panorama not easily surpassed.

Dr. Guggenbuhl was at home, and with kind cordiality devoted a considerable portion of his morning to conducting me over the establishment.

The first room entered was the bath-room. In this were three girls, at ages varying from 6 to 10, apparently much enjoying their bath in a large tub of water, medicated by an infusion of aromatic and astringent herbs. This bath, I was told, was considered very efficacious in restoring muscular power, and was used once every day, or every alternate one, for about half an hour at a time. None of the three patients whom I saw could speak or stand, although they were all reported as improving, and had been under treatment for considerable

periods. Passing from this room, we walked through the garden, and spoke to several children who were there engaged. One of them, a little girl of 8, presented a marked example of that form of the disease which is attended by a kind of solid œdema of the cellular tissue. Her face was large and swollen, the lips and alæ nasi being especially thickened; the tongue a little protruded from the mouth; the arms and legs were twice their natural size, from subcutaneous hypertrophy. Her head was large, and nowise ill-formed; but she had a remarkably stolid apathetic expression, and would not attempt to utter a syllable. She could stand, and by holding to a rail, could walk a little. Dr. Guggenbuhl told me that she had been two years under treatment, that the swelling had greatly diminished, and that the evidences of awakening mental faculties were satisfactory. Returning to the house, we found the three children, whom we had left in the bath, undergoing the second part of their prescription. They were now laid, quite naked, on a couch, in the open air, the head alone being protected by an umbrella from the sun, whilst the limbs were rubbed by an attendant with oiled hands. I was particularly struck with the peculiar yellow-brown colour of the skin, which these children presented in all parts of the body. It reminded me strongly of that which occurs in certain rare cases in England, which have been described by Dr. Addison as associated with disease of the supra-renal capsules. The peasantry of Switzerland generally have bad earthy complexions, and exhibit quite exceptionally anything like healthy florid coloration; but in none have I noticed the lustreless bronzing of the surface so marked as in these Crétin children. That it did not depend upon exposure to the sun was evident from its uniformity, and from its being even more pronounced in those parts protected by the clothes than in the arms and face.

Our next visit was to the school-room. Here we found sixteen children, about two-thirds boys, employed in reading and writing. All these had been for periods of from two to eight years inmates of the establishment, and were advancing in convalescence. All could stand and walk, and some had attained sufficient muscular power to be able to run and to lift weights. The movements, however, even of the most advanced, were still clumsy and awkward.

Dr. Guggenbuhl, in answer to questions, told me that his treatment was always in the first place directed to improving the physical development of his patients before attempting anything in the way of teaching, and that generally from one to two or more years would elapse before it was thought desirable to admit a child into the school. At first, instruction would be given for half an hour daily, and then, by gradual steps, the period would be increased to three hours, beyond which latter it was rarely thought advisable to pass. I may confess that I was totally unprepared for the remarkable results which I witnessed in the school-room. Of the sixteen Crétins present, with the exception of one who was blind from small-pox, all could read and write more or less. Two or three of them bore in their countenances unmistakable evidences of mental power developed even to a certain degree of acuteness. All looked happy, and several of them remarkably so. As a proof that the Institution is not a mere asylum, but may fairly claim for itself the title of a "Hospital *for the Cure* of Cretinism," let me cite the case of one lad whom I found acting as a sort of monitor. Fritz Meier, now aged sixteen, a native of a village on the banks of Lake of Thun, and one of a family of Crétins, entered the Hospital eight years ago, unable to stand or to speak, and in a state of complete mental imbecility. He is now a well-grown lad, of a not unpleasing expression of countenance, fairly muscular, and able to run, though with a certain awkwardness of gait. His head is of a natural size, and, as to form, peculiar only in being contracted across the forehead. He answers questions willingly, and is glad to be conversed with, always, however, requiring a little time to prepare his replies. He has mastered three languages, and showed me his copy-book, in which were written long *dictation* lessons in German, French, and English. Anxious to test his powers, and to see whether he had attained any confirmed ideas, I got him to read to me in an English book. The word "stars" occurring, I asked him to give me the French and German for it. "Les étoiles," "die sterne," were his ready replies. "Where do we see the stars?" I asked. "In the heavens at night." "Where do they go in the daytime?" "They are still in the heavens." "In the heavens," said I, assuming an expression of astonishment; "then why don't we see them?" He thought a while, and replied, "because the sun is too bright." Although this lad was certainly the most advanced of those whom I saw, yet Dr. Guggenbuhl gave me to understand that his case had many parallels.

A considerable number of the patients were engaged out of doors in gardening or farm occupations, the whole establishment comprising between thirty and forty. The acquirement of competency for industrial occupations, especially those pursued in the open air, is very properly considered the most important end of the treatment, inasmuch as it will enable them in after life to earn a livelihood.

In fear that I shall otherwise unduly lengthen this letter, I will endeavour to express concisely in detached fragments what is further to be said.

1. With regard to medicinal treatment, Dr. Guggenbuhl told me that he had often derived great benefit from the use of mild preparations of iodine. In some cases iodine appeared to be hurtful, by increasing the muscular atrophy. The iodide of iron in grain doses was a favourite prescription. Almost all the patients had taken cod-liver oil, beginning with ʒj. doses thrice daily, and gradually increasing the quantity. In improving the nutrition and aiding the physical development, Dr. Guggenbuhl spoke strongly of the effects he had witnessed from the oil. Tonics of all kinds, more especially the vegetable ones, were in general requisition.

2. The popular notion that Crétins have small heads and low foreheads is a fallacy. Dr. Guggenbuhl assured me that in his observation microcephalic cases are decidedly exceptional. Of those I saw most had larger heads than usual, and only two were noticeably below the average.

3. A narrowness in the width of the forehead, Dr. Guggenbuhl has observed to be the most frequent departure from the normal conformation of the head. In not a few instances the occiput is remarkably wanting, while in others it is unduly large.

4. Irregularity about the arrangement, size, etc., of the teeth, is a very constant phenomenon, and was present in almost all the patients I saw. An undue arching and height of the palate was another remarkable and very constant condition. In one girl, to whose mouth Dr. Guggenbuhl directed my attention, the hard palate could not, I should think, have been less than an inch in elevation above the level of the gums. The whole upper jaw was contracted, and the deformity quite sufficient to suggest the idea that, in many cases, this malformation may constitute one of the causes of difficult acquisition of the faculty of speech.

5. Other deformities, such as club-foot, for instance, Dr. Guggenbuhl believes to occur with greater frequency among Crétins than others.

6. None of the patients whom I saw were affected with enlargement of the thyroid gland, to any noticeable extent. Dr. Guggenbuhl told me that, in Switzerland, goître rarely commences before the age of 15; he had, however, known cases in which it was congenital, and others in which it had begun in very early life.

7. The distinction held between an idiot and a Crétin is, that in the former, mental imbecility may be complete, the muscular power yet remaining good, whilst, in the latter, not only is the mind wanting, but there is loss of innervation generally. In Crétins, the whole nervous system is deranged. There is no actual paralysis, but such entire loss of muscular co-ordination that the limbs are useless. The muscles are atrophied to an extreme degree, and a Crétin is usually much emaciated. The leanness of the rest of his body serves, by contrast, to increase the disgusting appearance presented by his swollen tongue, thick lips, etc. Two of the children under Dr. Guggenbuhl's care belonged, as he remarked, more strictly to the class of idiots, than to that of true Crétins.

8. With regard to the causes of Cretinism, Dr. Guggenbuhl believed that they were of a general character, and not by any means always the same. Close, confined, humid situations, impure water, want of attention to cleanliness, frequent intermarriage, were, as he thought, the causes to which its prevalence in Switzerland must be referred. As to the effects of intermarriage, he entertained a very strong opinion, and I was glad to learn that he is collecting a body of evidence on the subject, with the intention, at some future time, of making it public. Respecting the opinion first suggested by Cantu, of Turin, and since prominently developed by Dr. Chatin, of Paris, that the disease depends upon deficiency of iodine in

the water and atmosphere, Dr. Guggenbuhl, in answer to my queries, stated that he deemed it, as yet, "not proven." He knew of no facts which made it very improbable, and much wished that some Faraday would undertake an inquiry of so much difficulty, requiring so much philosophic caution. He considered that Dr. Chatin had advanced it with much more of positiveness than his facts warranted.

9. Dr. Guggenbuhl believes that there are at present not fewer than 10,000 Crétins of various degrees in the Swiss cantons, and, at least, an equal number in Piedmont.

10. I asked particularly as to the permanency of improvement in the cases which had been treated in the Abendberg. Dr. Guggenbuhl told me that many had been discharged more or less completely restored, and that some of these had continued hitherto without relapse. He believed that after the age of about fifteen, the cure was permanent, and that even if the patient returned to his home in the valley, he would generally remain without relapse. At more early ages, however, relapse is frequent. In many instances in which parents, pleased with the improvement obtained, had insisted on having their children home too soon, a return of imbecility had been the result. This had been so frequent that a rule had been made for the establishment, that no child should be admitted unless the parents would engage that it should remain there at least three years. Dr. Guggenbuhl had known but very few cases indeed in which Cretinism had commenced *de novo* in adult life. It would appear, indeed, to be a chronic disease to which the nervous system is liable only during the pre-adolescent period, and which, in its early stages, may be efficiently counteracted by the removal of its exciting causes, and the adoption of proper treatment. Whatever may be the patient's condition at the period of adultage, so he remains through life, with the difference in the cases remedied; and the qualities which in the child excited only pity, become disgusting and loathsome in the man. I cannot conclude this letter without an expression of the pleasure which my visit to Dr. Guggenbuhl's exceedingly well-managed establishment gave me. A more instructive exhibition of earnest, devoted, and successful philanthropy I have rarely witnessed. I am, etc.

JONATHAN HUTCHINSON.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, July 31, 1855.

DINNER TO DR. SELLER.

This dinner, the preparations for which I announced formerly, came off on Friday, the 13th instant.

As the guests were generally confined to Fellows of the College of Physicians and the corps connected with the late *Edinburgh Medical and Surgical Journal*, many who would have delighted to do honour to Dr. Seller, and some who would have willingly recorded the proceedings for the benefit of your readers, did not think it would be proper to attend. I never doubted that reporters would have been present, and that I could have abridged the newspaper accounts for your columns. No report of the proceedings has, however, been published, so that I shall endeavour to send you what information I can glean from those who enjoyed the festivities.

The reason why Dr. Seller was selected for this honour appears to be, that on several occasions he has taken charge of Medical journals at a critical time for Medical journalism in Edinburgh, and has conducted these journals in a scientific spirit, and given to them a high moral character and an independent tone. He is also President of the Medico-Chirurgical Society, and is a general favorite with the Profession from the extent of his erudition, the *bonhommie* which pervades his whole character, and the manly independence which he uniformly displays.

The dinner took place at Granten Hotel, a marine establishment much frequented in summer, where the cooling breezes from the sea may be supposed to stimulate jaded appetites, and give tone and vigour to the digestive organs.

It had been arranged that Dr. Begbie, President of the College of Physicians, should preside, while Dr. Inglis, President of the College of Surgeons, was to act as croupier. A professional engagement prevented Dr. Begbie from attending, so that the chair was taken by Dr. Inglis. This change of arrangements threw the toast of the evening into the hands of Dr. Alexander Wood, whose impromptu speech in proposing it gave general satisfaction. Professor Miller and Dr. Douglas Maclagan were very brilliant. All whom I have conversed with who were present seem to have been highly satisfied.

EDINBURGH SCHOOL OF MEDICINE.

The projected arrangements for next Session will, in all probability, add materially to the efficiency of the extra-Academical School. By a recent regulation of the Municipal Corporation who are the patrons of the University, one-third of the whole classes required to qualify for the degree of M.D. may now be taken out of the University, whereas formerly only the certificates of Professors in the University were recognized.

Stimulated by this change, several new lecturers have entered the field. In pathology, Dr. Haldane, who, for the last two years, has taught Medical Jurisprudence, will take the field. By this arrangement the Students will no longer be compelled to attend the lectures of the Homœopath—Henderson. Dr. Haldane enjoys the advantage of being Pathologist to the Royal Infirmary, which will enable him always to display to his Students recent morbid specimens; and, after all, to them, morbid anatomy is the most important branch of general pathology. Dr. Haldane, too, has approved himself as a good lecturer. He will be succeeded in the department of Forensic Medicine by Dr. Littlejohn, who holds the appointment of Police Surgeon, and edits the new conjoint Journal. Dr. Littlejohn is a very young man, and untried as a lecturer, but he has earned golden opinions for himself by the urbanity and courtesy with which he has discharged his important, and often delicate, duties, and all his antecedents seem to point to him as likely to make a good lecturer. In Physiology, which for many years has not been taught in the extra-Academical School, we have Dr. Sanders, also a young man of talent, about to commence next Session. Dr. Sanders is the Curator of the magnificent Museum of the Royal College of Surgeons, with which, doubtless, he will be allowed to illustrate his lectures, which will give him a great advantage, and be of service to the College, by diffusing more widely the benefits derived from their unrivalled collection. All these gentlemen are to lecture in the College of Surgeons' School, where also Lectures on the Pathology and Treatment of Eye Diseases are to be delivered by Mr. Walker, who has lately been appointed to the charge of the wards set apart for eye diseases in the Royal Infirmary.

Mr. Lister, a former clerk of Mr. Syme's, and said to be a *protégé* of that distinguished Surgeon, is also to commence, next session, as a Lecturer on Surgery; so that the extra-Academical school will be able to boast of two lecturers in that department. Altogether, the arrangements for next session promise to be very efficient; and, as the demands of the war have created a necessity for an increased number of Medical men, it is probable that the improvements will be duly appreciated by the Students.

A MOST DISGRACEFUL FRAUD ON THE UNIVERSITY

has just come to light. The graduation examination is conducted by means of questions, which are printed and put in the hands of the Students. An individual Student, by some means or other, became possessed of copies of this printed paper before the examination, and not only used them for preparing his own replies, but offered a copy of it to any Student who would pay him £5.

His own examination was, of course, first-rate, and he was complimented by several of the Professors. The truth, however, soon transpired, and the Senatus Academicus have taken the most prompt measures for the discovery of the guilty parties, as well as for the prevention of a similar occurrence in future.

It is rumoured that the culprit has since presented himself for examination at Surgeons' Hall, and been rejected on account of his disgraceful ignorance.

SCOTTISH INDUSTRIAL MUSEUM.

The second report of the Department of Science and Art has just been presented to both Houses of Parliament, and in it we find the following statement with reference to the Scottish Museum in Edinburgh:—

In the estimates of last year a correspondence was published between the Treasury and this Department, on the subject of founding a Museum for Scotland, corresponding to the Museum now existing in London and Dublin. A vote to the extent of £7000 was taken in the estimates of the last year for the purchase of a site, and for other objects connected with the proposed Museum.

The site determined on was immediately behind the University, and consists of the ground now occupied by Dr. Alexander's chapel, and the house and grounds of the Trades' Maiden Hospital; in addition to which the Lord-Provost and Town-Council of Edinburgh agreed to present to the Crown a piece of land contiguous to the chapel.

The price proposed to be paid for the chapel was £2000, and that for the Trades' Maiden Hospital £5000.

On examining the legal titles connected with the property, it was found that only the trustees of the Trades' Maiden Hospital were empowered to sell, that the trustees of the chapel could not dispose of their property, and that the title to the grounds supposed to belong to the Town Council was vague and undefined. Under these circumstances, it became necessary to have an Act of Parliament in order to legalize the purchases, and to give an efficient title to the public land contiguous to the chapel.

In the mean time, arrangements have been made for acquiring possession of the property at the original prices agreed upon, when the Act of Parliament now before the House of Commons shall have been passed.

The Town Council and University of Edinburgh have transferred to the Crown all right which they may possess in the collections now kept in the Museum of the University. The only conditions attached to this gift are, that the Museum shall be open to the public without charge on certain days of the week, and that the Professor of Natural History shall continue to be *ex officio* Curator to the Natural History collections, with a view to their efficient preservation, and to their use for the purposes of instruction in the University.

The chief cost of furnishing specimens to, and maintaining, the Museum has hitherto been defrayed by a Parliamentary grant to the Universities of Scotland; but an additional sum in aid has been derived partly from the matriculation fund of the College, and partly from the admission fees to the Museum.

The lamented death of Professor Forbes, who formerly held the office of Keeper of the Museum, and the delay which has taken place in appointing his successor, have hitherto prevented the department from immediately reducing the admission-fee to the Museum to half its present amount (from 1s. to 6d), and of making one day in the week free. The late curator reported, that it is inexpedient in the present state of the collections, which require much rearrangement, to open the Museum without charge to the public for more than one day, although the number of free days will afterwards be increased.

Dr. George Wilson has recently been appointed Director to the new Museum, and his duty will in the mean time consist in gathering together the collections necessary to form the Industrial Museum for Scotland. The Highland Society have already given to the Government their valuable collections of models and ores, which will form an important commencement for the technical part of the Museum.

The fact of the Natural History Collections forming part of the new Museum, will give an advantage to the new institution which few places possess. A scientific Museum showing the mode of occurrence of the objects which are afterwards applied in industry, forms a most important step to the efficient study of technical collections. In London, collections of this kind are much dispersed, and can only be studied in their necessary connexions with great inconvenience. In Dublin, the Royal Dublin Society possesses an excellent Museum of objects of Natural History, and fortunately at no great distance from the Technical Museum of Irish Industry; but the management is different. Until lately, no means were provided for preventing public money being expended in duplicate collections; and even yet the arrangements in this respect are defective. In the new Museum in Edinburgh the scientific and technical collections will be under the same roof, and one management, and may be made materially to support each other.

With a view of extending to the public the advantages of the industrial collections, an Assistant-Chemist will also be appointed to analyze the specimens furnished to the Museum, and to undertake, under the direction of Dr. Wilson, similar investigations to those carried on in London and Dublin.

GENERAL CORRESPONDENCE.

DR. BURROWS AND "THE GUIDE TO LIVING MEDICAL AUTHORS."

[To the Editor of the Medical Times and Gazette.]

Dr. Burrows presents his compliments to the Editor of the *Medical Times and Gazette*, and informs him that his attention has only recently been called to an article in the *Medical Circular*, of July 18th, in which the Editor of that Journal reflects upon Dr. Burrows's professional character, and insinuates that he has been guilty of want of veracity in reference to the appearance of his Biography in the *Medical Circular*. Dr. Burrows wishes his professional friends to be informed that he immediately called upon the Editor of that Journal to retract those imputations, and should his explanations not be entirely satisfactory, Dr. Burrows will forthwith lay a statement of the facts before the medical public.

18, Cavendish-square, August 2, 1855.

THE HASSALL TESTIMONIAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Medical Times of last week you allude to the proposed testimonial to Dr. Hassall as a premature affair, seeing that the services of other persons have been engaged in the same inquiry, and with equal success. I am quite sure that the correspondence which has been published in the *Times* during the last week will show that the testimonial is not only premature, but also, as I think, unmerited; that Mr. Wakley, Mr. Postgate, Mr. Miller, and myself, have had no inconsiderable share in the work which Dr. Hassall claims as his own. In fact, as regards my own share in this investigation, it will be manifest, from an examination of the Commission Reports, that Chemistry has done more to expose the character of the frauds practised on the people than the microscope possibly could have done. The former has exhibited the kinds of adulteration which are mischievous to the health of the people; the latter merely those which are frauds on the pocket. What matters it in a sanitary point of view, that the starches are substituted for each other, and that wheat-flour, or barley-meal, is the stock material for increasing the weight and bulk of substances; but when we come to find that the mineral acids, the filthy earths, and the poisonous metals, are resorted to as a means of masking fraud, then, indeed, are we in a condition to show that it is high time to have a parliamentary inquiry into such a matter. To Mr. Wakley is due the honour of having initiated this inquiry; and I wish that I could say as much in favour of Dr. Hassall. A public opinion has, however, been formed on this subject; and, to judge from the leader in the *Times* of the 24th instant, it would appear as if Dr. Hassall is the only man who has the smallest claim to public praise. This, however, has been set right within the last few days; and now I will trespass on the attention of your readers for a short time, while I recount the many instances in which chemistry has been made the means of exposing the frauds in question. As early as the spring of 1851, Dr. Hassall put himself in communication with me on the subject of the chemistry of his inquiry. From that time I have been constantly referred to, and have made nearly three hundred analyses, of one sort and another, for him, and have given written and verbal instructions for all the chemical processes alluded to in his book. In one case, and only in one case, as far as I know, has he acknowledged the source of his information, and that is in the case of an elaborate inquiry into the composition and properties of chicory and coffee, where, at page 109, he modestly says, the report has been made conjointly by Dr. Letheby and ourselves. He says nothing of my processes for discovering alum in bread, iron in cocoa, vitriol in porter, oxide of lead, chromate of lead, and bichromate of potash in snuff; red lead and vermilion in cayenne, strychnia in beer, sulphuric acid (free and combined) in vinegar, poisonous pigments in confectionery, gelatine in isinglass, opium in cigars, and a multitude of other processes,

where I have given him the fullest instructions for discovering the per-centages of alcohol, acetic acid, gum, sugar, etc. etc., in a number of substances.

All these are published in his book in the most extensive form without one single word of acknowledgment. It is true that in nine places, and in nine only, as far as I can find, he mentions my name—these are at pages 109, 265, 357, 365, 366, 596, 597, 621, and 643, where the acknowledgments are in connexion with the subjects of chicory and coffee, cocoa-ash, bread, isinglass, snuff, confectionery, and gin; but the most liberal interpretation would never lead to the conclusion that I had any important connexion with the inquiry. Many of the analyses which I made for Dr. Hassall were of things which had no immediate connexion with the Commission. For example: I made about twenty-five analyses of urinary deposits, several of which were published in his review of Dr. Golding Bird, in the 12th volume of the *British and Foreign Medico-Chirurgical Review*, and others were copied into a paper which was read before the members of the Royal Society, and published in their *Transactions;* in fact, I think it but right to say, that when I received a proof of that paper for correction, I was so astonished at the manner in which Dr. Hassall had transcribed my note, without other than the merest shadow of acknowledgment, that I thought fit to show, from the character of my corrections, that all the chemistry of that paper was mine. Whether those corrections appeared as I wrote them I have not since had an opportunity of knowing.

Dr. Hassall will no doubt say, Why not have told me all this before? I have already given him an answer to this question; and now I say that I did not at the time attach any value to such paltry sacrifices; I thought I was doing him a service, and that was enough for me; but when he writes to me and asks me to have a private meeting of a few friends at his house, to talk over the subject of getting up a testimonial to him, I then become annoyed, and see the mischief which my liberality had occasioned. I wrote to him, therefore, in the severest terms, telling him of the impropriety of the step he had taken, and the consequences which would undoubtedly follow. My warning he disregarded, and now his friends are falling from him in disgust. Since that time our correspondence has only been of a business character; and even now I would not have uttered a single word of reproach, if it had not been, as Mr. Wakley truly says, that the course which Dr. Hassall has lately pursued has placed him in a false position, and that it is one which scientific men must deeply regret. I am, etc.

Henry Letheby, M.B.

London Hospital College, August 1st.

THE UN-GRADUATED LICENTIATES OF THE ROYAL COLLEGE OF PHYSICIANS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was very deeply grieved on Saturday, when I read Sir John Forbes' letter, headed "The Un-graduated Licentiates of the Royal College of Physicians."

Such observations as are made in that letter, in the *Medical Times and Gazette*, are calculated to throw an unmerited slur upon us, the said Licentiates; and I am quite certain that Sir John will retract whatever may appear offensive in that letter, if even one of those gentlemen expresses a wish to that effect.

If you refer to the "Directory," you will find that many of the said Licentiates had ample qualifications to practise their Profession; and, as in the case of Sir J. Forbes and myself, as Surgeons in the Navy, many have (before becoming Members of the College of Physicians) had the very best opportunities of learning our noble Profession practically.

Would any one consider young men, who have, in twenty-four hours, become Doctors of Medicine,—I refer to Foreign, St. Andrew's, and Aberdeen Graduates,—I ask, would any one consider such men, who are scattered about England in large numbers, as well qualified to practise as Physicians as the men who have been subjected to six days' examination at the Royal College of Physicians in London?

When I presented myself for examination for the licence, I thought, and I still think, that I would, and did, obtain the highest qualification as a Physician England could afford.

Before I obtained that qualification I had passed four examinations, and I can conscientiously affirm, those at the College of Physicians were the best calculated to prove whether a man was fitted or not to practise Medicine.

With respect to the degree of Doctor of Medicine, he who possesses that degree is not thereby created a Physician. As to its being a test of his knowledge of Greek and Latin, or Mathematics, I am quite ready to grant that it may be so; and if you can succeed in persuading the College to require such proof of learning, all very well; but in the mean time be just to us "poor" un-graduated Licentiates.

The Universities of Oxford, Cambridge, and London have the power of granting licences to practise as Physicians to their Graduates. And many learned men are of opinion, that it is quite unnecessary for the College of Physicians to ask power to grant degrees, for that power was actually conferred upon them by Harry VIII. Be that as it may, we, the "poor Licentiates," are Physicians, and perhaps one of our number may some day sit as President of the College. At all events, all the degrees in the United Kingdom could not make us more Physicians than we now are. I am, etc.

Hastings, July 31, 1855. Joseph Steavenson.

N.B.—I find, on referring to the Directory, that Sir John Forbes graduated in Edinburgh in 1817. Remember, Mr. Editor, that in the present state of the law that degree is but as waste paper in England. It is still sufficient to entitle the holder to the honour due to a Doctor of Medicine, in like manner with any German degree—no more, no less.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have no intention to offer a reply to the letter of Sir John Forbes, which appeared in your Journal of the 28th July. I cannot venture to enter the lists with one who has so long and so ably wielded the pen in days gone by, but I wish to point out the real difficulty of the question.

Any University which claims a high standing for its graduates requires of them something beyond passing an examination which can never be made with anything like justice so severe, that a few months' assiduous cramming may not prepare a person of ordinary talent to pass, and in some way or other its Senate makes it imperative that a certain period shall have been passed in academical studies. On this point the University of London does not differ from other similar institutions, although technically its requirements are not identical with theirs, so that it is impossible for any individual, how competent soever he may be, to present himself for examination and obtain the degree until after a lapse of years.

In Cambridge I know that the degree of D.D. is obtained by Royal mandate, and that of LL.D. is conferred on persons of eminence without a strict conformity to the ordinary rules of the University; but this never happens in Medicine, where a licence to practise is given along with the degree of M.D. Opinions may differ as to the necessity of such requirements, and to some it may seem a hardship that a competent Practitioner should not have it in its power to obtain the position of Physician without passing *de novo* through an academical career; but if the Legislature should ever interfere and enact that no one might obtain the degree of M.D. from any British University except under such restrictions, the College of Physicians would be very willing to give up their privilege of bestowing the licence on any others. At present the only effect of adopting the proposal of Sir John Forbes would be to give a premium to Universities which dispense with these requirements, to the prejudice of the University of London especially, which has strenuously endeavoured to maintain a position of respectability for itself and its graduates.

Sir John Forbes does not stand alone in wishing to have this matter placed on a proper footing; but, in the absence of efficient legislation, it is surely better for the College to persevere in the liberal course they have adopted for some years past; and the Profession must regret that the stamp of a name so long and so favourably known in the literature of Medicine, should be affixed to observations which are made "out of the College" with reference to the relative position of the College of Physicians and the University of London; but if he should be again assailed by any similar observations, I beg to supply him with an answer which he may have in readiness.

He is aware, and it is probably known to most of your readers, that before admission to the Fellowship a certain period of probation as Licentiate must be now passed by every one entering the College, and that while some obtain the

honour as soon as they are legally eligible, others are passed by for a longer or shorter period, or perhaps are never considered worthy of the distinction. I have the last "Catalogue of the Fellows and Licentiates" before me (1854), and an analysis of the last five years shows, that of 28 who were elected Fellows, 2 were graduates of Oxford, of whom one had just completed the required period; 5 were graduates of Cambridge, 3 of whom were similarly distinguished; 12 were graduates of Edinburgh, of whom only 2 were chosen at the earliest opportunity; 3 were of minor Universities, of whom one received the same honour, whereas there were 6 graduates of the University of London, every one of whom was elected as soon as by standing among the Licentiates they were qualified for admission to the Fellowship. Such a result is alike creditable to the University and to the College, and will, I hope, satisfy Sir John Forbes, that if there be any rivalry between them it is the honourable contention of who shall be foremost in discovering and rewarding merit wheresoever it may be found. I am, etc.

A Fellow of the College.

THE QUACKERY CASE AT PENKRIDGE.

[To the Editor of the Medical Times and Gazette.]

Sir,—A trial took place at the Assizes in this town yesterday, which ought, and most probably will, excite considerable interest in the Profession. I therefore took full and accurate notes of the whole proceedings, and enclose them, together with my remarks, for insertion in your periodical of this week. I am, etc.

Stafford, July 25, 1855. Henry Day, M.R.C.S.

At a time when Legislative interference in sanitary measures has become a matter of such necessity that it has actually taken place, and when the examination of the ordinary articles of daily food has disclosed the fact that their adulteration is so frequent, and so considerable, that it is surprising how "the public" escapes a more continued series of serious ailments than they appear to suffer from—it surely cannot be wrong to call attention to, and endeavour to obviate, an evil which can be demonstratively proved to have directly occasioned the loss of many lives. The Medical Profession appear to be keenly sensible of the danger to which the public is exposed by the tacit permission given to unqualified and ignorant men to administer drugs of the most unmanageable and potent description to all, or any, who may be foolishly misled by their pretentious and impudent cajolery to trust their lives, and very often their purses, in their hands; but the "many-headed" seem so thoroughly ignorant of their perilous position, that in spite of all ordinary, and extraordinary, warning, we have again and again cases in which life has been lost, or rather taken, by charlatans both high and low. "A burnt child is said to dread the fire," but not so "the mighty public." It appears to know no fear; but, like moths with a candle, perseveringly determines and executes its own injury and destruction. Can there be nothing done to prevent this? Is no Legislative interference required? A more melancholy instance than that disclosed by the trial of an itinerant quack, named Thomas Morris, at the Stafford Summer Assizes, for the manslaughter of Thomas Henshaw, a publican, residing at Penkridge, it is quite impossible to imagine; and, as it appears that two, if not more, victims have been offered up at this shrine of quackery, it may be not uninteresting to give a succinct account of the trial. Penkridge is a new, healthy, and tolerably populous village, about six miles from the county town of Stafford, and is favoured by having two highly respectable and fully qualified Practitioners residing in it. Some time early in this year a man named Thomas Morris took up his quarters at the "White Hart" public house, and made it known by means of hand-bills, and a board of testimonials, that he was there as a "Galvanic Doctor." Before long he had no inconsiderable number of dupes seeking his advice, and willing to submit to his treatment. Amongst others was a man named Thomas Henshaw; it was in consequence of his death, and that of another person, Joseph Day, occasioned by the medicine they had taken, that Morris was apprehended and brought to his trial yesterday, the 24th. The following is a *résumé* of the evidence which may confidently be relied upon as being substantially correct:—The first witness examined was the widow of the deceased Thomas Henshaw. She perfectly well remembered Saturday the 2nd of June last. On that day her husband, who suffered occasionally from rheumatism, was quite well, and working in his garden. She had occasion to go some short distance from home, and on her return in the evening, found that her daughter Clara had been sent to Morris for some of his "stuff," as her husband had had some rheumatic pains. The child had brought the medicine in a tea-cup; it was about half full; the deceased drank the whole of it. Three hours afterwards he felt so sick and unwell that he was obliged to go to bed. He very soon began to vomit and purge. The vomiting continued until the following Tuesday morning, and the purging went on until he died on the Wednesday, June the 6th. About one o'clock on Wednesday morning she sent for Mr. Mackenzie, a Surgeon residing in Penkridge, and about two o'clock he came. He gave her husband some medicine, but said he considered him to be in a hopeless condition. Mr. Lister, the other Surgeon living in Penkridge, also saw her husband, and was of the same opinion as Mr. Mackenzie.—The next witness, Clara Henshaw, daughter of the deceased, remembered very well the Saturday evening before her father died. She went, by her father's direction, to the "White Hart," for some of the prisoner's "stuff." She took a tea-cup with her, and Morris told her to take it to the pump, and get a very little water in it. She did so, and then the prisoner poured something out of a large champagne bottle into the cup; it was then about half full. She took it home, and her father drank it. Morris told her to carry it very carefully, and not to shed a drop, for her father must take it all.—Thomas Pike, the policeman who took the prisoner into custody, charged him with poisoning Thomas Henshaw. He went into a small room at the "White Hart," and saw there a variety of bottles and other matters, which Morris admitted to be his. He took from a shelf a champagne bottle, and the prisoner said it contained similar medicine to that which he had given Henshaw, and that anybody might examine it. He also said he had purchased colchicum seeds from a druggist named Fowke, at Stafford, to make the medicine with. The policeman asked Morris what quantity of the medicine he had given Henshaw? He replied 32 drops. This witness also exhibited a "board" he had found in the room, covered with testimonials from those whom he had wonderfully cured.—Two other witnesses, Thomas and Maria Taylor, spoke to having procured the colchicum seeds from the druggist at Stafford for the prisoner; and John Avery, the druggist's assistant, deposed to having supplied Maria Taylor with 2 ounces of colchicum seeds, and a small quantity of the iodide of potassium; and about a fortnight afterwards, Dr. Wrightson, of Birmingham, had 1 ounce of the same description of colchicum seed from Mr. Fowke's shop. The Reverend — Cameron, curate to Mr. Fell, the clergyman of Penkridge, stated that he went to visit Thomas Henshaw on Wednesday, the 6th of June, and remained with him until he died. Henshaw made a statement, which he took down in writing; it was to the effect that he, Henshaw, believed himself to be a dying man, and that Morris's medicine had brought him to his then condition.—Mr. J. H. Mackenzie, Surgeon, living in Penkridge, said he was sent for to attend the deceased, and got to the house about two o'clock on Wednesday morning. Found Henshaw in bed; his feet and hands were deadly cold; pulse almost imperceptible; breathing rapid and laborious; mucous rattle in the throat; in fact, all the signs of approaching dissolution. Gave him various stimulants; applied mustard to the feet, etc.; but all in vain: he gradually sank. Mr. Lister also saw the patient, and attended at the inquest and post-mortem. The post-mortem took place the day after death, the 7th. There were not any external marks, except those of decomposition. On opening the body, they found some considerable effusion of serum in the peritonæum; signs of extensive and intense inflammation of the internal coats of the stomach and intestines; the lungs congested in patches; all the other organs perfectly healthy; was of opinion that some irritant poison had been taken: colchicum would produce such effects. "Colchicine," the active principle of colchicum, was never used medicinally; never himself dared give more than 15 drops of the vin. colch. as a dose; never gave colchicum as a purgative; always gave it as a sedative—colchicum acts on the kidneys. Mr. Lister, Surgeon, living in Penkridge, attended the deceased with the previous witness, and was also present at the post-mortem. Agrees with Mr. Mackenzie as to the state the

parts presented at the examination. Does not doubt but that death was occasioned by some irritant poison. Considers Thomas Henshaw was a fine healthy man.—Dr. Wrightson said he was an Analytical Chemist, residing in Birmingham. On the 8th of June last he received a sealed jar, the contents of which he was requested to examine. Marked the jar, and examined the contents, which consisted of the stomach and intestines of a human being. It would occupy much time to detail all the steps of his proceedings, but it might be sufficient to say that his tests for a mineral poison gave no affirmative result, neither could he detect any iodide of potassium. Then tested for colchicine, and found unmistakable evidence of the presence of that alkaloid. Had received a champagne bottle containing a liquid. Had analyzed it and found colchicine. Understood the bottle to be the one from which the prisoner said he had poured the medicine he gave to Henshaw. Had taken himself 11 drops out of this bottle, and felt no ill effect; then took 22 drops, which produced uncomfortable abdominal sensations and one evacuation; did not like to carry the experiment any further. Obtained 1 ounce of colchicum seeds from Fowke, the druggist, at Stafford. Boiled it for half an hour in water—the quantity of water half a pint, and while boiling added water sufficient to keep it at that quantity. Two tea-spoonfuls of this decoction killed a dog in 30 hours. Considered the contents of the bottle which had been sent to him for examination to be either a decoction or infusion of colchicum-seeds. There was no trace of spirit of any kind. Had made use of nitric acid and sulphuric acid as tests for colchicine. Both gave the necessary results. Had not used the microscope to examine the "alkaloid;" was not in the habit of making use of it in such instances. Extracted about the hundredth part of a grain of colchicine from the stomach and intestines he had received. Had obtained as much as from 5 to 7 grains of colchicine from half a pound of colchicum seeds.—This closed the case for the prosecution, and after the counsel for the prisoner had addressed the jury in a lengthy but far from elegant or elaborate speech, the judge summed up with most admirable perspicuity, and the jury, after a rather long deliberation, found the prisoner Guilty of Manslaughter. The sentence was six weeks' imprisonment, the judge remarking that the leniency shown to him arose from the circumstance that he had already been some time in gaol, his age being also taken into consideration—he appeared to be about 60; and there being of course the absence of all malice. This charge having been proved against the prisoner, the judge did not seem to think it necessary to proceed with the next—that of Joseph Day, whose life was sacrificed in precisely a similar manner.

Comments.—One would think that this case might very properly be left to speak for itself, being, as it undoubtedly is, about as melancholy a proof of the necessity that exists for protection from Quackery, both as regards the Profession and the public, as can ever be expected to be brought forward; but any one present at the trial, who reflected on the importance of the case, and the criminality of an individual who was seeking to escape, under the shield of ignorance, the punishment he deserved for having coolly, and without any feeling of compunction, deprived two of his fellow-creatures of their existence, must have been struck with the extreme levity with which the whole case was treated by almost all concerned, excepting the judge and the witnesses; and sure it is that no right-feeling person could have been in Court, and not regret the flippant, not to say discourteous, manner in which the prisoner's counsel examined all the Professional gentlemen who gave their evidence. It is, of course, necessary that an advocate should do the best he can for his client; but is it also necessary to "sink the gentleman" to accomplish this? It is usually considered that it is no joke to be killed, no, not even by the kick of a jackass; but the gentleman who defended the prisoner seemed to entertain a different opinion. He classed ignorant and educated, qualified and unqualified, all together, and "poked his fun at the Medicals" in a very different way to that which it is expected he would have done had the case been one of murder attended with violence. The prisoner's guilt or innocence was to be decided; so the counsel said, and so the judge assented, according to an opinion given by Judge Hale, in the time of Charles the Second. Is there no greater protection for the life and limbs, not to say health, of Her Majesty's subjects, in these days of rationality, education, and enlightenment, than there was in the "devil-may-care" times of our dissolute and miscalled merry monarch?" The late Sir Robert Peel established the New Police Force, to protect life and property from violence. Will no statesman step forward to obtain some enactment that will prevent those who are designing and crafty, ignorant, impudent, and idle from taking, in a quiet manner, the lives of their fellow-creatures simply to gratify their cupidity, and to enable them to live a life of absolute indolence? It may seem an unthankful task to make any direct remarks on the Medical evidence that was offered in this case; but it is so well known that a difference of opinion amongst the Profession not unfrequently affords an opportunity to the gentlemen of the long robe of displaying their ability in making confusion not only worse confounded, but positively of "mystifying" that which is plain and clear as the light of day, that to omit some reference to it is almost impossible. Now, certainly Mr. Mackenzie's evidence as to the dose of colchicum he would "dare" to give, and the "purpose" for which he would give it, afforded the prisoner's counsel the chance of eliciting much conflicting testimony, for not only are there many Medical men who have "dared" to give sixty drops of vin. colch., but in doing so have looked for its peculiar purgative effects to produce the benefit they expected to result from its administration, and it would be utter affectation, if nothing worse, not to express great regret to find that Dr. Wrightson neglects to make use of the microscope for the purpose of giving additional weight and accuracy to the testimony he had to offer.

REDUCTION OF DISLOCATIONS BY MANIPULATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The mode of reduction of the femur, dislocated on to the dorsum ilii, adopted by Mr. Cock at Guy's Hospital, is not novel at that Institution; or perhaps it would be more correct to say that a similar principle of treatment in parallel cases has been before had recourse to. In a conversation I had some years ago with the late Mr. Callaway, I was informed by him that he had reduced a humerus, dislocated on the dorsum scapulæ, by raising the arm as high above the head as possible, fixing the upper part of the humerus so as to make a fulcrum at about its upper third, and then bringing the arm forcibly down to the side, thus effecting the reduction without extension. I attempted this myself, in the case of a gentleman who was the subject of this accident, but failed; but I succeeded readily by the customary extension with the heel in the axilla.

The plan no doubt is an admirable one, and is, I think, especially applicable after extension has been carried to such a degree as in some measure to relax, if not to tire out, the muscles. Some years ago I adopted this principle in a case of dislocation of the first bone of the thumb on the back of the metacarpal bone. It is well known that this dislocation is often difficult and occasionally impossible of reduction.

A case was brought to the London Hospital, and great extension was ineffectually employed to reduce it; I accomplished the reduction with comparative ease by first fixing the metacarpal bone, next by forcibly extending the two thumb bones so as to lay them backwards on the metacarpal bone; then fixing the proximal end of the first bone so as to make this part the fulcrum of the lever, I carried the two bones forward in their natural direction, and the dislocated bone at once slipped into its proper position. I am bound to state that this plan has not always succeeded.

The case is reported in one of the earlier volumes of the *Medical Gazette*. I am, etc.

4, Helen's-place, July 24, 1855. John Adams.

THE VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to propose the following plan as a substitute for the unjust and therefore disgraceful monopoly connected with the Vaccination Act as it now stands.

I would propose that every legally-qualified Practitioner should be allowed to vaccinate on the same terms as "the authorized Vaccinator," and that any special appointment to this office should in all cases be omitted.

Every person availing himself of gratuitous Vaccination should receive a certificate from the Vaccinator, to the effect

that, on a certain date, he had vaccinated * * * gratuitously, in accordance with the Act passed * *

This certificate, under pain of a small penalty for the omission, should be forwarded to the Registrar, not by the Vaccinator, but by the parties receiving the benefits of Vaccination. This arrangement would not only relieve the Surgeon from needless trouble, but would tend, in some degree, to deter patients in good circumstances from availing themselves of gratuitous Vaccination. A second form of certificate would be required for those who paid for Vaccination, and if thought desirable, the onus of forwarding this to the Registrar might rest with the Medical attendant.

At the end of a certain time the Vaccinators should forward their list of those vaccinated to the Registrar, and a comparison of the list received from each Medical man, with the number of certificates given by him, would preclude the possibility of mistake. If a separate column were reserved in the Registrar's book for the different Vaccinators in his district, the same result would be attained, and perhaps with less trouble.

I would propose that the certificate now intended to be presented to the parents of the child vaccinated, should be dispensed with, as they appear in general to care nothing about it, and rarely preserve it when given to them.

I am, etc. A. B.

THE NEW MEDICAL REFORM BILL.

[To the Editor of the Medical Times and Gazette.]

Sir,—The new Medical Reform Bill appears a more perfect affair than we expected. It, however, appears to me deficient in two points, which will prevent it being acceptable to the Profession. 1st. The General Practitioners will have a name, but not a "habitation." Their position will still be an amphibious one—a sort of "*opiferque per orbem terrarum.*" Poor devils! no one owns them—all repudiate them! 2nd. While the Bill takes great pains to show the public who are qualified Practitioners, nothing is said about protection from prescribing Druggists—the worst species of Quacks in existence. The *Pharmaciens* of France are restricted from prescribing by fine and imprisonment. Attorneys are protected against unqualified men by laws the most stringent; but no protection against prescribing Druggists—a system more fraught with public mischief than all the other quackeries together. Pray let us have a little episode from your pen on so important a subject, and try to get inserted some clause into the Bill which will tend to remedy the evil. The publication of the Register will not do it, as thousands will never see it, and care as little about it. I am, etc.

A. B. C.

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDING 14th JULY.

Head-Quarter Camp, before Sebastopol,
17th July, 1855.

Dr. Hall writes,—In transmitting the weekly state of sick, I have much satisfaction in being able to report a continued improvement in the health of the Army.

Last week the admissions to strength were in the ratio of 6·60 per cent.; this week they have been 6·20 per cent. Last week the deaths to strength were in the ratio of 0·40 per cent.; this week they have been 0·30 per cent.

Spasmodic cholera has nearly disappeared, except in the 13th Light Infantry and in the 10th Hussars, and in both these corps there has been an amendment since their change of quarters. The three squadrons of the 10th, which were detached to Vermontka with Omer Pasha's army have been withdrawn, and brought back to their regimental lines between Balaklava and Karani; and the 13th Foot, which was quartered in the huts formerly occupied by the 93rd Highlanders in the village of Kadekoi have been moved up to the heights about Balaklava, where the Guards were stationed until their removal to the front the other day.

There has been an increase of fever cases this week, but a marked decrease in both the frequency and severity of bowel affections and of cholera, which has, as is already mentioned, nearly disappeared.

The following abstract of the leading classes of disease will, perhaps, convey a readier and more satisfactory view of the case than any written description.

There were of

	During the present week.		During the previous week.	
	Admitted.	Died.	Admitted.	Died.
Fevers . .	646	18	571	17
Diarrhœa .	896	10	1004	19
Cholera . .	75	55	109	71
Dysentery .	234	5	247	2
Wounds .	218	30	172	44

Out of the 55 deaths from cholera, 4 belonged to the 10th Hussars, 27 to the 13th regiment, and 4 to the Land Transport Corps.

Artillery.—Bowel affections have been frequent, but not severe, and cholera has nearly disappeared. Only one case occurred which proved fatal, and 22 cases of simple continued fever occurred, but no casualty took place among them.

In the Cavalry Division bowel affections continue to prevail, but cholera is disappearing; only 12 fresh cases were admitted in the whole Division during the week. Febrile complaints have been on the increase, but no casualty has occurred from them.

1st Division.—Dr. Linton, the Superintending Surgeon, considers the health of the Division good. Six casualties have occurred during the week, five from disease, and one from wounds.

Diarrhœa has not been uncommon, and the disease has occasionally assumed a dysenteric form. Fevers have been more numerous, and in two or three cases which occurred in the 79th Highlanders, the complaint assumed the form of bilious remittent fever.

Cholera has ceased altogether in the Division, as not a single case of the disease was admitted during the week. Forty cases of wounds, principally from shells, were admitted, some of them severe, and in three cases amputation was considered necessary.

2nd Division.—Fevers and bowel complaints have been common, but cholera has nearly disappeared. The 2nd Battalion of the Royal Regiment, the Buffs, and 31st Regiment, all newly arrived corps, have been the most sickly; but Dr. Gordon, the Superintending Surgeon thinks the health of the Royals and 31st Regiment gradually improving. Thirty-seven fresh cases of wounds were admitted, and 5 died. The condition of the wounded in all the Regimental Hospitals of this Division is highly satisfactory.

3rd Division.—In this Division there has been an increase of sick, but the diseases that have come under treatment have been milder, and the mortality has decreased one-half.

4th Division.—The list of casualties has been swelled out by the deaths from cholera in the 13th Regiment; and in some of the lower forms of febrile attacks, the disease has been complicated with purging.

In the Light Division, there has been an increase under the head of dysentery, but the deaths in the Division are fewer this week than they were last. Forty-two cases of gun-shot wounds were admitted, and 7 died of wounds out of the 320 that were under treatment in the Regimental Hospitals of the Division.

In the General Hospital in Camp 4 deaths have taken place from gangrene, but the generality of the wounded are progressing favourably.

QUARTERLY RETURN OF BIRTHS AND DEATHS IN ENGLAND IN THE QUARTER ENDING JUNE, 1855.

Births.—The births of 165,250 children were registered in the quarter that ended on June 30th, 1855; or less by 7000 than were registered in the corresponding quarter of the previous year, and more, to nearly the same extent, than were registered in the spring quarters of 1851—53.

Increase of Population.—The natural increase of the English population in three months may be set down as 58,666, exclusive of immigrants from Scotland, Ireland, the Colonies, or foreign parts. In the same period 65,210 emigrants, including a certain number of foreigners, left the ports of the United Kingdom at which there are Government Emigration officers. How many of the emigrants were born in

England has not yet been learnt; but 39,509 proceeded to the United States, 10,397 to British North America, 14,639 to the Australian Colonies, and 665 to other places.

State of the Public Health.—The public health has partly recovered from the effects of the late epidemic cholera, and from the severe weather of last winter, and the mortality, which is on the average at the annual rate of 22·57 in 1000 on the population, was 22·79 in 1000 in the last quarter. The average rate of mortality in the spring quarter in 117 districts, comprising the chief towns, is 24·50 in 1000 persons living, in the small towns and country parishes 20·88 in 1000. The mortality in the last quarter was at the rate of 25·03 in 1000 in the town districts, 20·97 in 1000 in the country districts.

There were 106,584 deaths in the quarter; or 3918 more deaths than were recorded in the corresponding quarter of 1854; for the cholera, which was epidemic in that year, only became fatal in the subsequent quarter.

In *London* some improvements are referred by the Registrar of St. Giles's to the working of the Lodging House Act; and the health of Bermondsey has been better since the tidal ditches have been filled up, and the parish has been paved and drained.

In the *South-Eastern Counties*, Farnham has for the last seven months been suffering from low fever, hooping-cough, and measles; Canterbury from small-pox, scarlatina, and bronchitis. Alverstoke has suffered severely from scarlatina, and the deaths (211) exceed the births (121): the same excess of deaths is observed at Winchester, where 23 men died in the barracks.

In the *South Midland Counties*, Northampton and Bedford experienced a rate of mortality that much exceeds the average. Scarlatina has raged. In Royston the parish of Kelshall has suffered from typhus; the drainage and water are "very bad."

In the *Eastern Division* several districts have been healthier than usual; Norwich, Depwade, Mitford, Downham, and Thetford have, however, suffered from a higher than their average death rate. Small-pox, measles, and scarlatina have prevailed in several districts of Essex and Norfolk.

In the *South-Western Division* the mortality is about the average, but it was higher than it was in the preceding year in Devon, Wilts, Cornwall, and Somerset. The excess was considerable in Chippenham, Stoke Damerel, and Liskeard. The mining population in Cornwall is not in a satisfactory sanatory condition.

In the *West Midland Division* the mortality was lower in the spring quarter, both in Staffordshire and Warwickshire, than it was in the spring of 1854; measles, small-pox, and scarlatina are mentioned as prevailing in some districts of Shropshire.

The mortality in Lincolnshire, of the *North Midland Division*, was above, in Leicestershire, Nottinghamshire, and Derbyshire below, the death-rate of the previous spring quarter (1854). Scarlatina occurred in Lincoln, Horncastle, Caistor, and Gainsborough.

In the *North-Western Division*, 2494 deaths were registered in Cheshire, 14,464 in Lancashire. Some sanatory improvements are noticed in the Lancashire towns. Liverpool is healthy at present. In West Derby it is said:—"The district has been, during all the quarter, in a very healthy state, which may in a great degree be owing to the extent of street and house draining, street cleansing and other excellent sanatory improvements that have been adopted by the Corporation of Liverpool in the municipal part of the district." At Wigan, sanatory improvements are progressing, such as street sewerage, drainage of private property, and the removal of nuisances. The Registrar of North Bury writes:—"The deaths in this quarter are considerably under the average, and amount to just half the number of births. No small-pox, measles, scarlatina, hooping-cough, or cholera. The sewering, water supply, paving, scavenging, etc., of the town are in a very satisfactory state. Large sums have been judiciously expended by the town commissioners during the last seven years, to the comfort and advantage of the inhabitants, and the appearance of the town now offers an agreeable contrast to other manufacturing towns in this district." These facts are encouraging, as they show that the high rate of mortality in the Lancashire districts may be greatly diminished, and that substantial improvements are followed by immediate retults. Measles, scarlatina, and typhus prevailed in some districts of Lancashire; and the mortality was higher in Manchester than it was in the two previous springs.

In *Yorkshire* the deaths (10,414) were below the average numbers; and the decrease was chiefly in the West Riding. Leeds and Sheffield were healthier than in the previous two springs. The Registrar of Bradford East refers the low mortality to sanatory improvements; vaccination is, however, neglected.

The *Northern Counties* experienced their average rate of mortality; 5596 of the inhabitants died. Small-pox and scarlatina have been fatal in some districts of Durham; vaccination is neglected.

In *Monmouthshire* and *Wales* the deaths were 7392, which is near the average number. Measles prevailed in Abergavenny and Crickhowell.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 20th ult.:—

Arthur, Charles, Kennington.
Dixey, Augustus Edward, Army.
Dunn, Robert William, Norfolk-street, Strand.
Gray, William John, Burton-crescent.
Humble, William Edward, London.
Kelsall, Henry, Army.
Muriel, William George, Wickham-market.
Stephenson, Thomas Appleby, Brighton.
Trinmell, David William, H.E.I.C.S.
Wilton, Francis, Gloucester.

The following gentlemen were admitted members on the 30th ult.:—Messrs.

Aubin, Frederick George, Norwood.
Gascoyen, George Green, Woburn, Beds.
Kemp, Charles Godfrey, Leicester.
Lipscomb, Richard Nicholson, St. Albans.
Oldfield, Edmund, Ashill, Watton, Norfolk.
Ransome, Arthur, Manchester.
Stevens, Daniel Freeman, St. Ives, Cornwall.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on July 26th, 1855:—

Chatterton, James Thorpe, Hastings, Sussex.
Collyns, George Nelson, Dulverton.
Iles, Albert, Cirencester, Gloucestershire.

APPOINTMENT.

Dundee Royal Lunatic Asylum.—The Directors of the Royal Lunatic Asylum have elected Dr. Cocks to the office of visiting and consulting Physician, vacant by the death of Dr. Munro.

BEQUESTS.

By the settlements of the late H. M. Gibb, Esq., he makes the following bequests to the institutions undermentioned, viz.:—The Royal Infirmary, Edinburgh, £1000; the Royal Lunatic Asylum, Edinburgh, £250; the Royal Public Dispensary, Edinburgh, £250; the Infirmary of Perth, £500.

DEATHS.

Jackson.—July 28, at Warley Barracks, Brentwood, Essex, in Medical charge of the Hon. East India Company's depôt, Alexander Russell Jackson, Esq., M.D., aged 57.

Dr. Valleix.—Our readers will regret to learn that Dr. Valleix, Physician to La Pitié, and well known in this country as an able writer, died a short time since at Paris, aged 49. He was rapidly carried off by diphtheritis, which he contracted while attending an infant suffering from that disease.

University College.—Medical Department.—The Earl of Harrowby on Tuesday presided at the distribution of prizes to the Students of the Medical Department of University College, who had chiefly distinguished themselves at the examination which took place at the conclusion of the last Medical session. There was a large body of visiters pre-

sent to view the ceremony, which took place in the Botanic Theatre, Gower-street. Previously to the distribution being proceeded with, the report of the department was read by one of the officers of the institution. It gave a very favourable account of the good conduct and of the attainments of the students during the session, and mentioned that they were rather more numerous than those on the books during the preceding one. His Lordship then proceeded, with terms of encouragement to each of the recipients, to distribute the prizes awarded them by the council. They were as follow:—*Anatomy.*—Gold medal, E. W. Thomas; first silver, David Boswell Reid; second silver, R. Osmond Black. Junior Class.—Silver medal, Thomas Hawkins. *Anatomy and Physiology.*—Gold medal, H. Maudsley; silver (æq.), J. Gibbs Blake, Sidney Minger. *Chemistry.*—Gold medal, A. J. Balmanno Squire; first silver, Wm. Whitaker; second silver, Alfred Woodforde. Birkbeck Class.—Gold medal, John Connor; first silver, R. Williamson; second silver, J. Ormsby. *Comparative Anatomy.*—Gold medal, J. D. Scurrah. *Surgery.*—Gold medal, H. Maudsley; first silver, J. D. Scurrah; second silver, W. B. Ramsbotham. *Botany.*—Gold medal, Alfred Woodforde; silver, Hugh Rees. *Pathological Anatomy.*—Gold medal, F. G. Blake; silver medal, Victor Bazire. *Medical Jurisprudence.*—Gold medal, Michael Castaneda. *Midwifery.*—Gold medal, Victor Bazire; first silver, M. Castaneda; second silver, F. G. Blake. *Materia Medica.*—Gold medal, E. W. Thomas; first silver, G. E. Jeffreason; second silver, W. T. Fox. *Fellows' Clinical Medals.*—Gold, Thomas Turner; silver, J. D. Scurrah. *Williamson Prize,* £50, for experimental research in the Birkbeck Laboratory.—William Gould, prizeman.

The Auxiliary Society in Aid of St. Mark's Hospital.—The twelfth annual festival of the Auxiliary Society in aid of this Institution, was held on Monday, at the Highbury Barn Tavern, Islington. The present Auxiliary Society was founded in October, 1839, by the patients, as a tribute of gratitude for the Medical relief afforded to them through the instrumentality of St. Mark's Hospital. According to the report of the Committee for the Thirteenth Annual Meeting, it appeared that the subscriptions received during the past year amounted to £35 5*s.* 7½*d.*, together with £7 7*s.* 9*d.*, the proceeds of the Eleventh Annual Dinner, which, with the balance in hand, amounted to £46 14*s.* 6½*d.*, of which amount £33 12*s.* in all had been paid into the hands of the Treasurer for the use of the Hospital for the past year; making a total paid to the Hospital since the establishment of the Society, including the building fund, of £584 16*s.* 6*d.* The Honorary Secretary announced that the donations and subscriptions amounted to £16 5*s.* 2*d.*

Epidemiological Society.—At a meeting of this Society, to be held on Monday, August 6th, at half-past eight P.M., at the rooms of the Royal Medical Benevolent College, 37, Soho-square, a paper "On the Premonitory Diarrhœa of Cholera," by Mr. Todd, of West Auckland, will be read. Also an important communication on Cholera, from Dr. Varrentrapp, of Frankfort-on-the-Maine.

The Cholera.—In Vienna, from the 28th of May, when it first appeared there this year, to the 25th of June, 39 deaths have occurred from cholera. In the suburb of Wieden it has assumed an epidemic form, 21 cases out of the 45 that have occurred dying. For the time it has existed, the epidemic has acquired much less extension than in former outbreaks. In Pesth up to the 27th June the number of cases amounted to 1617, with 808 deaths and 692 recoveries; aged women and young children of the lowest class being the chief victims. Diarrhœa always has preceded the attack. In Ofen and Altofen from the 15th March to the 22nd June there were 823 cases, viz. 352 men, 312 women, and 159 children; of these 476 recovered, viz. 188 men, 159 women, and 129 children, 296 died, viz. 124 men, 108 women, and 64 children; 51 cases remained under treatment. In the garrison of 1600 men from 2 to 7 cases occurred daily, the entire number amounting on 22nd June to 169; of these 87 died, 53 recovered, and 29 remained under treatment. At Venice from the 18th to the 22nd June there occurred 106 cases, 59 recoveries, and 61 deaths; 843 cases having occurred between the 6th May and 22nd June. At Verona from the 17th to the 22nd June 125 cases occurred; the entire number from May 28th amounting to 296. In the province and town of Padua together there had occurred to 21st June, 785 cases, 429 dying, 117 recovering, and 239 remaining under treatment.

Ecclesiastical "Physiology."—We are introduced by the *Hull Advertiser* to Chancellor Granville Harcourt Vernon (son of the late Archbishop of that name), who is Judge of the Ecclesiastical Court of Chancery in York. Some worthy clergyman of the diocese labours, it appears, under the infirmity of "losing the use of his legs," which brought him before the Chancery Court; but proof was wanting that the brain sympathized with the lower extremities: "And," said the charitable Chancellor, "it is a fact in physiology which is familiar with the experience even of those who are not professionally aware of it, that it will occasionally happen, in the condition of an empty stomach, or still more fully so in the condition of a vertiginous subject, that a single glass of ardent spirits will produce an effect of depriving an individual, not at all of the use of his senses, but of the steady use of his legs. My own experience," continued the candid Judge, "is consistent with this, in one or two extraordinary cases. Probably I am capable of taking as large a quantity of wine as almost anybody; but, under peculiar circumstances—long exposure to fatigue or exercise, shooting or hunting—a single glass of cherry brandy has made me scarcely able to sit on horseback for a quarter of an hour. Nobody but myself was probably aware of this circumstance. I think something of that kind reconciles the testimony so largely favourable to Mr. Clark, and his habits and character, with the observations of some individuals very little, if at all, acquainted with him, but who may have observed gestures—at all times, it appears, somewhat peculiar, but very possibly and naturally exaggerated under such circumstances as those to which I have referred."

Scorbutus in Paris.—Scorbutus prevails to a great extent, and in a very marked degree, among the military in Paris; a few cases having also been observed in the Civil Hospitals, complicating and delaying convalescence in others. The greater number of cases have not shown themselves in the soldiers returned from the Crimea, but in those who have been sent from the camps at Boulogne and St. Omer. It has, however, been met with in soldiers coming from other parts of France.

Mortality Notabilia.—The deaths registered in London, which in the previous week had been 915, rose in that which ended last Saturday to 1036. In the corresponding weeks of the ten years 1845—54 the average number was 1087, which, however, comprises the mortality caused by the cholera epidemics of 1849 and 1854, and would in normal conditions have been less than 1000. That average, if raised by a tenth part for increase of population, becomes 1196. This period of the year is unfavourable to the health of young children living in London, and its influence begins to be visible in an increase of mortality. The deaths of infants who had not completed their first year were in the two previous weeks 223 and 217 respectively; last week they were 308. Of the causes, diarrhœa claims the greatest number, viz., 74. The total number of deaths from diarrhœa last week was 93; in the former week it was 67. Nine deaths were returned for last week as caused by cholera, including "cholera infantum" and "choleraic diarrhœa." Six of the cases occurred amongst children less than one year old; the rest among adults twenty years of age and upwards. Although two are reported as "Asiatic cholera," they were probably only cases of the usual summer epidemic, and as the season is now comparatively late, it is to be hoped that London will this year escape another visitation. In the corresponding week of 1849 there were 783 deaths from cholera, and in that of last year there were 133.

Births.—The births of 726 boys and 677 girls, 1403 children, were registered; average 1377.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	..	2	7	14	6
North	490,396	2	4	6	6	12	6
Central ..	393,256	1	1	8	11	17	8
East.....	485,522	5	1	9	7	23	16
South	616,635	5	..	13	5	27	17
Total..	2,362,236	13	6	38	36	93	53

ORIGINAL LECTURES.

ABSTRACT OF CLINICAL LECTURES

DELIVERED AT THE

Hotel Dieu.

By Professor TROUSSEAU.

Lecture IV.

EPILEPSY.

Although this terrible disease was known in ancient times, we seek in vain for any exact description of it until the year 1825, when M. Calmeil produced his remarkable thesis. A pupil of M. Rostan's, at the Salpêtrière, he lived during a year among the epileptic patients, and observed with great sagacity several thousand attacks. The thesis consists only of some twelve or fourteen pages, but it is a little masterpiece. His not having had the opportunity of studying the disease as seen in private practice, explains the omission of one of its forms very frequently met with, and to which M. Trousseau directs particular attention.

The form described by the Latin writers, under the name *morbus comitialis*, *morbus sacer*, and *herculeus* is the "grand mal" or "fit," characterized by the following signs:—An acute cry, prostration of the patient, who falls to the ground, convulsions of a special form and short duration, which are followed by a state of somnolence that lasts a longer time, in proportion to the amount of cerebral congestion present. A minute acquaintance with each of these symptoms prevents a Physician ever failing to recognize epilepsy when it exists, while its simulation cannot be successful unless when performed by a skilful Medical Practitioner. Esquirol, indeed, maintained it could never be simulated; but one day at Charenton, while he was familiarly discussing the cases with his pupils in his study, he observed M. Calmeil fall on the carpet, the subject of alarming convulsions. M. Esquirol having examined him with great anxiety, turned round exclaiming, "The poor lad is epileptic." The words were hardly uttered, when Calmeil sprang up, and grasping his master's hand, asked him if he was still incredulous as to the simulation of epilepsy.

Nevertheless, there is a sign present at the instant of the fall which no one can imitate, viz., a most marked, cadaveric pallor, that for an instant occupies the entire face. The practitioner arrives usually too late to witness this, the face having by that time become very red. After the fall come the convulsions, but not instantly, there being almost invariably, prior to their advent, a very short period of complete immovability. A marked character of these epileptic convulsions consists in their predominance on one or the other side. Sometimes, though this is rare, they are observed only on one side, but in no case are they equally strong on the two sides. During the first or tonic stage you observe the thumb bent upon the palm, the pronators of the forearm, and the rotators inwards of the arm, enter into permanent contraction, and turn the arm inwards with a slow and interrupted motion, that is sometimes violent enough to induce luxation. At the same time the head is turned to the opposite side, by the contraction of the sternocleido-mastoidean of the side on which the predominance prevails. Ignorant of this, simulators do not fail to twist it to the side on which the convulsions of the arm are strongest. The violent convulsion of the muscles of the face causes a deviation of the commissure of the lips and of the eyes to the side where the predominance exists, giving rise to horrible grimaces. During this period the walls of the chest and abdomen are rigid and motionless, respiration is suspended, whence arise engorgement of the venous system and congestions, and frequently there is involuntary emission of urine, fæces, or semen. The contraction of the depressor muscles of the lower jaw keeps the mouth half open, while the tongue, through the action of the genio-glossi is thrust out between the teeth. The bloody foam which results from its being bitten, is a great aid to diagnosis, especially when the attacks are only nocturnal.

When this tonic contraction has lasted from ten to sixty seconds, the clonic convulsions appear, very rapid at first, but becoming separated by wider and wider intervals of relaxation. After they have continued from one to two minutes, they cease completely, and the patient, now in a complete state of resolution, heaves a deep sigh, lets his head fall down, and exhibits a stertorous respiration like one struck with apoplexy or dead drunk. To this first attack there frequently succeeds a second, a third, and so on; and it is to this often fatal condition that the term "grand mal" is applied at Bicêtre and Salpêtrière.

In the simple attack, the coma lasts for eight or ten minutes, when the patient arouses, looks around with anxiety, and places his hand to the forehead as if to recall something that he had forgotten. He seems as if ashamed, seeks to withdraw himself from the observation of the bystanders, neither answering their questions, or thanking them for their services. Moreover, we may remark not infrequently, or even ordinarily, signs of a true derangement of the intellectual faculties. Some patients have been seized with a desire of suicide and have even executed it, while others exhibit acts of violence towards those who are present. A considerable number manifest hallucinations or true mania; but frequently headache and sadness are all that remain after the attack. Some of these patients have embarrassment of speech, owing to the painful and swollen state of the tongue, but you must be on your guard here, and not lightly pronounce, as many do, the commencement of a general paralysis. During the existence of the convulsions and coma, the patient is absolutely insensible. This is of importance in diagnosis: for you may excite the mucous membrane of the eye and ear, allow ammonia to be breathed, or fire a pistol in the ear, without the truly epileptic manifesting the slightest sensibility. The simulator, too, chooses the place where he is to fall and the part of the body that is to bear the shock; and we never find him falling face forwards, without irresistibly interposing his hands as a protection. The epileptic falls no matter where, and he usually does so upon the head, his face exhibiting ecchymoses and wounds in consequence.

Epilepsy is very often a nocturnal disease, especially at the commencement; and so it may continue for eight or ten years without any one, not even the patient himself, being aware of the existence of so important a malady. There are two principal diagnostic signs in such a case, viz., the biting of the tongue, and the involuntary emission of urine, especially in women. If the person who comes to consult you complains of waking with headache, if the lateral parts of the tongue are lacerated, and if you can ascertain that urine has been passed unconsciously, do not hesitate to declare that there has been a nocturnal attack of epilepsy. Moreover, in a very great number of cases, you may observe on the forehead, and especially below the eyes, myriads of petechiæ the size of a pin's head, which are never produced under other circumstances. In possession of these details, the diagnosis of this form of the disease becomes certain, while, without their aid, it is almost always impossible.

Epileptic Vertigo.—This is often met with in practice, and its existence is as real as is that of the epileptic fit, like which, too, it affects the intellect. It is scarcely possible to describe it, save by examples. In childhood, when it is especially common, it may manifest itself thus:—The child stops short in the middle of its play, remains motionless, with fixed eye and suspended respiration, returning to itself after seven or eight seconds, and sometimes hardly two. We may observe analogous examples in the adult. A person while playing at cards finds the movement of his hand suddenly arrested when about to play, the card remaining in his hand, as if affixed to it. A deep inspiration occurs, the suspended movement is completed, and the vertigo has passed away. At other times the patient rises, walks he knows not where, striking against objects, and stops short at the instant he returns to himself. At others, he mumbles some unintelligible words, or repeats the same word, as his own name, obstinately, during seven or eight seconds. In all these cases, the individual is completely without the external world. Sensation is abolished, and we may shake or pinch him without his feeling anything. In certain cases, as in a patient now in the wards, the vertigo is announced by a peculiar sensation, to which authors have given the name of *aura*, and which, in the great majority of cases, consists in the feeling of a current, that mounts up from one of the limbs, or some other point of the surface, towards the head. At other times there is a sensation of pain, of formication, or of little imperceptible convulsive shocks.

In a great number of cases these phenomena constitute the entire affection, and deserve the name of epileptic vertigo. At others, they go on increasing until the fit itself occurs, and then it is usually by the thumb that the aura commences. But the fit is only preceded by the aura quite exceptionally.

A child, 5 years of age, was brought for M. Trousseau's advice. Several times a week, and sometimes more than once in a day, the child became the subject of hiccough, which, accompanied by remarkable paleness, lasted for several seconds, and never more than a minute, headache and hebetude succeeding. M. Trousseau, alone in his opinion, pronounced this epilepsy, and a year after, the child had regular epileptic fits. At other times, epilepsy manifested itself by a marked sensation of cardiac suffocation. The patient, seized with most violent palpitations, becomes extremely pale, and loses all consciousness. In ordinary palpitation, consciousness is always preserved; and it is well to be aware of these palpitations in the epileptic, since the patient, complaining only of his heart, an erroneous idea of the nature of the disease may be easily formed.

I have stated that disturbances of the intellect are very frequent after the epileptic fit, and they are also met with after vertigo. The head is heavy and aching, the patient being morose and taciturn, and as if stupified for a while, as a half or whole hour. For the purpose of diagnosis, it is of extreme importance to observe these changes; for we find them as a consequence of no other nervous spasm, however violent it may have been. There may be exhaustion after a violent fit of hysteria, but the intellect always remains very clear. This relative confusion of the mental powers may escape the Physician's attention, but it is very rare for it to escape that of the patient or his relatives, so that they should be always interrogated upon this point.

There is nothing special in the vertiginous form, as it depends upon the same causes as the fit; and very often we observe alternations of the vertigo and the fits in the same subject. It is by no means rare, however, to find, after from one to ten years' time, the fits entirely displace the vertigo.

(To be continued.)

ORIGINAL COMMUNICATIONS.

ON THE COMPLICATIONS OF CONTINUED FEVER OCCURRING DURING THE RECENT EPIDEMIC AT THE SMYRNA HOSPITAL.

(Read before the Smyrna Hospital Medico-Chirurgical Society, May 28, 1855.)

By SEPTIMUS GIBBON, M.B. Cantab.
Physician to the Hospital, and Assistant-Physician to the London Hospital.

(Concluded from page 109.)

A PATIENT, R. H., aged 34, admitted with typhus fever, in so debilitated a condition from the loss of blood by leeches, which had been applied for a severe pain in the region of the liver, as to require daily 12 ozs. of wine from the commencement of the fever; progressed favourably, with the exception of passing indifferent nights, until at midnight on the eighth day of the fever, he suddenly became fiercely delirious, could not be kept in bed, because he fancied snakes were crawling over it, and devils under it; he had subsultus tendinum, dilated pupils, and a perspiring skin. Dr. Martin, who was at the time on duty at the Hospital, and from whom I received this account, very properly administered 30 minims of Battley's solution of opium; sound sleep ensued, and the man has had no return of the same symptoms, although he has been delirious to a less extent.

Another patient, on the evening of the fifteenth day of his fever, which, in other respects, has been neither complicated nor unusually severe, was suddenly seized with this species of delirium; he raved, talked much and incoherently; he had a tremulous tongue, dilated pupils, tremors, and subsultus. He left his bed, and would not return to it, as he thought it was covered with lancets, a box of which he collected, and said he had reserved for me. I had considerable difficulty in prevailing upon him to return to his bed. After he had done so, half-a-grain of morphia, taken in a glass of brandy and water, quickly produced sleep and dissipated his delirium, and mental illusions. It is worthy of remark that the spectral illusion was probably suggested to this man's mind by his having recently seen an abscess punctured.

Another patient, named Govey, whom many of you will remember as having died in B ward, Division II., in a state of mental imbecility, with mortification of both legs, had three attacks of violent delirium, accompanied by tremors, subsultus, illusions of sight and hearing. On these occasions he would talk incessantly, perspire profusely, and be thrown into a state of intense agitation by fancying that he saw an old Turk endeavouring to take away his life. My case-book records many instances of this species of delirium, coming on generally after two or three sleepless nights, and accompanied with tremor, perspiration, subsultus, terrifying ocular spectra, etc., etc. One of the preparations of opium has never failed to allay it. I am inclined to impute the frequency of this nervous disorder to the intemperate habits of the soldier.

In Hughes' case, however, the cerebral disturbance depended on an opposite condition of the cerebral circulation, and required an opposite kind of treatment. The true discrimination between these states of the nervous system, which are attended with almost identically the same symptoms, is always difficult; and I know of no diagnostic features, except it be that, in a case of congestion, there is some contraction of the pupil, and a stronger pulsation in the carotids. Had I known the previous history and treatment in Hughes' case, I might have avoided the error I committed.

W. M'K., aged 30, a strongly-built man, of a very light complexion, without any of the usual marks of a strumous habit, had, from the very commencement of typhus fever, severe head symptoms, consisting of fierce delirium, with attempts to get out of bed. Besides the restraint of a straight waistcoat, it required two attendants to keep him in bed. He had, moreover, a flushed face, unusual heat of scalp, injected eyes, with slight contraction of the pupils. Skin was hot, and covered with maculæ; pulse 100, full but compressible; tongue coated with a dry brown fur. The treatment consisted of frequent purgatives of blue pill, followed by castor-oil, and the compound tincture of senna, of each 2 drachms, and a draught every fourth hour, composed of half-a-drachm of antimony wine, and equal parts of the solution of acetate of ammonia and camphor mixture. Subsequently 5 drops of Battley's solution was added to the draught.

On the fourteenth day of the fever a large tumour suddenly appeared on the right side of the face and neck. It increased so rapidly and became so much inflamed, that Mr. Spencer Wells, whom I consulted on the matter, recommended an incision to be at once made into it. This incision was made, and afforded some relief to the pain and tension; afterwards a considerable mass of cellular tissue sloughed. The patient quickly and completely recovered, with the exception of slight deformity remaining from paralysis of the right facial nerve. It is difficult to say what was the exact seat of this abscess. The fact of a large quantity of pus being discharged through the external meatus of right ear would lead one to conjecture that the parotid gland was implicated; against such an hypothesis are the size of the swellings, and the fact that there has since been no perceptible alteration in the salivary secretion. This abscess was followed by a smaller one in the right breast.

The cerebral symptoms suddenly ceased on the appearance of this local inflammation. So sudden was the change that I had little hesitation in attributing it to this cause. I would not be understood to bring forward this as an instance of serious cerebral complication, but I think the sudden cessation of the brain-symptoms, on the development of the external inflammation, proves that such symptoms were dependent on something more than exhaustion, or a chemical alteration of the blood.

Corporal B., aged 34, on the sixth day of fever, besides other symptoms of cerebral congestion, had an epileptic seizure. It was not preceded by shivering, and there was no reason to suppose that it had an eccentric origin. I have since made careful inquiries of this man, and he is not aware that he ever had a fit of any kind before. Bearing in mind the well-known aphorism of Hippocrates, that a fit of convulsion, although not dangerous at the beginning of a fever, is mortal when it takes place during or after one, I was doubt-

ful as to the issue of this case. The treatment adopted consisted of blisters behind the ears and to the nape of the neck, and frequent purgatives. The man completely recovered.

The better to illustrate this complication of fever, which has been frequent, though not fatal, in my wards, I will read the account of a post-mortem examination I made, in conjunction with Dr. Martin, in the case of Nurse S. You are aware that this young woman was seized with fever of the typhus variety on the 5th of April; that she had constant vomiting at the commencement of the attack, and an abundant measles-like eruption over the entire surface of her body; and that she succumbed to the disease on the morning of the 18th. I regret that I am unable to furnish any details of the progress of the case. I happened casually to see her with Dr. Martin, who was on duty, the night before her death, when she was lying on her back, with head raised, in a deeply comatose state, with subsultus and jactitation; pupils of eyes contracted; skin hot and dry; pulse 120, full and strong. The attendant stated that during the day she had uttered frequent screams, and had rolled her head from side to side. She was breathing 40 times a minute, in a sighing irregular manner.

I expressed an opinion that there existed acute inflammation of the membranes of the brain. She died nine hours afterwards, when Dr. Barclay, under whose care she had been, kindly allowed me the opportunity of testing the diagnosis I had formed.

Post-mortem examination, 8 hours after death.—On dividing the scalp, an unusually large quantity of venous blood flowed out. The convexities of both hemispheres appeared much congested.

Arachnoid membrane had a smooth, glistening surface, and was transparent over the convexity; but at the base of the brain it had a sodden, semi-transparent appearance. There was a very large quantity of straw-coloured sub-arachnoid fluid over the whole surface.

Pia mater at base extremely vascular, of a vivid red colour, especially that portion covering the pons, crura cerebri, and medulla oblongata, where there was a considerable quantity of yellow, easily broken-down lymph effused into its meshes.

Granulations and tubercles were carefully sought for, but none could be detected.

On placing this lymph under the microscope numerous pus corpuscles were seen in it.

On making sections into the cerebral substance the vascularity of the pia mater was seen to dip down between the convolutions; many large-sized bloody points appeared on the medullary portion, which quickly re-appeared on being scraped off. Both lateral ventricles did not contain more than two or three drachms of clear fluid. No tubercles were detected on the choroid plexuses.

Heart had its left ventricle contracted; the right cavities contained fluid blood. Its muscular tissue was firm. The other organs of the body, including the intestines, were examined and found healthy.

This autopsy proves that cerebral congestion and meningitis is not an imaginary complication of typhus. Other autopsies made in the Hospital have shown the same thing. The diagnosis of this formidable complication may, in some cases, be difficult and perplexing, but with the amount of watching and attention that all fever cases demand at our hands, I think it is seldom or ever impossible. I would call the attention of this Society to the character of the breathing as a pretty safe and constant means of diagnosis. Delirium, as you are well aware, of all degrees of intensity, vascular excitement, contracted pupil, vomiting, etc. etc., may occur in the other diseases, and in conditions of the cerebro-spinal system the very opposite to congestion. But when there is hurried, irregular, laboured, or sighing respiration, without any lesion in the lungs themselves, one may be sure there is oppression of the nervous system.

This complication, when fully manifested, requires, of course, the usual remedies for congestion and inflammation of the brain, modified to suit the constitution and circumstances of the patient. Much, however, may, I believe, be done to prevent the development of these symptoms. "Obsta principiis," is a maxim applicable to the treatment of every disease, but also in an especial manner when we have to deal with the local ailments that arise in the course of continued fever. By this principle of action we may obviate the perils attending alike the complication and remedies it demands. In some of the cases I have detailed my object was to anticipate, and thus to check, the beginnings of the intestinal and cerebral lesions.

The remedies I have chiefly employed for removing cerebral congestion have been blisters, tartar emetic with or without opium, and the avoidance of stimulants.

With reference to tartar emetic combined or not with opium, I would remark that I, according to the plan recommended by Dr. Graves, generally gave one-sixth or one-fourth of a grain doses every hour. For equalizing the circulation, which seems, as I have before remarked, to be so apt to become deranged in the course of continued fever, we have no remedy in the Materia Medica equal to tartarized antimony. Like other useful drugs it is a powerful one, and requires care and attention for its beneficial administration. It is a most valuable agent for combating the kind of typhus fever we have witnessed in this Hospital, and in my division I firmly believe it has saved life.

There is a plan, devised, I believe, by Dr. Southwood Smith, for relieving the delirium and other head symptoms so frequently met with in typhus fever, which consists in placing the patient in a warm-bath, and directing a forcible stream of cold water on his head. I have had no experience of this treatment, but I have little doubt that in the early stage of typhus it would powerfully tend to remove the burning heat of skin, flushed face, delirium, and headache so common at the commencement of this disease. As it would leave no permanent debilitating effects behind it, it would seem to be especially adapted to the broken-down constitutions we too often have to deal with here. I tried a modification of this plan, with what result you will learn from the following notes of the case:—

J. S., aged 27, admitted April 6th, 1855. Is a stout muscular man, lies on his back with flushed countenance, oppressed expression, suffused eyes. Temperature of his body apparently much increased; skin hot and pungent; pulse 120, full and tolerably firm; tongue tremulous and protruded slowly, thickly covered with moist brown fur; bowels moved eight times during last twenty-four hours. Abdomen tolerant of pressure, except in right iliac region. Did not sleep last night; wandered a good deal, and made frequent attempts to leave his bed.

History.—Reported to be a great drunkard. On the 31st of March, while undergoing punishment in the guard-house for drunkenness, diarrhœa, with repeated and severe rigors, came on. Since then he has been under the care of the out-patient Physician, and has suffered from diarrhœa, loss of appetite, thirst, sleeplessness, headache, and delirium.

I ordered him hydrarg. c. cretâ, pulv. ipecac. co. āā gr. ijss., hâc nocte et cras mane; cataplasma sinapis abdomini; haust. ammon. acet. 4tis horis. A diet of milk and arrowroot.

7th.—Passed a sleepless night; very delirious; bowels relaxed twice; pulse 120, of moderate volume and compressible; tongue coated. Rept. omnia medicamenta.

9th.—Passed a sleepless night, wandered a great deal, with difficulty kept in bed; face flushed; eyes suffused; skin hot and dry; pulse 126, moderate in volume, and compressible; bowels moved four times in twenty-four hours; abdomen full, tender in right iliac fossa. A profuse mulberry rash appeared yesterday; it is more marked to-day:—Pt. pulv. alt. noctibus et haust. ammon. acet.

Ordered—Spoon diet, rice milk, 1 pint of beef-tea. To have his hair cut off.

12th.—For two days the delirium has been so violent as to require two men to hold him in bed, and he has resisted taking food, swearing much at any one who offered it him. He has passed the night without any sleep, raving and making frequent attempts to leave his bed; skin hot and pungent; face flushed; eyes red; pulse 120, moderate in volume and firm; tongue much fissured down its centre and dry; bowels opened once in the last twenty-four hours. Complains of frontal headache, and there is marked subsultus.

Ordered to continue the medicines, and to sit in a hip bath, at temperature of 100° Fahr., for twenty or thirty minutes.

13th.—He stayed in the bath about twenty minutes. At my evening visit, I found him much quieter. Skin was moist and soft; pulse 104. His headache had nearly disappeared; he was sunk lower in the bed, and appeared somewhat exhausted. This morning he is reported to have passed a quiet night, having slept a good deal at intervals; lies on his side; skin hot, but moist; pulse 90, moderate volume, and

easily compressed; tongue coated with a moist brown fur; bowels opened once in the twenty-four hours; abdomen soft, and tolerant of pressure; rash remains out; slight subsultus; no headache. He took about 4 ounces of wine during the night, which I instructed the night-attendant to give him in case he perspired.

Ordered—Pt. haust. et pulv.; 8 ounces of wine daily. To continue the same articles of food.

From this time, though the fever continued with slight delirium, etc., the pulse never returned to its former frequency, but, on the 17th, fell to 80 beats in the minute. The cutaneous eruption had disappeared on the 16th, which was probably the 13th day of the fever; and the patient had a speedy convalescence. I have frequently seen the good effects of a hip or foot-bath in removing the headache of delicate persons, and, for that object, I prescribed it in Spencer's case, in order to tell what effect it had in mitigating the febrile symptoms, *i. e.*, lowering the frequency of the pulse and the heat of the skin, producing sleep, and altering the character of the delirium. Of course, the experiment must be often repeated. The amended symptoms may have been owing to a natural crisis in the fever, but I believe it to be unusual for a crisis to occur so early as the ninth day.

I allude to this case merely to remind you of another weapon that we possess for combating this deadly disease. In fever, the Physician must use a variety of treatment, according to the circumstances of the individual cases before him; and he only will be successful who watches narrowly the progress of the cases intrusted to his care, and applies the appropriate remedies at the proper moment. The chest affections occurring during continued fever, in patients under my immediate charge, have been rather the sequel than complications of typhus, and therefore I reserve them for a future communication to this Society.

CASE OF RETENTION OF URINE, DEPENDENT ON IMPASSABLE URETHRAL STRICTURE.

SUCCESSFULLY TREATED BY PUNCTURE OF THE BLADDER THROUGH THE RECTUM, IN THE CIVIL HOSPITAL, CAPE TOWN.

By HENRY BICKERSTETH, M.D., F.R.C.S., Eng.

[Communicated by GEORGE HENRY SYME, M.D., Edinburgh.]

C. B., aged 38, a boatman by trade, admitted into Somerset Hospital, Cape Town, Cape of Good Hope, under the care of Dr. Bickersteth, Surgeon to the Hospital, February 19th, 1855, suffering great agony from inability to pass water, in consequence of an old and inveterate stricture. He states that he has, for the last ten years, been afflicted with this disease; that he had it while in the Navy, and was under treatment in Haslar Hospital, for six weeks; that he then left the Navy on purpose to seek in London the best Surgical advice, that he was under Mr. Fergusson's treatment, in King's College Hospital, and that he was discharged relieved, and provided with a No. 5 catheter, which he was instructed how to pass; that since this he has never passed a drop of urine without having recourse to the instrument, which he has often introduced as frequently as every four hours during the day. Within the last fourteen days, the passage of the instrument has become more and more difficult, and he is now quite unable to pass it.

The urethra has become very painful and irritable from his continued efforts, and he has not made one drop of urine since last evening. He has frequent attacks of violent straining, accompanied with great pain in the region of the bladder, and in the perinæum. Several attempts were made to pass an instrument, but ineffectually; he was then ordered to take the following draught:—

℞ Tinct. opii ♏ xl., spt. æth. nitric. ʒj., mist. camph. ℥j. Misce.

To have the semicupium callidum, and put upon spoon diet.

At 4 p.m.—No improvement; has not passed a drop of water; feeling of forcing and straining more severe and frequent; trial made again, but fruitlessly, to pass a catheter through the stricture, which appears perfectly closed: ordered to repeat the draught as this morning; to have the enema calidum. Venæsectio ad ʒxxx.

At 7 p.m.—C. c. cruent. perinæo. ad ʒiv. Rept. semicup. calidum.

At 9 p.m.—No relief, and symptoms becoming more urgent; the hypogastrium tender to the touch, and the bladder much distended. The trocar was introduced, and the bladder punctured through the rectum, chloroform having been first administered. About 40 ozs. of thickish, and offensive urine was then drawn off, and the canula secured by tapes and a T bandage; immediate relief followed, and he soon fell asleep.

20th.—Has rested well most of the night; urine freely discharged this morning through the canula; pulse, 84; skin moist, and he is quite free from pain.

Vesperè.—He feels a little feverish, and restless this evening; pulse 96; tongue rather dry; ordered to take the following mixture:—

℞ Liq. ammon. acet. ʒiij., liq. antim. pot. tart. ℥ij., mist. camphoræ ʒv. Capiat ʒi. quartâ quâque horâ.

21st.—Has had a good night; had an attack of shivering, followed by slight heat during the night; pulse 84, soft; skin perspiring; no pain in the bladder or rectum; feels a desire to go to stool, and had a sensation this morning as if urine were likely to pass naturally through the urethra. Ordered to take ol. ricini ℥ij., and put upon low diet.

Vesperè 6 p.m.—Had a severe rigor about two hours since, and feels very uncomfortable and restless; has had a great inclination to strain; bowels three times moved. Ordered to take tinct. opii. ♏ xxx. c. dosis mist. febrifug. ut antea.

22nd.—Has had a quiet night; no return of rigors, no further irritation of bladder; pulse 86; tongue clean; skin soft and perspirable. No. 2 silver catheter passed into the bladder and retained.

23rd.—Passed a good night, no return of rigors. He withdrew the catheter after it had been in three hours, in consequence of its producing some irritation. An attempt was made this morning to insert it, but so much difficulty was found in doing so, that it was not persevered in. Rept. tinct. opii ♏ xx. Una somni sumend.

24th.—Continues to do well; passed a good night; pulse 84; tongue moist; bowels not moved during the last twenty-four hours. Rep. tinct. opii h. s. s.

25th.—Passed a good night; doing well; voided through the urethra about 4 oz. urine, during the night; pulse 84; bowels constipated. ℞ Ol. ricini ℥ij. statim sumend.

Vesperè.—In great pain straining to pass water; canula appeared choked; bowels moved thrice. Rept. haust. anodyn. h. s. s.

26th.—Passed water freely through the canula during the night; appeared comfortable this morning; pulse 84; free from pain.

Vesperè.—During a violent fit of straining the canula became displaced, and he is unable now to pass a drop of urine either way; canula withdrawn from the rectum; No. 2 silver catheter passed after great difficulty, and about a pint of fetid urine drawn off. Catheter secured again in the urethra.

℞ Tinct. opii ♏ x. statim sumend.

27th.—Has passed a quiet night, but without any sleep; Urine has been drawn off through the catheter three times? suffers occasionally a good deal of pain from the urine, (which appears to be of a highly irritative character,) passing along the urethra by the side of the catheter. Rept. haust. anodyn. h. s. s.

28th.—Has passed an excellent night; no pain; urine drawn off by the catheter three times; bowels not open. Ordered enema commun.

March 1st.—Progressing favourably. Urine now passes along the urethra by the side of the catheter in some quantities and without any pain or inconvenience, no water escaping now from the rectum. Rept. enema comm.

3rd.—Continues to do well.

4th.—Urine passed in a stream by the side of the catheter during the night. He has slept well, and reports himself much better. Put upon half diet.

℞ Quinæ disulph. gr. xvi., acidi sulph. dil. ℥ss., tinct gentian. co. ʒss., aquæ ʒxiss. M. Capiat cyath. vinos. ampl. bis in die.

7th.—Withdrew the catheter; passed a few drops of urine naturally through the urethra.

Vesperè.—Introduced No. 3 silver catheter, and retained it by the usual means.

8th.—Complained of burning pain along the urethra; withdrew the catheter.

℞ Liquor. potassæ ʒij., tincturæ opii ʒiss., misturæ camph. ʒix. M. Capt. cochl. magn. tria, quartâ quâque horâ.

9th.—Catheter re-introduced this morning; doing well. Ordered one pint of porter.

10th.—Continues to do well. Ordered semicupium calidum.

11th.—Continues to do well. Has not reintroduced the catheter since nine o'clock last evening. No. 5 catheter introduced this morning. About 1½ pint of natural urine drawn off. Rept. mist. ut antea. Capiat cochl. mag. tria, sextis horis.

12th.—Continues to do well. He retained his urine yesterday from 9 a.m. till 9 p.m., when it was drawn off by the catheter.

℞ Ol. ricini ʒss. statim sumend.

16th.—Continues to do well. Passed No. 8 gum-elastic catheter.

19th.—Continues to do well up to this time; passing the No. 8 catheter since the 16th ult. at intervals of twelve and fourteen hours, with the greatest ease; secretion natural; general health good; discharged cured.

April 11th.—He presented himself this morning at the Hospital, and reports his being able to pass his urine naturally, at times passing a No. 9 catheter.

A FEW ADDITIONAL OBSERVATIONS ON THE EXISTENCE OF BLUE MATTER IN CHOLERA URINE.

By H. OSBORN, M.R.C.S.E.
Extra Licentiate of the Royal College of Physicians.

The presence of blue matter in cholera urine having been further proved by Dr. W. Lander Lindsay, (*Medical Times and Gazette*, May 12th,) and agreeing as it does with my own investigations, in disappearing from the urine after recovery, I beg to offer the result of another examination, trusting it may assist in throwing some light on the incubation of cholera.

After detecting the blue matter in cholera urine, I procured some urine of a Surgeon who had attended numerous cases of diarrhœa, and several cases of cholera which had occurred in the worst localities of the town. On submitting it to the acid test, I obtained a small precipitation of the blue matter, and the copper test (see page 307) developed the brownish red colour; but the tint was not so deep as that which I had previously found in other choleraic cases in the more advanced stage. The chief interest in this examination is the presence of blue matter identical to that found in cholera urine, but existing in a much less quantity, and occurring in a person exposed continually to choleraic exhalations. This gentleman was not free from slight choleraic symptoms during the prevalence of the epidemic; and had the change in the atmosphere not taken place, or the epidemic become latent, in all probability he would have suffered from actual cholera. Hence the necessity of directing our attention to the period of incubation, and the finding a test which will enable us to determine with precision when the virus of cholera is acting upon the system, and deranging the various functionary organs, or perverting the natural processes of digestion, etc. We must not, however, expect to detect the virus or ferment itself in the urine, but some product which may be produced by its action on matter in the human body, and eliminated by the kidneys.

If numerous investigations were made in various towns, founded upon a careful observation of the early symptoms, some important results might be obtained: and why should we not succeed in preventing the development of a disease, the duration of which affords but little time for treatment.

We have but few opportunities of examining the urine of patients until diarrhœa or some prominent symptom is established; and even then an error may arise in consequence of diet or medicine. Nevertheless, opportunities may offer to many of us, and the public naturally look to the Profession for searching for the various causes of disease. In making these investigations I would suggest the necessity of noting particularly should any alteration in the taste of the saliva or the breath be perceptible, especially if it resembles the fumes of hydrocyanic acid, or rather, that of hydrocyanate of ammonia, which would indicate the application of the copper test to the urine, and a careful examination of the precipitate obtained by it. But it would be difficult to learn from a patient when the fumes of that acid are perceptible to the taste, unless he has been familiar with its odour; moreover, no conclusive evidence of the presence of that poison can be determined by taste or odour (a). I have, however, some foundation for suspecting the formation of cyanides in certain stages of cholera; but I need scarcely state how much caution is required, even in hinting at the production of prussic acid in any form in the human body, when we know how ready counsel is to show the presence of that poison even in the "apple-seeds."

It is a therapeutic question of some importance, how far we can carry opium with safety in the various stages of cholera. If the kidneys are congested, and there is a tendency to ischuria, what becomes of the urea? Its formation may be suspended, or it may suffer partial decomposition; it has, however, been detected in the serous evacuations, but we may infer that a large portion is sometimes retained in the blood. We know the danger of giving opium in cases of granular degeneration of the kidneys, and I have known a quarter of a grain of it to produce alarming coma in that disease, and even the sixth part of a grain could not be administered with safety. Opium may be a safe remedy in cholera while the evacuations are copious by the bowels and kidneys, and comatose symptoms are absent; but I had an opportunity of seeing a case of cholera last summer, and while the patient was rallying from collapse, coma suddenly supervened, terminating in death.

Now, if so much caution is required in the treatment of cholera, how much more care should be observed by the public, who rush to every quack remedy on record, instead of consulting their Medical attendant, in order to know what treatment to adopt in cases of emergency. Not only does the indiscriminate use of remedies tend to accelerate the disease, but there is a greater liability of meeting with incompatibles, and a pretty confusion in the stomach not infrequently takes place between calomel, opium, earths, acids, and alkalies, without the intention of the Practitioner. I need scarcely point out the necessity of directing the attention of the public to the risk they incur, by having recourse to unknown remedies. But this is not all,—who incurs the responsibility in the end? Certainly not the quack; he makes his escape. I will mention two cases, by way of illustration, which came before me last summer. Two children had diarrhœa for a few days, and I was called to attend them just at the time when serous evacuations commenced. I inquired who was in attendance. The answer was, "No one, but we gave this mixture." I refused to prescribe for these children until I could ascertain what had been given; at last I succeeded, and the cases did well; but if I had not succeeded in learning what had been administered, my own remedies coming immediately into collision with the preceding ones, might have accelerated the disease to a fatal termination.

Southampton.

ON A CERTAIN FORM OF CONGESTION OF THE SPLEEN.

By SAMUEL RHIND, M.R.C.S.

If the physiologist has long been in the dark as regards the functions of the spleen, the physician has been equally so as to its diseases, their symptoms, and treatment; and indeed it seems strange that greater attention has not been directed to these latter, for they cannot be infrequent when post-mortem examinations of the abdominal viscera so very frequently discover extensive degeneration of this organ.

Now that clearer views of the physiology of the spleen are dawning upon us, and for which the researches of Mr. Grey have done so much, it is greatly to be desired that the large opportunities afforded in our Hospitals of connecting previous

(a) In order to show that no dependence can be placed in the odour of the breath from taking prussic acid, I happened to be present shortly after a gentleman had taken about 3 drachms of that poison; and, although I kept my nose constantly over his mouth during the last expirations, which lasted about two minutes, I could not recognize the odour of the acid. To me, and I believe to another gentleman who was present, it resembled pine-apple. On making a post-mortem examination, the odour of prussic acid was perceptible on opening the thorax, and its presence was afterwards proved by chemical evidence.

symptoms and diseases with pathological changes in this organ may not be thrown away.

The symptoms to which I would draw especial attention, are those which I believe to indicate passive congestion of this organ occurring in connexion with disordered menstruation.

A young female consults you, complaining of general debility, which debility is especially characterized by an accompanying dull, heavy, aching pain in the left side, together with a sense of fulness in the painful part, whenever exertion is made. On further inquiry it will be found that the menstrual function is either excessive, deficient, or altogether absent.

The pain before referred to will be present in these cases in varying intensity, sometimes being very slight, at others severe, and in some cases often amounting to a most serious affection. In the severer cases it is accompanied with great depression, nausea, and coldness of the extremities, with a feeble pulse.

All the symptoms indicate that the pain has for its origin a passively congested spleen; its anatomical position is significant, the sense of fulness is suggestive of the extensile organ filling with fluid, while the nausea, faintness, and depression are easily referred to the pressure exercised by the enlarged viscus on the neighbouring organs of respiration, circulation, and digestion. The coldness of the extremities and feeble pulse are also very important in correcting the diagnosis, for they surely show that the extensile organ in question is filling at the expense of the systemic capillaries. This congestion is easily connected with the disordered catamenia, for if these latter are deficient, then a vicarious action would seem to be established in the spleen, the oppressed system seeks to relieve itself of its surplus fluid by determining to this organ in virtue of its vascularity and elasticity. On the other hand, if the menstrual discharge is excessive, debility ensues, the bloodvessels lose their tone, and again the spleen, by reason of its vascularity and dilatability, is the first organ to suffer congestion.

The splenic affection may, moreover, be coincident with the catamenial disorder, both depending on previous weakness.

There may also be a curious modification of the congestion; debility, resulting from fatigue, may be followed by passive splenic congestion, and thus, the blood being determined to this organ, the natural functional determination to the uterus may be consequently modified, or prevented altogether; and thus the latter comes to be a sequence of the former, weakness being causative of both.

Lastly, the tendency to splenic congestion may remain long after the catamenia are restored. Of this I have seen a well-marked case.

In all of these modifications an inquiry into the past or present condition of the menstrual function will reveal their true nature, and consequently their proper treatment; and it is to direct attention to this latter that I have communicated this paper; for, if the pain in the side is excessive, primary attention may be directed to it, and if then it is taken to indicate chronic inflammation or active congestion, and treated according to the antiphlogistic regimen, the most grievous results will follow; but, if its relation with the condition of the menstrual function be sought, and then, rest being enjoined, the affection of the latter treated, the splenic disorder will be found to relax, and presently disappear.

It therefore follows that wine and steel, freedom from fatigue, and the shower-bath are the proper remedies. The cold douche to the affected side would also be indicated.

To enforce these remarks I will give the brief particulars of a case. A lady of great energy having, some years ago, undergone excessive exertion, became greatly reduced in strength. This was followed by suppression of the catamenia, and coincident with this she had all the symptoms, before enumerated, of splenic congestion, but in a most distressing degree; there was also tenderness of the affected side. She was at first treated actively, with the hope of re-establishing the uterine function; but the side affection being so severe, it was taken to indicate inflammation of the spleen, probably implicating its peritoneal covering, though at that very time rest was accompanied with a total cessation of pain, and this latter was always relieved by food; leeches were accordingly ordered. This treatment was followed by the most extreme depression; faintness was caused by movement, and the sensation experienced was as if lead had been sewed in all round the bottom of the dressing-gown. The catamenia afterwards returned, but the splenic affection remained. She subsequently was treated by another Medical man, who ordered stimulants and support. Under this treatment she mended quickly, but the spleen was so weakened that any undue exertion caused a return of the congestion. Since then I have had the control of the case, and by the use of iron, quinine, attention to the digestive organs, and rest, the tendency to the disorder has been reduced to its minimum, and her wonted health in many respects restored.

Burley, near Otley and Ilkley, Yorkshire.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF GLANDERS.

(Concluded from page 112.)

TREATMENT AND CURABILITY OF GLANDERS.

M. Rayer, in his work, "*De la Morve et du Farcin chez l'Homme*," published in 1837, has the following respecting the mortality of the disease:—"Acute glanders in the human being has hitherto invariably terminated in death (one doubtful case being excepted); and in two-thirds of the cases the patients sank before the seventeenth day. Two died between the twenty-first and the twenty-eighth days, and one on the fifty-ninth. The latter case in its early part was one of farcy, the symptoms of acute glanders supervening, as sometimes occurs in horses, as the final phenomena." Mr. Percival, whose work dates eleven years later, and whose remarks confine themselves to the disease in horses, admits glanders to be quite incurable. We have not been able, after much search, to discover in recent experiences many facts in opposition to these opinions. The case of Mr. Carpenter's, published last week, is, we believe, an example of recovery from a form of glanders more severe than in any previously-recorded instance. The reader will see that from its narrative there seems good reason for believing that the mercurial course employed had a large share in the successful result. Mr. Wormald has mentioned to us two cases which occurred under his observation in St. Bartholomew's Hospital, in which recovery ensued under treatment by the iodide of potassium. These both happened some years ago, and we regret that we have not been able to obtain their particulars. Neither was, we believe, of the severest form, yet in each the disease was developing itself in increasing severity at the time the remedy was ordered. Mr. Wormald expresses himself as confident that in each case the remedy really was the cause of recovery; and the recommendation of so good a practical Surgeon ought to have much weight. It has already been remarked that glanders is a specific disease. Now, from the assertion of a specific pathological nature one not unreasonably infers the probability that the disease will have a specific remedy. A disease of such a class is taken out of the category of mere cachexiæ, and of those affections which, resulting only from general depravation of the fluids, require only a general tonic and stimulant plan for their treatment. Under these circumstances the fact that mercury and iodine, remedies of proved specific power against one disease resulting from an animal poison (syphilis), should appear to manifest like virtues in reference to glanders, is of a character which cannot but claim attention.

LONDON HOSPITAL.

ACUTE GLANDERS—DEATH ON THE TWELFTH DAY.

(Under the Care of Dr. PARKER.)

It is a curious fact, that even the suspicion of the possibility of the transmission to man of the disease, so long recognized in the horse as glanders or farcy, extends no further back than 1810. In that year, Waldinger, as M. Rayer informs us, first enjoined caution in the opening of horses which had died of glanders; he "having witnessed lamentable consequences from the accidental inoculation of discharges under such circumstances." From that time to the present, the collection of

evidence and facts relating to the disease has gone on accumulating, and we are now in possession of a very fair knowledge respecting its cause, course, symptoms, and events in the human subject. As to its treatment, it is generally admitted, both by our own profession, and by Veterinary Surgeons, that we know nothing. An example of the disease in its most fearful form, having been recently brought under our notice in the wards of the London Hospital, we shall take the present opportunity of briefly recording it, and also of placing by its side the more detailed particulars of two other cases which occurred about three years ago(a) :—

Thomas C., aged 46, a muscular, well-built man, by trade an ostler, was admitted on June 21, under the care of Dr. Parker. He was himself too ill to afford much information as to his previous symptoms, and only a very imperfect history of his illness could be obtained from those who brought him. Mr. Fox, one of the resident Medical officers, to whom we are indebted for these particulars, ascertained, however, that he had had under his charge a glandered horse, that he was believed to have inoculated himself, and that he had been ill about ten days. The disease had now become well marked. There was an offensive ichorous discharge constantly exuding from the nostrils ; the lining membrane of the nares was red and tumid; the whole face was swollen and bloated ; and the forehead, eyebrows, bridge of nose, etc., were in a condition resembling phlegmonous erysipelas, the skin being hard, tense, and brawny. Gangrene was commencing over the root of the nose, and, from the dusky appearance of the integument around the patch, looked likely to advance. The odour of the breath was peculiar and very nauseous. The extremities and trunk showed a rather copious eruption of ecthymatous pustules; in many parts there were subcutaneous indurations, neither very tender nor much reddened, varying in size from a walnut downwards. In some parts the skin itself had assumed, in small circumscribed patches, a peculiar yellowish-brown colour, looking much as if the cuticle had been tinged by nitric acid. The subcutaneous indurations just spoken of occurred especially in the neighbourhood of the joints of the lower extremities. The skin generally seemed tender, and he complained wherever touched. He was extremely feeble, but could talk and swallow apparently without pain. He was rational for the most part, and could answer questions, but occasionally rambled. The tongue was dry and furred.

The treatment now adopted consisted in the administration of wine and brandy. Free incisions were made into the brawny and swollen integument of the forehead. The knife did not appear to cause much pain, and very little blood flowed. In the course of the afternoon he rallied a little under the influence of the stimulants, the tongue became moister, and the skin acquired increased heat. The delirium when present was nowise fierce ; he made no attempts to get out of bed or to resist his attendants, but lay talking about his horses or other home matters.

On the following day the condition of things was but little altered. Large quantities of stimulants had been given, as wine, brandy, etc., and ammonia in decoction of bark. He had passed a sleepless night. More of the indurations in the subcutaneous cellular tissue had formed, and some appeared to have suppurated ; the sloughing of the skin on the forehead was extending. The discharge from the nostrils of yellow, tenacious mucus still continued, and the breath retained its nauseous odour.

About noon the writer saw him. There was nothing material then observed to be added to the descriptions already given. He could protrude his tongue, but could not answer questions. The skin was very hot and perspiring profusely ; the pulse was large, but so extremely compressible, that the slightest possible pressure extinguished its beat. The perspiration appeared, in some degree, to partake of the disagreeable smell of the breath. The poor fellow presented altogether a most loathsome spectacle. He was now evidently sinking.

Death occurred at 4 p.m. on the same afternoon. No post-mortem examination was made (b).

This case does not require anything in the way of comment. It is a good example of the course of acute glanders in man. We will here insert a few remarks on the

DIAGNOSIS OF GLANDERS AND FARCY, AND THEIR RELATION TO OTHER DISEASES.

It being admitted on all hands that there is no essential difference in kind between glanders and farcy, that they vary only in severity, and are producible in different individuals by the same poison, there appears no good reason why so confusing a nomenclature should be retained. Farcy is the chronic and less severe form of glanders; in horses it generally begins in the feet, and according, indeed, to a popular but most arbitrary classification, it differs from glanders in never having the nasal complication, which is so prominent a feature in the latter. The differential diagnosis founded upon the last-mentioned symptom can serve no useful purpose, and we cannot but think that great advantage would result if the term farcy were disused entirely, and that of glanders, qualified by the adjectives, *acute*, *subacute*, and *chronic*, alone retained. Respecting the value of the nasal symptoms the second case of Mr. Carpenter's, mentioned last week, is very instructive. It will be seen that the man had the constitutional symptoms of the acute disease fully developed, his nose and submaxillary lymphatics, however, not being affected ; and that the latter complication supervened quite late on in the case after recovery had commenced, and as if merely supplementary to the other phenomena.

Respecting the real nature of glanders, there can, we think, be no reasonable doubt. It is a specific disease, the result of the introduction into the system of a specific animal poison. The opinion maintained by Travers, that its phenomena are no more than the ordinary results of the absorption of dead animal matter, must be abandoned by every one who will carefully examine the facts since collected in reference to it. Excepting, perhaps, however, the nasal inflammation, it has no single symptom peculiar to itself; it is the combination and the course in which they are developed which give it its specific character. Its eruption resembles that of ecthyma, or boils ; from other constitutional causes, its subcutaneous abscess, the rigors, sweatings, etc., which follow, remind one of those of pyæmia, and in the phlegmonous inflammation of the parts adjacent to the inoculated spot, and in the great prostration which is rapidly induced, it displays features similar to those occurring after poisoned dissection-wounds. The occurrence of an ecthymatous eruption may follow other animal poisons than that of glanders. It is common, after the bite of the common adder, and may result from the inoculation of the matter of ordinary boils. An instance has quite recently been under the writer's observation, in which a man, in dressing a large carbuncular sore, from which his wife suffered, got his finger inoculated with the matter; and among the symptoms which followed, was a large crop of ecthymatous pustules in the extremities. Excepting that the one is acute, and almost always fatal, the other, slow in its stages, and spontaneously curable, syphilis and glanders present features of marked similarity. In both the inoculation of pus is required, in both the resulting disease is greatly modified by constitutional peculiarity, not only in severity, but in length of duration. Respecting the inferences to be made from this similarity in pathological character, as to the treatment most likely to be beneficial, we shall have to remark shortly.

ST. THOMAS'S HOSPITAL.

UNSUCCESSFUL RESULTS IN THE TREATMENT OF EPILEPSY BY THE COTYLEDON UMBILICUS.

[Cases under the Care of Dr. PEACOCK.]

Such widely-different and even contradictory reports have been published respecting the power of the cotyledon in cases of epilepsy, that we deem the recording of all evidence respecting it important. No large series of trials of it has been made in any of the London hospitals, but the four following

(a) See the *Medical Times and Gazette* for last week, page 109. The position of the cases in this series has been accidentally reversed.

(b) The prudence which declined making a post-mortem inspection in this case is surely praiseworthy. Two cases are on record in which the disease was transmitted by contagion from man to man, and in both, if our memory is correct, (in one we are certain,) there had been no perceptible lesion of surface in the recipient. One occurred to a Paris Medical Student who made an autopsy on a man who had died of glanders in La Charité, and the other to a nurse in St. Bartholomew's who had had the charge of a fatal case of that disease. Both ended fatally. That the poison may be transmitted by absorption, through the skin, is almost certain, and that even aeriform infection is possible is believed by some authorities.

cases, which have just been treated by it in St. Thomas's, constitute a quota of fact which must not be neglected. In all the treatment was very carefully conducted, and, as the subjoined statements respecting them are necessarily very much abbreviated, it may be well to state, that the detailed notes show conclusively that in all the disease increased rather than otherwise under it.

Case 1.—*Liability to Epilepsy for six years.—Two months' trial of the Extract of the Cotyledon.—No benefit.*—Thomas Byrnne, aged 13, was admitted as an in-patient on Oct. 4. He was a boy of somewhat heavy aspect, and had been subject to epileptic fits for six years. The occurrence of the paroxysms had been very variable as to frequency, sometimes being daily, at others being absent for periods of three weeks or more at a time. Giddiness was usually the symptom premonitory of an attack; sometimes he would utter a loud cry, and fall down quite unconscious; at others the loss of sensibility would be only partial. His appetite was good and bowels regular.

Dr. Peacock commenced the treatment by the exhibition of sulphate of zinc in two-grain doses, in infusion of valerian, three times daily. The remedy was gradually increased in dose until it amounted to a scruple, and was continued up to Nov. 21. No benefit was apparent, and during the last week of the treatment the fits had been of daily occurrence. A fortnight's interval having been allowed without medicine, the cotyledon was prescribed on Dec. 12. It was first given in two-grain doses, then in four, and ultimately in twelve, thrice daily. The fits continued throughout its use to recur just as before, and after a patient seven weeks' trial it was abandoned, and the lad allowed to return home, being in the same condition as when admitted.

Case 2.—*Epilepsy.—Three months' trial of the Extract of Cotyledon.—Aggravation of Symptoms.*—William Parnell, a small, delicate boy, aged 9, came first under treatment as an out-patient on Sept. 14, 1854. He was stated to have had fits when he was five weeks old. He did not again suffer for three or four months, and continued occasionally to have them till he was three years of age. He then had them more frequently, and had continued subject to them ever since. They generally occurred about once a fortnight, and when he had the attacks they continued to recur at frequent intervals for ten days, when they again ceased for an interval of about a fortnight. When about to be seized he felt a peculiar sensation in the epigastrium, which rapidly extended to the throat,. and he then became insensible and convulsed. He also suffered from itching at the anus. The treatment then adopted, consisted in the exhibition of the sulphate of zinc in the infusion of valerian. The dose of the zinc was at first two grains, three times a day, but during the course of two months it was gradually increased up to fourteen grains, in which quantity it occasioned nausea, and had to be discontinued. The effect seemed to have been on the whole beneficial; the paroxysms which at first had averaged eight or nine daily having diminished latterly to two or three. In consequence of the boy complaining of irritation about the anus, worms had been suspected, and a dose of turpentine given, but without the expulsion of any.

The use of the zinc was discontinued on Nov. 21st, and that of the cotyledon commenced on Dec. 7th. The latter remedy was continued in four-grain doses, three times in the day, until January 4th, when its dose was increased to six grains. No obvious effect had been produced by it.

During the week ending the 11th, he had fourteen fits. The cotyledon was increased to eight grains. In the week ending the 18th, he had eight fits, and in that ending the 25th seven fits. The cotyledon was given in the dose of ten grains. In the week ending February 1, he had five fits. The cotyledon was raised to twelve grains. In the following week he had seventeen fits. The dose of the cotyledon was continued on the 15th. He had had only one fit during the previous week. The cotyledon was now discontinued. No improvement had taken place during its use, nor had any physiological action been manifested. The only symptom observed was some pain and difficulty in making water, but this had previously been noticed, and continued after the drug was discontinued, though to less and less a degree than when it was taken. His mother thought he was better while under the use of the sulphate of zinc, and therefore, after a month had elapsed, during which he was left without any specific treatment, and the fits continued to recur much as before, the sulphate of zinc was again given, and continued from the 22nd of March to the 24th of May, the dose being increased during this time to the extent of eighteen grains three times a day, but without any material alteration. He then ceased attending.

Case 3.—*Four years' liability to Epilepsy.—Slight benefit from the Sulphate of Zinc.—Three months' trial of the Cotyledon.—No benefit.*—W. C., aged 15, was admitted an out-patient of St. Thomas's Hospital, under the care of Dr. Peacock, in the month of November, 1854, suffering from epilepsy. It was stated that he had had fits during infancy, but they had ceased and he continued free from them, though suffering from "fulness of blood in the head," till four years before the time at which he applied at the Hospital. He generally had from five to seven attacks each week, and had occasionally had as many as fourteen, but sometimes he was entirely free from them for intervals of from three to six weeks, and they then recurred more numerously and severely than usual. He stated that he felt dizzy for a minute or two before the fits came on. He had a fatuous expression of countenance, spoke hesitatingly, and had a large head, After having taken some aperient medicine he was directed to take the sulphate of zinc in infusion of valerian, three times a day, commencing with doses of two grains and gradually increasing them to fourteen grains. On the 22nd of March, 1855, though he had the fits somewhat less frequently and severely, he had experienced no decided benefit; he was, therefore, directed to take the cotyledon in doses of two grains, three times daily. On the 29th he had had only one fit during the previous week, and the cotyledon was increased to four grains. In the week ending April the 5th he had two fits. The cotyledon was directed to be given in doses of six grains. In the week ending April 12, he had been entirely free from the fits; the cotyledon to be given in doses of eight grains. In the following week he had four fits. The cotyledon was increased to ten grains. In the week ending April the 26th he had three fits, and one of these was stated to have been more severe than any which he had had since the commencement of his attendance at the Hospital. The cotyledon was directed to be taken in twelve-grain doses. In the week ending March the 7th he had seven fits, all unusually severe. The cotyledon to be given in doses of fifteen grains. On May the 10th he was stated to have had four fits during the previous week, two severe and two slight. To take twenty grains of the cotyledon for a dose. In the weeks ending May the 17th, 24th, and 31st he had no fits, and the cotyledon was increased, first to twenty-five and then to thirty grains, three times daily; but it was afterwards ascertained that these doses were only taken for four or five days during each week, when, in consequence of the supply being defective, he was without any medicine for the other two or three days. In the week ending June the 7th he had two fits, and in that ending June the 14th nine fits, though during the whole of this time he has been taking half a drachm of the cotyledon three times a day. He then stated he did not consider himself any better, and ceased attending. During the time he took the cotyledon his bowels were generally confined, so that he required occasional aperients; his appetite was at all times defective, but he digested food fairly and had no pain, sickness, dyspnœa, or other symptom which could be referred to the action of the remedy.

Case 4.—*Recent Liability to Epilepsy.—Three months' treatment by the Cotyledon.—No benefit.*—Edward Pugh, aged 13, was admitted an out-patient of St. Thomas's Hospital under the care of Dr. Peacock, on the 4th of January, 1855. He was a pale delicate-looking boy, and suffered from difficulty of breathing, cough, and other symptoms of affection of the chest. During the first week after his attendance he had five decided attacks of epilepsy, and it was then ascertained that he had for some months been subject to sudden fainting-fits, and had always been in the habit of "working his face about." In the week ending March the 1st he had five fits, in those ending March the 8th, 15th, 22nd, and 29th, nine, fourteen, seventeen, and four fits respectively. During this time he had been taking quinine and iron, with an anodyne for the relief of the cough. On the 29th of March he was directed to take four grains of the cotyledon three times daily. In the following week he had thirteen fits, one very severe, lasting two hours; the cotyledon was increased to six grains. In the week ending April 12th, he had eleven fits; the cotyledon was directed to be given in doses of eight grains. In the week ending April 19th the fits were ten in

number; ten grains of cotyledon were to be taken for a dose. In the week ending the 26th he had seven fits; the cotyledon was increased to twelve grains. In the week ending May the 3rd he had five fits; fourteen grains of cotyledon were directed to be taken. In the week ending the 10th he had four fits; the cotyledon to be increased to eighteen grains. In the following week he had two fits, and the dose of the remedy was raised to twenty-two grains. In the week ending May 24th he had three fits; the dose of cotyledon to be twenty-five grains. In the week ending May 31st he had five fits, and in that ending June 7th, ten fits, the dose of cotyledon being continued at twenty-five grains. In the last week the fits were of unusual severity, and in some of them he continued two hours. The dose of cotyledon was increased on June 7th to ʒss., and in the following week ending June 21st he had six fits. After this, as there was no apparent remedial power exerted by the drug, it was discontinued, and he was placed upon the oxide of silver. In the three following weeks he had six fits, one fit, and ten fits respectively. During the time he took the cotyledon he required occasional aperients, but no other obvious symptoms resulted from its use.

The extract used in the above cases was proposed by Messrs. Pigeon, and the dose usually exhibited was from 3 to 6 grains three times daily. In all the cases, the greatest care was taken to detect any effects which might result from the use of the medicine, and in none were any symptoms observed which could be referred to its action, though, in the two last cases, the doses employed were very large, and the medicine was tried for several weeks. In one case, the increase of the dose corresponded with a temporary improvement in the patient, by being for three weeks without any fit, though generally they had occurred in greater or less number every week; but a perseverance in the use of the medicine showed this improvement was only coincident, the fits again recurring as frequently and as severely as before; and it was further ascertained that similar cessations had previously been observed for even a longer period. In the three cases, which had before been treated with the sulphate of zinc, the patients and their friends all considered that they were better while under that treatment than when the cotyledon was exhibited.

ST. MARY'S HOSPITAL.

ABSCESS BY THE ANUS IN A PHTHISICAL PATIENT.—QUESTION AS TO OPERATION.

(Under the care of Mr. COULSON.)

The occasional occurrence of cases in which abscess in the neighbourhood of the lower part of the rectum and consequent fistula, is complicated with tuberculous disease of the lung, it is well that the Surgeon should not forget, and this is one instance out of many which might be adduced, to show that Medicine and Surgery must go hand in hand, that the Surgeon must not despise the knowledge or pursuits of the Physician, as by so doing he will shut himself out from many valuable acquisitions, in the shape of information, and will have a very imperfect general idea of the bearings of many of the cases submitted to his treatment. Fortunately, there is now much less cause for dwelling on this subject than existed some years ago; the well-educated Surgeon is no longer unacquainted with medicine, and the diseases which now properly fall under the eye of the Physician, and is alive to the influence which an organic disease of the internal organs will have on the issue of a case when, under other circumstances, he would be inclined to look for a certain cure, and would proceed to operation or other procedures without hesitation.

Abscess and fistula connected with the rectum was formerly supposed to be especially frequent in phthisical subjects, until the employment of the numerical method as applied to this subject by those highly-gifted observers Andral and Louis, showed results not in consonance with the generally received idea on the subject. The strictness with which Louis observed and analyzed his observations, can leave no doubt as to the fact that, in the cases which came under his notice, the co-existence of anal fistula and phthisis was very rarely observed. Still cases are in this country not unfrequently met with in Hospital and private practice, in which the two things are combined, and the following is an instance of the kind.

William H., aged 29, married, a private in a militia regiment, was admitted into St. Mary's Hospital, May 25th, 1855, under the care of Mr. Coulson.

The patient was born in Cerigo, one of the Ionian islands, and resident there for some years. He has had three children, all of whom are dead. His health was pretty good up to six months ago, when he began to cough. The cough has continued ever since, and he has lost flesh, perspired a good deal at night, and become generally weaker than he used to be. There has been occasional hæmoptysis, always, however, trifling in amount, and flying pains about the left side of the chest. One month ago pain was felt at the lower part of the rectum, which has continued up to the present time, and has been a source of great inconvenience to him. There is now a swelling on the left side of the anus and close to it; the skin over it is somewhat red and tender to the touch. On examining the state of the chest it was found that the subclavicular region was very dull on the left side, and duller than it should be on the right side. On the left side at this situation cavernous respiration was heard, and on the right side the respiration was harsh and divided in character. The other physical signs, together with those, indicated the existence of extensive tuberculous affection of the left lung, and to a less degree of the right. This being the case it was considered advisable to do nothing at present but apply a linseed-meal poultice to the anus and give a slight opiate at night, a generous diet being at the same time ordered.

On the 30th of May the abscess at the anus had increased in size, and the skin over it was beginning to crack. Mr. Coulson then opened the abscess with the bistoury, and a tolerable quantity of purulent liquid was evacuated. The patient was ordered to take five minims of tincture of opium with dilute nitric acid and bark mixture three times a day.

June 3rd. The expectoration is a little bloody to-day. In other respects the man is better; there is considerable discharge from the rectum, but no pain there.

June 14th. The man continues much the same as regards the fistula at the anus; the discharge is pretty constant in quantity. He is weak and coughs a good deal, but less than he did when admitted into the Hospital. It is considered by Mr. Coulson advisable that he should go into the country for change of air, any operation for the cure of the fistula being at all events for the present unadvisable. Discharged accordingly.

LONDON HOSPITAL.

POPLITEAL ANEURISM SUCCESSFULLY TREATED BY COMPRESSION.

(Under the care of Mr. ADAMS and Mr. WARD.)

G. C., aged 31, healthy-looking, muscular, and of temperate habits, was admitted into Talbot Ward, January 16th, 1855. The patient states, that at the age of 20 he had an attack of bilious fever, and has since suffered from rheumatic pains in his joints. He has been accustomed to a good deal of horse exercise, and has frequently received severe falls. He has suffered only one injury to the right knee, viz., a laceration upon the anterior part, produced by a kick from a horse.

During the past three months he has been treated for rheumatism of the right leg, the calf and ankle of which have been slightly swollen and very painful, especially when progression was attempted; but not until a week before admission was the pulsating tumour in the ham detected.

January 17th.—(Present condition.)—The patient has rather an anxious countenance. His pulse is regular, soft, 84. The heart and lungs appear to be free from disease. The right leg and ankle are swollen, in comparison with the left, but they do not pit when pressure is made. In the lower part of the right popliteal region is a smooth, rounded, pulsating tumour, of about the size of a small orange. When the femoral artery is compressed over the pubes, the tumour ceases to pulsate, becomes partially emptied of its contents, and its walls feel comparatively thin. The ear applied, through the medium of the stethoscope, to any part of the knee-joint, detects a loud bruit de soufflet. The circumference of the right knee, measuring about a quarter of an inch below the patella, is 14 inches, that of the left 12¾. He was ordered full diet, without beer.

19th.—The thigh and groin having been shaved and dusted with flour; compression was commenced, simply by means of a common four pounds' meat-weight and small compress,

applied on the femoral artery over the pubis, the patient being directed to use slight pressure; having been previously instructed, in as familiar language as possible, as to the nature of his complaint, and the principle of the proposed method of treatment, and the mode of carrying it out.

21st.—A seven pounds' weight was substituted for the four pounds' one, which did not seem sufficiently to control the pulsation.

22nd.—The weight has been assiduously applied during each day, but has been discontinued during the nights. The patient feels "a sensation of hot water" over the skin of the knee, and inner side of the thigh. Temperature of the right knee higher than the left. Walls of the sac are decidedly more solid.

23rd.—Ordered inf. digitalis ʒi. ter die.

25th.—No tenderness or redness of the skin in the groin. The weight, when properly applied, perfectly controls the pulsation. Superficial veins of the thigh and leg rather congested. Suffered much pain in the calf of the leg last night. Biggs' compound clamp tourniquet is applied (alternately with the weight) to the femoral artery, at the lower part of Scarpa's triangle.

26th.—Is suffering from numbness of the right knee, and has frequently a sensation of hot water on the surface of the leg.

January 28th.—Complains of a "gnawing sensation in the right leg," and numbness of the knee and inner side of the thigh.

29th.—A small artery can be felt pulsating upon the inner side of the knee, just above the condyle.

31st.—Tumour much harder; has frequently the sensation of boiling water on the surface of the leg. The knee feels quite dead.

February 4th.—Has occasionally gnawing sensations in the calf of the leg.

6th.—Temperature of right knee, 98° Fahr.; left, 96°.

8th.—When the femoral is compressed, a small artery can be distinctly felt, running in a vertical direction over the centre of the aneurism. Walls of the sac harder. The clamp instrument is used alone, without the weight, its position being shifted when any tenderness is felt. The integument in no position is inflamed.

February 12.—The tumour is exceedingly hard, and is not altered by compression of the femoral artery; pulsation in it is very slight.

13th.—Pulsation in the tumour has entirely ceased, and another artery, of rather large size, can be felt beating on its outer side. The clamp, for the time of cure, was kept on for a short time every day during the week after the cure, at the end of which time the man left the Hospital, the limb having been previously carefully bandaged.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 21.—Antiquity of Clinical Medicine.

To the Editor of the Medical Times and Gazette.

Sir,—As I think the following contains a suggestion of ome value, both to Students and Practitioners, I copy it for your Journal. I am, etc. J. D.

"La Clinique est la démonstration de la médecine au lit même du malade. On fait remonter le premier enseignement clinique à l'établissement des hôpitaux à Alexandrie et à Bagdad; mais la clinique est beaucoup plus ancienne; en effet, Hippocrate se faisait accompagner de quelques disciples, qu'il laissait chez les malades pour exécuter ses ordres, et lui rendre compte de ce qui pourrait se passer pendant son absence. Or, l'enseignement qu'il leur donnait sur lieu était un véritable enseignement clinique. . . . . Enfin les vers de Martial à Symmaque prouvent assez, non seulement l'existence, mais encore l'état de la clinique dans ces temps reculés:—

'Langûebam; sed tu comitatus protinus ad me
Venisti centum, Symmache, discipulis:
Centum me tetigere manus aquilone gelatæ;
Non habui febrem, Symmache; nunc habeo.'

"Que cette dure leçon ne soit pas perdue, même aujourd'hui, et que nos rudes percuteurs veuillent bien se rappeler que les lois de l'humanité bien entendues exigent impérieusement qu'on ait, même dans les plus petits détails, les plus grands et les plus constants égards pour les malheureux qui viennent avec confiance chercher des secours dans nos hôpitaux."—Auber, "Traité de la Science Médicale." Paris, 1853, p. 321.

No. 22.—Sulphuric Acid in Cholera.

Sir,—An instance occurs to me from miscellaneous reading, which affords an interesting confirmation of the truth, that many apparent novelties in Medicine are but revivals or more extended applications of facts forgotten or not generally known. I refer to the closing scene in the career of the enthusiastic and enterprising traveller, John Ledyard. In 1788 he was sent out, under the auspices of Sir Joseph Banks, to prosecute researches in central Africa. While at Cairo, on the eve of accompanying a caravan to Sennaar, we read that he was attacked by a bilious complaint, analogous, no doubt, to what we understand by simple cholera. In his anxiety to be cured as speedily as possible, so as not to lose the opportunity on which his heart was fixed, his biographer informs us that he took so large a dose of "the common remedy, vitriolic acid," as to produce a fatal issue; and Ledyard perished, a victim to his zeal. Here we have, seventy years ago, a distinct though undesigned recognition and anticipation of a supposed discovery of our own day. I am, etc.

S. H. G.

No. 23.—Case of Supplementary Mammæ.

Sir,—If the following case possesses sufficient interest, pray give it a corner in your "Notes." A few weeks ago I attended a farmer's wife in her fourth confinement. All went on well until the sixth or seventh day, when I was asked to look at a tumour in each armpit. Supposing they might be inflamed glands, there being some fulness of the breasts, I did so. On examination, however, the said tumours were not in the axillæ, but midway between the mammæ and armpit of each side. On feeling them, they gave the idea of a mass of veins or ducts; and, on gentle pressure, clear milk exuded freely from innumerable pores, no larger than those of the sweat-follicles. They were evidently composed of the same structure as the true mammæ, but were quite distinct from them, and separated by a space the breadth of two or three fingers. There was no trace of a nipple. Their size that of half a large orange. Have any of your readers, who have chanced to meet with supplementary mammæ, noticed the absence of the nipple, and the opening of the lactiferous ducts upon the skin, in this way? I am, etc.

Worcester. Wm. Strange, M.D.

P.S.—The substances here noticed had existed in all her previous pregnancies, but had not attracted much attention.

ANSWERS.

To Query No. 5.—Nitric Acid and Sulphur.

To the Editor of the Medical Times and Gazette.

Sir,—In answer to the query, Does any chemical reaction take place in a mixture of nitric acid and sublimed sulphur, such as is now used as a cauterizing application, I may state—1st. That the Manuals make no mention of any decomposition under the circumstances. 2nd. That in the opinion of several chemists whom I have consulted, no change ensues. 3rd. In my own experiments I have been unable to detect any trace of sulphurous or sulphuric acids, the compounds most likely to occur, even after the paste has been made some days.

It is probable, therefore, that any advantages which it may possess, are due to the mode of the application of the nitric acid. I am, etc. Ξ

34, Finsbury-circus, July 24th, 1855.

To Query 16.—Operation for Hare-lip.

Sir,—The practice of procuring union in cases of Hare-lip by the simple suture without the use of pins, has, during the past session, been very successfully adopted in several cases at University College Hospital by Mr. Erichsen, not only in single but also in double hare-lip, with great prominence of the intermaxillary bones.

In all the cases Hainsby's cheek compressor was used. This simple instrument effectually removes tension from the lip, and prevents any traction on the sutures when the child screams or cries. It thus renders the use of pins unnecessary, Without it there would be great risk, particularly if the fissure

were double and the child strong, of the sutures cutting their way out before union could be effected.

In all the cases Mr. Erichsen used three sutures of twisted silk; they were left in for above three or four days, then removed, and the lip covered with collodion. There was less scarring than usually follows the cure of hare-lip by the twisted suture, over which the plan now recommended has the additional advantage of simplicity. The youngest child operated on was six days old, the oldest eighteen months.

I am, etc. U. C. H.

Medical Times & Gazette.

SATURDAY, AUGUST 11.

DIFFICULTIES OF HOMŒOPATHY.

In our late articles on this subject we have given specimens of the genuine doctrines of Homœopathy, drawn from the original writings of Hahnemann; and we have done so with the purpose of showing how utterly incompatible they are with the science of Medicine as taught, believed, and practised in all civilized countries. They are not opinions that can be held along with Medicine in any way whatever. They do not relate to details about which men may reasonably differ, nor points which may be settled by an appeal to further experience. But they ignore the whole foundation of Medicine, and set aside the facts accumulated during centuries in favour of mere flimsy, unsubstantial dreams, which a very short analysis shows to be inconsistent with the experience of every-day life.

So that when we hear of Dr. James Schielenblick, M.D., or Mr. Doppel, M.R.C.S., those thriving Practitioners and most amiable men, who profess to "understand both systems," and to treat their patients Homœopathically or Allopathically (whichever they please, so as they pay their money), we must not lose sight of the amount of change which the mental faculties of these honest gentlemen must undergo, as they wend their way from one patient to another. Lady A., a devotee of the old calomel school, complains of bile and gouty feelings all over her. "Yes, your ladyship, the secretions are terribly wrong. I fear we must trouble your ladyship with a little dose of calomel to touch up the liver and relieve your system of the superfluous bile. You will be well to-morrow." Mrs. B., a votary of the new school, complains of the self-same symptoms. "Ah, my dear madam, how absurd to talk of secretions, as if they could be the causes of illness! You have a dynamic aberration of the vital principle; take Bryony 3 globules, 10th dilution, alternately with Nux, and you will be well in less than ten days." In one house, our honest friend professes to remove what he considers the cause of the malady; in the other he believes that maladies have no material cause at all. In the one case he sets to work to alter the composition of the blood by material agents; in the other he acts on the theory that disease and remedies are alike inscrutable essences which neutralize each other, but yet have no material existence whatever.

"The old school," says Hahnemann, "regards the solids and fluids, which have become changed by disease, as exciting causes of disorder." "Hence the practice of evacuating bile; hence vomits and purges are prescribed." But in vain. "For the evil has an immaterial cause, whose origin is dynamic, and it can only be destroyed by dynamic power."

Can anything show more clearly, not merely the absurdity of the homœopathic doctrines themselves, but their utter and irreconcilable antagonism with rational medicine?

Let us still further show on what a slender prop the entire homœopathic fabric is sustained. One of the two very axioms of the system is, the doctrine of the dynamic and immaterial forces of medicines. The other is, the immateriality of disease. Now, the Homœopaths are committed to the immateriality of their medicines. Their billionths and decillionths of a grain of medicines produce notoriously none of the ordinary physical effects of the drugs which they are alleged to contain. It is the dynamic, inscrutable, immaterial force which is contended for.

Now if diseases were really the mere immaterial aberrations which the Homœopaths pretend, there would be some plausibility in the argument that one immaterial essence in the shape of a remedy might fight it out with another which constituted the disease, and get the victory; difficult as it may be for the human understanding to conceive of such a proceeding. But, alas! our "too solid flesh" is a substantial evidence against such vagaries. We are but too painfully conscious in many cases of the existence within us of morbid matters that make the skin sallow, the spirits dull, the temper a whit too irritable; that make the head heavy, or the joints stiff, or the loins weak, and from which we may be all of a sudden relieved by some nicely-chosen purgative. This fact, which our own sensations teach us, is confirmed most abundantly by modern pathological experiments.

We know, unhappily, too well, how maladies of the zymotic class can be created; whether with Henry Lee we inject putrid pus into the veins of animals; or whether that liquid finds its way into the vessels through injury or disease; or whether we confine many sick and wounded persons in small ill-ventilated Hospitals, where every breath is tainted with putrid emanation; or whether the accoucheur who has been visiting a case of puerperal fever incautiously approaches the lying-in woman; or whether the wear and tear of the tissues is augmented by cold and fatigue, faster than new material can be assimilated, or the débris of the old be discharged; or whether the blood be over-loaded with combustible matter—ale, port wine, and venison,—ready for mischief on the application of the right exciting cause; or whether a particle of some virus, syphilitic or variolous, be introduced into the blood, or the air or the water be tainted with matters that have been sacrificed to Cloacina; in any and each of these cases, whether it be pyæmia, purulent deposit, erysipelas, hospital gangrene, puerperal fever, rheumatism, scrofula, gout, syphilis, small-pox, or typhoid fever that is generated, we are as perfectly confident, as observation and induction can make us, that a physical agent introduced into the body produces a physical alteration in the state of the blood, which is the sum and substance of the malady in each respective case. The Physician, in the absence of any direct antidote, acts upon the common-sense indication of supplying good materials for assimilation,—wine, soup, bark—with one hand; and of gently getting rid of the perilous stuff with the other; and uses material remedies for both purposes. But how can the Homœopaths pretend that a dynamic subtilty can counteract a substantial cause? Will the *olfaction* or *exhibition* of any globule whatever be of avail?

Now, here we may give the Homœopaths a fair challenge. If diseases are dynamic aberrations of a spiritual abstraction, capable of being extinguished by the dynamic virtues of certain substances which produce similar symptoms in the healthy, why do not they set to work seriously to extinguish a few cases of pyæmia or typhoid?

We profess only to guide and control the processes of disease; they assert that they can extinguish disease in its very essence: we do not pretend to have antidotes or specifics; homœopathic remedies, if they have any force at all, must be both. It were high time, then, that their powers were tested.

But it is quite impossible to accept at the hands of the

Homœopaths any statements in the form of comparative results. As we have endeavoured to show already, Medicine and Homœopathy are systems repugnant at all points; and, as we shall take a future opportunity of showing, all pathology and morbid anatomy are repudiated by the Homœopaths. With them diseases are collections of symptoms, indicative of immaterial aberrations; therefore, there can be no sort of evidence whether what they call disease is disease really, or a spurious set of imitative symptoms. Moreover, we never can be sure what medicines they do administer. As to their globules, they are sugar, and nothing else; but they occasionally contrive to slip in a sly dose of calomel, or morphia, or some concentrated drug, if they can do so without detection. Besides this, they occasionally have the impudence, when compelled to do so, to use ordinary remedies, of a palliative character, although it is the most vital part of their creed that such remedies should never be resorted to, and that it is an utter impossibility that such remedies can ever be of service.

For instance, we knew a Homœopathic Practitioner who sprained his ancle, and got it inflamed. But did he trust to the dynamic virtues of arnica? Not at all; he applied leeches and took a seidlitz powder, remedies which Hahnemann absolutely condemned, and which no honest believer in his system could dream of! So, in the case of diarrhœa and cholera, maladies attended with great pain and alarm, for which the patient naturally demands something that shall afford palpable relief, the popular homœopathic remedy is an alcoholic solution of camphor. Doubtless, camphor is warm and stimulating, and gives relief to some uneasy sensations; but is it homœopathic to cholera or diarrhœa?

Never was the slipperiness of the Homœopathic crew better exemplified than in the "Returns relative to the Treatment of Cholera" at the Homœopathic Hospital, which were sent to the Board of Health, and very properly ignored by that body, and which have since been asked for in the House of Commons by Lord Robert Grosvenor, and published for the edification of himself and persons of similar mental infirmity. We must state broadly, that we are perfectly unable to place the slightest reliance on any Homœopathic return whatever; and that it is manifest that many cases are described as cholera *without collapse*, which in the hands of Physicians would not have been called cholera at all, but severe or choleraic diarrhœa. But, on looking over the treatment, what do we find? In about half of the cases of diarrhœa, we find mention made of veratrum, mercurius corrosivus, arsenicum, cuprum aceticum, acidum phosphoricum, helleborus niger, and so forth; remedies truly homœopathic, and which, assuming that they are given in the usual infinitesimally small doses, could do neither good nor harm. But, in the cases of cholera! camphor in considerable doses every five minutes, for one, two, or three hours! chloroform warm bottles! Are these homœopathic remedies? What, dose of chloroform will cause cramps? what quantity of hot bottles will produce icy coldness?

Let any one who knows Hahnemann's opinions on the effect of one medicine in counteracting that of another, say what he thinks of the case of a patient admitted into the Homœopathic Hospital at 6 a.m. on August 14th, and dying at 3 p.m. the same day; between which hours his treatment is thus chronicled:—

"Camphor, chloroform, arsenicum, veratrum, acidum hydrocyanicum, carbo vegetabilis, digitalis."

Now let the votaries of the *materia medica pura*, the believers in the immaterial and inexpugnable dynamic virtues of drugs, the disciples of the man who denounced all palliative (or, as he called it, *antipathic*, or *enantiopathic*) treatment, and who denounced all admixture of drugs in prescriptions; the people who say that camphor is an antidote to all other medicines, tell us what they think of such treatment.

No one can examine Homœopathy without being speedily conscious that as it is inconsistent with all human knowledge, so is it with itself, as this absurd report most abundantly testifies.

Let us remark, that the very word *zymotic* is a stumbling-stone to the Homœopaths. Every educated reader of the Registrar-General's Reports knows that it is used to denote the class of diseases such as small-pox, in which a small quantity of poison introduced into the blood acts like leaven in a loaf, changes the properties of the whole mass, and most probably produces out of it a larger crop of a substance capable of working the same series of changes. But Homœopathy repudiates the doctrine of ferments, just as it does that of material causes of disease. "When a material substance," says Hahnemann, "introduced into a wound, has propagated disease by infection, who can prove that the slightest particle of this material substance penetrates into our liquids or becomes absorbed?" "Physicians maintain," he says, "that certain very minute contagious principles act upon the body as a ferment, bringing the humours into the same degree of corruption with themselves." He so strongly denounces the absurdity of such an idea, that it will be impossible for his followers ever to admit of zymotic diseases. The yeast plant had not been discovered in Hahnemann's day; and it is impossible to tack on any fresh discovery, to a system which affects to be complete in itself *ab initio*, and whose very first axioms are irreconcilable with all that science has done in the last sixty years.

LONDON SCHOOLS—MEDICAL EDUCATION.

We beg to direct attention to a Memorial which we publish in our present number, at page 147, addressed by the Medical Officers and Lecturers of the Middlesex Hospital to the Court of Examiners of the Royal College of Surgeons of England. An address almost identical has been presented to the Court of Examiners of the Apothecaries' Society.

Although the Memorial speaks for itself, it may nevertheless be advisable to offer a few observations upon the serious defects in Medical education which the authors of the Memorial are desirous of pointing out to the authorities, and which they are anxious to correct.

Under the present system, a Student who enters to a Medical School may study or not, as his tastes direct him; and at the end of each course of Lectures he demands a Certificate of attendance almost as a matter of right, with which document he proceeds to the College or Hall to try his chance at the Examination, where, if not plucked, he is passed, and sent forth an incompetent Practitioner into the world.

Now, it is justly urged by the Memorialists that a scheme which allows a young man to idle away his time for three years, and then, by cramming in a little anatomy from a *grinder*, to present himself for examination before the constituted Boards, must be a rotten one; and that some means ought to be adopted for the protection of the public, and for the honour of the Profession, against so lax a system.

The Memorialists therefore recommend that the Certificates of attendance should be so modified as to give to the Lecturers a certain control over Medical education, by empowering them to specify not only that the Student has mechanically attended the Lectures or *walked* the Hospital, but that "he has really and *bonâ fide*, to the satisfaction of his teachers, profited by the instruction furnished to him."

It is almost unnecessary to state that in our opinion such

a modification of the Certificates is most desirable, and that such a control over Medical education intrusted to the teachers of the Metropolitan and Provincial Schools would save much expense and anxiety to parents, and much future misery to the Students themselves. It would also obviate the very great evils of *grinding*, and would render the passing or rejection of a candidate before the Examining Boards much less a matter of chance or good luck than it necessarily is at present.

The only obstacle, we fear, to the carrying out of this very beneficial change is to be found in the excessive competition—although to this we owe, probably, much of their excellence—among the Schools of Medicine. The laxity of the present system suits the idle habits of a certain class of Students, who congratulate themselves upon the idea that at the end of their three years' study, the *grinder* will help them to deceive the Examiners, and, we may add, to cheat the public.

We think, however, that the teachers of the Middlesex Hospital Medical School deserve the gratitude of the Profession for the step which they have taken; and although we fear that it may be some time before all the other Schools follow so creditable an example, yet we cannot but wish that at least all the larger educational Medical establishments would introduce a real system of Medical training, and thus obviate the very great and growing evils to which we have referred.

THE METROPOLIS LOCAL MANAGEMENT BILL.

Perhaps no one is so well qualified to characterise the objects of this measure as its author, Sir Benjamin Hall, who, on the day of his re-election for Marylebone, had the gratification of quoting it to his constituents as the successful labour of his eleven official months at the Board of Health. The remarks to which we refer were made after the Bill had been carried successfully through the Commons, and read a second time in the Lords, and when there was the hope that the Bill would immediately become law:—

"We shall supersede irresponsible Commissioners; we shall abolish elected Boards; we shall do away with a great many of those officers, such as Surveyors and Collectors, almost countless in number at present, who have lived on taxes levied on the people. We shall give those municipal institutions to parishes which the Metropolis has so long desired, without all the expense of Mayors and Common Councilmen."

This great measure has a special claim on our attention, on account of the sanitary purpose in which it originated. Sir Benjamin Hall had just stated that he was determined, on the merciful abatement of the cholera, to direct his attention to the state of the Metropolis. He knew that unless great, speedy, and radical changes in the constitutions of its local affairs were effected, it was utterly hopeless to expect that the Metropolis would have the benefit of good local management. Being "hardened" against the opposition which he had to anticipate from parties whose vested rights it was necessary to oppose, he determined on a course by which that opposition would be incurred, and he has ventured to incur it accordingly, but with most triumphant success.

It would be premature and hazardous to assert that this measure will overcome all the evils against which it is directed, or accomplish all the good which its author designed; it may be found, when brought into operation, in need of some emendations to add to its efficiency and facilitate its operation; but these corrections can readily be made, and new powers can be easily added as experience may demonstrate their necessity. In making this observation, we are conscious of uttering a political truism, but it is one which it is necessary to utter, in consequence of the ominous warnings which proceed from certain long faces, the special property of the *disinterested* parties who are thrown into a somewhat serious mood. Considering how many Paving Boards, and bodies of various kinds for lighting, and superintending public works, are doomed to extinction, and especially that the Metropolitan Sewers' Commission is to be annihilated, while the City Commissioners of Sewers are also to be denuded of their power,—we are not surprised to find that unsuccessful opposition is followed by murmurs of disapprobation, loud as well as deep, and that predictions of failure are somewhat plentiful. The truth is, that the amount of obstruction through which Sir Benjamin Hall has had to force his way makes his success scarcely credible, while it has necessarily insured a large amount of dissatisfaction.

One of the greatest hindrances to the sanitary improvement of the Metropolis, has been the multiplicity of authorities, and conflicting jurisdictions, to which the public interests have been committed, and which have prevented any important measures for the public health from being carried out. During the outbreaks of cholera with which the Metropolis and the country have been visited, when a whole neighbourhood has been filled with malaria from some pestilential ditch, or people have been sickened and poisoned by neglected cesspools, or any other known causes of disease, people have often in vain tried to discover the authorities to which they should apply for relief; and perplexed with the neglect they experienced, and the manner in which they were driven from place to place, they have had the mortification of witnessing the progress of fatal disease without being able to employ the means to arrest it.

The great and leading advantage of the system now coming into operation is, that it will secure, by means of popular election, an organization for the metropolis in its whole extent, whose *locus in quo* will be well known, and whose powers of action will be adequate.

The highest department of this new organization will be the "Metropolitan Board of Works," composed of three members to represent the City, and other members to represent the Parishes and Districts throughout the Metropolis. While the general superintendence of all matters hitherto committed to sewer commissioners, paving and lighting boards, and all similar bodies, will be consigned to this body; the advantages of local self government are to be secured by the vestry in every parish, which is to be composed of eighteen vestrymen in parishes in which the number of rated householders shall exceed a thousand, and twelve additional members where the rated householders exceed two thousand, "provided always that in no case the number shall exceed a hundred and twenty."

The Bill, as modified, divides the different districts into wards, each ward to elect a member in a manner similar to the election of members of the Common Council of the City of London: an arrangement by which, as has been properly observed, the method of hawking about pink and blue lists will, in a great measure, be abolished, and there will be a greater probability of impartial persons being chosen, not fettered by party views. To some of the leading features of this measure, particularly as bearing on public health and the interest of the Profession, we propose to call attention in our next number.

ROYAL MEDICAL BENEVOLENT COLLEGE ACT.

The Royal Medical Benevolent College Bill has now passed both Houses of Parliament, and having received the Royal Assent on the 23rd of July last, has become a part of the law of the land. This Act is passed for the incorporation of the Royal Medical Benevolent College, and empowers the officers of that Charity to use a common seal, to hold property, to be sued or to sue in law, and generally to exercise such legal rights as belong to other corporate bodies. Certain sections

of the Act specifically empower the Medical Benevolent Society of Leicester, and the Surrey Medical Benevolent Society, to pay over their funds to the Royal Medical Benevolent College, and a power is expressly given to other Societies to subscribe, in the following section :—

"It shall be lawful for any Association or Society, formed exclusively or partly for the purpose of affording aid to Medical Men or their families, by any or either of the ways aforesaid, and either generally or within certain defined local limits, to transfer their funds or to subscribe money from their funds to the said College, either gratuitously for the furtherance of the general objects of the College, or any one or more of them, or upon and subject to such terms and conditions for securing special advantages to the objects (being Medical Men or their families) of their own immediate foundation ; and it shall be lawful for the College by their Council, but subject to the by-laws and rules of the College for the time being in force, to enter into such agreements with any such Association or Society as aforesaid, with respect to any such special advantages as aforesaid, as they may think proper ; and such agreements, if confirmed by three-fifths at least of the members of the Association or Society, party thereto, present at a meeting of such Association or Society, specially convened for the purpose ; and, also, if confirmed by three-fifths at least of the governors of the College, present at any extraordinary general meeting of the said governors, and by the visiter of the College, shall be binding upon the Association or Society, party thereto, and the College."

THE WEEK.

It will be recollected that, in 1853, a Government Commission was appointed to examine into certain alleged malpractices on the part of the Governor and the Surgeon of the Birmingham Gaol, who were accused of various acts of cruelty towards the prisoners. The Commission having reported to Parliament, a prosecution was instituted against Lieutenant Austin and Mr. Blount, by the advice of the Attorney-General. The trial of Mr. Blount, the Surgeon, took place on Saturday last at Warwick, and terminated in a verdict of acquittal upon the main charges, although upon a minor indictment, charging him with omitting, on certain occasions, to make proper entries in the prison register, he pleaded guilty, under the advice of his Counsel. The principal indictment against Mr. Blount, for cruelty to one of the prisoners, appears to have completely failed, as it was proved that the prisoner in question was a very refractory character, and subject to epileptic fits ; and the specific act of cruelty alleged against Mr. Blount was his putting some salt into the man's mouth. This proceeding was justified, on the part of Mr. Blount, by the fact of the occasional efficacy of salt in epilepsy, and also by the necessity of devising some means to prevent the man from biting the persons around him.

An action has lately been brought by a Mr. Bond, described as the Medical Officer of the Chatham district of the Bridge Union in Kent, against the Rector of Pelham, a village in the same county. The action was for libel ; the defendant having reported to the Board of Guardians and the Poor-Law Board that the plaintiff had vaccinated children from a child suffering from scrofula. The defendant failed in his plea of justification, and a verdict was returned against him, with £50 damages. Agreeing generally in the justice of the verdict, we cannot but remark upon the fact, that the name of Mr. Garrett Bond, the plaintiff, does not appear in the list of qualified Practitioners published in the Medical Directory for this year, although it occurs in the Supplemental List, including the names of those who have not returned the nature of their qualification after repeated applications. As Mr. Bond, however, is a Poor-Law Surgeon, we presume that he possesses some qualification to practise. Another curious circumstance is, that although Mr. Bond made a strong case out of the fact that he could not have vaccinated other children from the scrofulous child, because the Vaccination of the latter *did not succeed*, it was nevertheless proved by the District Registrar that he had received a certificate of *successful Vaccination* of the scrofulous child in question. If these points were cleared up to our satisfaction, we should congratulate the plaintiff on his verdict more cordially than we can do at present. We must also remark that the case strongly illustrates the necessity of what we have often advocated, namely, the supervision of Vaccination by competent Medical Inspectors.

The case of slow poisoning at Darlington reveals, as it proceeds, new features of horror. We hope, for the sake of humanity, that some of the evidence may turn out to be incorrect. One of the Medical witnesses has deposed that he lent an enema syringe to the husband of the deceased, and that on examining it after it was returned, he found it choked up with arsenic ! The body has been exhumed, and portions of the organs have been sent for analysis to Dr. Alfred Taylor, who will be examined at Darlington this day.

The Presidentships of the Board of Health and of the Poor Law Board have lately become vacant. *The Times* "has much pleasure" in announcing that Mr. Bouverie has been appointed to the latter office ; but, as we are wholly ignorant of that gentleman's qualifications for the post, we can only hope that he will show more regard to those members of our Profession who hold Poor Law appointments than his predecessors have done. It would be unfair, however, not to mention that under the auspices of Mr. Baines, a considerable boon was extended to the Poor-Law Surgeons of certain Unions by rendering their offices permanent, and not dependent upon the caprice of the local Guardians. The retirement of Sir Benjamin Hall from the Board of Health is, perhaps, to be regretted, because, although we believe him guilty of coquetting with Homœopathy, he has, upon the whole, shown himself favourable to the Profession, and one of the last acts of his official life was to prolong the existence of the Board of Health for another year, with the important provision of appointing a Medical Council, and attaching a Medical Officer to the Board. In connexion with this subject, we are happy to learn that a pension of £300 per annum has been bestowed by the Government upon Dr. Southwood Smith, as a compensation for the loss of his office as a member of the former Board of Health.

REVIEWS.

Reflections on Petit's Operation, and on Purgatives after Herniotomy. By J. S. Gamgee, Esq. London. 1855. Pamphlet.

Mr. Gamgee is clearly a thoughtful inquirer after truth. The chief opponent, at present, to Petit's operation for Hernia without opening the sac, is Mr. Hancock, and the bulk of the pamphlet before us is devoted to a refutation of his arguments. The writer, however, first shows that Mr. Hancock is in error in advancing the authority of such men as Dupuytren, Richter, Hey, Heister, Sir A. Cooper, Lawrence, and South, in support of his views. As regards the *vexata quæstio* of the propriety of administering purgatives after the operation, Mr. Gamgee seems to us, in the lack of positive statistics, to indicate a path for practice, which may, probably, be cautiously followed up with advantage.

"1. When the condition of the gut is good, and there is little or no peritonitis, an oleaginous enema should be given an hour or two after the operation, and repeated after three or four hours, in case of failure, or a mild purgative exhibited by the mouth.

"2. When the peritoneal inflammation is intense, even though the bowels be in a fair condition, antiphlogistics must be perseveringly employed ; and though a simple enema may

be given in the first six hours, and be advantageously repeated, it is inadvisable to excite the action of the bowels until the next day, either by more active enemata or purgatives by the mouth."

These, however, are not the cases in which we ourselves should be most disposed to trust to opium and quiet to restore our patient. There can be no doubt about the propriety of the next rule:—

"3. In case of mortification threatening the gut, the bowels should be kept quiet by opium, and purgatives and enemata jealously abstained from until the danger of perforation has passed."

This pamphlet deserves, as we have no doubt it will obtain, the thoughtful perusal of Surgeons.

The Physician for All; his Philosophy, his Experience, and his Mission. By John Spurgin, M.D. London. 1855. Pp. 226.

"Errors in the life breed errors in the brain,
And these reciprocally those again."

Substituting the word "blood" for "brain," the above familiar couplet would appear to represent the philosophy taught in this volume. There is nothing new in it, although the author has managed to clothe the idea in a vast number of words which appear to us, however ornamental, rather to obscure than to elucidate his meaning. We are anxious to deal gently with Dr. Spurgin as one of the seniors of our Profession, as a gentleman whom we believe every one respects, and who clearly reflects a good deal in his own way. We could, consequently, have wished that he had not undertaken the publication of this work, in which "The Physician for All" is only too transparently Dr. Spurgin.

The Philosophy of Reproduction. By Robert James Mann, M.D. London, 1855. Pp. 160.

Dr. Mann says, in his Preface, that his object is "to explain familiarly such points of physiological science as could not appropriately have been noticed in his 'Guide to the Knowledge of Life,' just published by the author, on account of that little work being designed for a very general circulation, and, to a great extent, for the use of the young." He has executed his task in a manner which does him credit. The book is scientific and interesting, and well calculated to occupy a place among works devoted to popular instruction. We think the subject is one upon which the public has a claim for information, especially in these days of rampant quackery, and this information is, in the treatise before us, furnished in a form perfectly unobjectionable.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON CICATRICES.

By M. JOBERT.

A cicatrix is a kind of protective texture, intended to close in solutions of continuity, and to cover over organic tissues in the absence of the natural integument. When the membrane that covers the granulations has been formed, the remarkable retractile power exerted by cicatricial tissue is brought into operation, which, by its centripetal action, constantly diminishes the extent of the wound and the vascularity of the newly-formed product. This retraction, which is greater in proportion as suppuration has been prolonged, persists long after the closure of the wound.

If we examine a cicatrix that is completely formed we find that it consists in:—1. A thin superficial membrane which, though sometimes rugous, is usually smooth, shining, and, from the absence of secretion, dry. This protects the cicatricial or inodular tissue, just as the epidermis protects the parts beneath it. 2. Below this is a peculiar tissue, consisting of a mass of irregularly interlaced and very resistent fibres. It supplies the place of the dermis, is the fundamental portion of the cicatrix, and may be compared to ligamentous tissue. 3. Arteries and veins, small in number and in size, are found in the centre and midst of this substance. 4. Although the existence of lymphatics has not been demonstrated, it is highly probable that they accompany the bloodvessels. 5. The careful dissection of a great number of cicatrices has never shown M. Jobert the slightest trace of nerves; but he has always found the nerves of the surrounding parts terminating at the periphery of the cicatrix in little gangliform swellings, exactly analogous to those found at the end of stumps after amputation. This enables us to explain the complete insensibility of the cicatricial tissue itself, and the keen sensibility of the integuments at its periphery. Moreover, if we detach a flap from the vicinity of the cicatrix, attach this to its centre, and, when union is effected, divide the pedicle, we find that this islet of integument retains its sensibility in the midst of a tissue quite insensible to external impressions; the nervous influence seeming, as it were, to traverse the cicatricial tissue as a conductor to reach the cerebro-spinal axis.

This inodular tissue is liable to undergo alterations. We frequently find, during changes of temperature, etc., cicatrices liable to pruritus; the patients scratching them until redness or excoriation is produced, without obtaining the slightest relief. Such irritation may lead to the belief that the cicatrix is very sensitive; but on examination we find that it has its seat in the nervous tunefactions at the periphery. The integuments may also have been at first incompletely destroyed, and any portion that has so escaped may retain its sensibility under the cicatrix. The cicatrix may appear red and swollen at the menstrual period or under certain atmospheric conditions; but such changes really take place in the congested cellular tissue and hypertrophied fatty tissue beneath the cicatrix. If the texture of the cicatrix be not firm enough to resist the traction exerted upon it, it may become torn or ulcerated. Ulceration, too, may spontaneously arise, and the reparation is effected by means of new inodular tissue, which renders the cicatrix firmer than before. Sometimes a cicatrix is invaded by diphtheritis, this being frequently the case in the vagina. Occasionally, but much more rarely, mortification of the tissue takes place.

It is to the retractability of this tissue that the production of the deformities commonly called "bridles" is due; and the surgeon should, by his prophylactic treatment, earnestly endeavour to prevent the formation of vicious cicatrices. To this end he should endeavour to diminish the suppurative process, repress too luxuriant granulations by compression or cauterization, moderate the inflammatory process by refrigeration, and place the part in a position opposed to the force exerted by the inodular tissue, so that the lips of the wound may diverge as far as possible. To these points he should direct all his attention, for after a vicious cicatrix has been once formed no mechanical appliance can ever elongate it; and to restore to the different regions their freedom of action we must have recourse to an operation. But we must take care not to operate in every case of deformed cicatrix, the prudent Surgeon abstaining when the deformity is too considerable to be effaced. We must not operate either when the cicatrix is too recent; for its vitality and vascularity being but little developed, it may ulcerate or mortify, while the inodular retractility it still preserves, prevents the success of the operation, by incessantly drawing upon, and destroying the adhesions that form. There are two modes of remedying these deformities. The old one, which, indeed, is not yet abandoned, consists in completely dividing the cicatricial tissue, retaining the lips of the wound separated as far as possible, and healing by a new granulation. But if the cicatrix has contracted adhesions, the two lips can hardly be separated, and the operation proves useless. Yet, by this means, M. Velpeau has recently removed a very considerable bridle with success. Delpech was the inventor of the new procedure. He circumscribed the entire cicatrix within two semi-elliptical incisions, dissected it out, and united the healthy tissues by means of sutures. This, very well suited for a cicatrix of small extent, cannot be applied to a very large one, even when aided by the lateral *débridements* and detachment of the integuments recommended by Delpech, for the purpose of preventing traction, and for repairing the loss of substance produced by the bistoury.

M. Jobert operates by what he terms a mixed procedure, as follows:—He makes a transverse incision through the most prominent part of the bridle, avoiding the subjacent vessels and nerves. Next, forming from the vicinity a flap sufficiently large to restore to the part the elasticity of its movements, and thick enough to be sufficiently vascular, he twists it on

its pedicle, and applies it by means of the interrupted suture between the separated lips of the incision. When it has firmly united there, the pedicle is divided. In this way the motions of the part become quite free, and the deformity cannot be reproduced.—*Gazette des Hôp.*, No. 63.

EXCERPTA MINORA.

Muriated Tincture of Iron in Yellow Fever.—Dr. Fenner reports that, as far as his experience has extended, he is led to believe this to be a valuable addition to our means of treating this disease. He gives 20 drops in water every two hours, beginning as early as possible, after evacuating the bowels.

New York Journal, vol. xiv, p. 151.

Meningitis in the Adult.—Dr. Smith, Physician to a dispensary in New York, as the result of the analysis of 21 cases, concludes, 1, the tubercular diathesis is a common cause of meningitis in the adult. 2. When primary it does not differ from the secondary, either in gravity or duration. 3. Headache is usually the first symptom, but convulsions are not a symptom. 4. Delirium is present in the majority of cases, sometimes occurring early, but usually at a more advanced period. 5. Vomiting does not occur until a late stage, and then only in a few cases. 6. The pulse varies too much to be relied upon for diagnosis. 7. Paralysis sometimes occurs at a late stage, but there is generally no contraction or rigidity of the limbs. 8. The mode of death is by coma.

Ibid. p. 258.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, August 7, 1855.

THE CEREMONY OF GRADUATION

Took place as usual on the 1st of August, in the Chemistry Class Room (the largest) in the University. The Senatus were largely represented, and the Lord Provost and Common Council, the Patrons of the University, attended in their official robes, and with the insignia of their office.

Principal Lee presided, the Sponsio was read by Professor Kelland, and the subsequent address was delivered by Professor Simpson. Fifty-four gentlemen received the degree, of whom 21 were from Scotland, 13 from England and Wales, 3 from Ireland, 4 from Egypt, 1 from the Mauritius, 7 from the East Indies, 4 from Canada, and 1 from China. The names of Mahomed Badre, Mahomed Ali Kalib, Mostapha Mostapha, Mahomed Ali Soubki, Wong Fun, sound strange as Doctors of Medicine to European ears.

LICENTIATES OF THE COLLEGE OF SURGEONS.

During the past year 135 gentleman have, after examination, received the diploma of the Royal College of Surgeons. Of these, 62 are from Scotland, 20 from England, 35 from Ireland, and 18 from abroad. There is no doubt that the list is smaller than it would otherwise have been from so many Students having gone to the Baltic and Crimea without having taken their diplomas.

MEDICAL EVIDENCE IN CRIMINAL CASES.

Your correspondents have more than once referred to this subject in their communications. It formed the theme of the Harveian Address this year, and Mr. Craig of Ratho having since published it, the subject is attracting attention even in non-Medical circles.

The following remarks are from an excellent article on the subject in one of our leading newspapers, and will, I have no doubt, prove equally interesting on your side of the Tweed :—

"An interesting paper was lately read before the Harveian Society of Edinburgh, by James Craig, Esq., F.R.C.S.E., Ratho, on "The Law of the Coroner, and on Medical Evidence in the preliminary investigation of criminal cases in Scotland." Owing to the subject, as ably treated by Mr. Craig, having an important bearing on the administration of the criminal law of this country, his observations have been published at the request of the learned body to whom they were originally submitted. On the Law of the Coroner in England we shall only briefly touch. It is an institution of great antiquity, indeed, going so far back that, as the late Chief Commissioner Adams said, "it is of a tradition so high that nothing is known of its origin." The duty of the Coroner, as regulated by the common law of England, and defined by statute, is to inquire, by means of persons in the neighbourhood, into the cause of death of any person, which death is supposed to have proceeded from violent or unnatural means. When one dies suddenly of apoplexy or other natural cause quite apparent, and apart from all culpability as regards others, no inquest is necessary. So essential is it that the jury be summoned from the locality of the death that, in the well-known case of the death of Sellis, the valet of the late Duke of Cumberland, which fell under the jurisdiction of the Coroner of the Royal Household, a jury of that Household would have been summoned, had not a certain popular suspicion attached to the Duke himself. It was therefore held that a jury of the Householders of the Parish of St. James's, the next adjacent locality, would form a more satisfactory inquest in the circumstances. The Royal Duke, in the course of that and subsequent legal investigations, was cleared of all suspicion in respect of this foul charge.

While the Coroner's inquest is viewed in England as a palladium to the subject, and a security beyond that which Scotland possesses, it has still been occasionally accompanied by cruel, because superfluous, inconvenience. Thus the late Lord Ellenborough, who, as Chief-Justice of the King's Bench, was Chief Coroner of England, once observed, "that there are many instances of Coroners having exercised their office in the most vexatious and oppressive manner, by obtruding themselves into private families, to their great annoyance and discomfort, which was highly illegal, and without any pretence of the deceased having died otherwise than a natural death."

It is a curious fact, and indicating the long-lingering prejudices of a rude age, that while Medical men, who could give the best of all testimony, *super visum corporis*, were not directly excluded from tendering their testimony, still no provision was made for securing that testimony, in most cases a *sine quâ non*, until the Act 6th and 7th William IV. cap. 89 (1836). This statute provided for the attendance of Medical witnesses at Coroners' inquests, under a penalty of £5, yet prohibiting a Medical witness from making a post-mortem examination, unless with the sanction of the Coroner : a provision ill calculated to secure the best Medical evidence, because, while judicial formality is marching at slow and measured pace, "Decay's effacing fingers" may be rapidly stealing on, and destroying the essential *indicia*.

The leading defects of the Coroner's inquest, admitting its radically sound principle, are thus enumerated by Mr. Craig, and we see no cause to differ with his conclusions :—1st. Its inefficiency, arising from the cumbersome nature of the procedure and the consequent delay, during which the culprit may either escape or set to work to make out a spurious case. 2nd. The practical publicity given to the investigation, which does not facilitate the subsequent and decisive trial. "Notwithstanding these and many other imperfections," says Mr. Craig, "the Coroner's inquest possesses a thoroughly English character. It has a powerful effect on the public mind, to suppress clandestine mischief in families actuated by avarice —is a check upon those having the charge of idiots, aged people, or illegitimate children, and exhibits a determination on the part of our fellow-subjects, from the very outset of criminal proceedings, to give to the suspected party the refuge of an appeal to his peers, from the possible partiality of officials, and at the same time, to secure the like protection to those who have suffered injury."

Going to other lands we find that Austria, with all its political ills, yet possesses a well-organized system of inquiry "into all cases of death taking place suddenly, or under doubtful circumstances. . . . . It is the duty of those officials to investigate all cases of death by violence, by poisoning, by the improper use of remedies prescribed by Apothecaries, deaths occuring under the hands of Quacks, and even cases where a Physician has been in attendance, if the relations wish it." In our East India possessions these inquests are under the special charge of the military authorities, and appear to be well suited to the social circumstances of the country. "Courts of Inquest are composed of not fewer than three European officers, with a Captain as president. A Medical officer is invariably to be detained, in order to examine the body, and assist the Court by his professional opinions, and a series of very valuable suggestions is given for his guidance." In France, a country so famous for reducing everything into system, there is a staff of Medical

men in Paris and other large towns appointed by the Government, whose province it is to aid the police authorities "when any injury, crime, or death, occurs under mysterious circumstances.

In Scotland, we have also—as all civilized countries must have—our particular system of investigation with a view to the proper administration of criminal justice, but this is a question which we will postpone for the present.

GENERAL CORRESPONDENCE.

DR. BURROWS AND "THE GUIDE TO LIVING MEDICAL AUTHORS."

[To the Editor of the Medical Times and Gazetto.]

Sir,—I beg to thank you for your courtesy in publishing in the last number of the *Medical Times and Gazette* my note of the 2nd inst. relating to an insinuation by the editor of the *Medical Circular*, that I had been guilty of want of veracity in reference to the insertion of my biography in that periodical. I now enclose a copy of the letter which I addressed to the editor of the *Medical Circular* upon this subject, and which that gentleman has published in his journal. As I consider that letter contains a sufficient refutation of the imputation on my veracity, I do not feel myself justified in trespassing further upon your columns than by asking the favour of the republication of the subjoined letter. I am, etc.

George Burrows, M.D.

18, Cavendish-square, August 8th, 1855.

[Copy.]

18, Cavendish-square, July 30, 1855.

Sir,—It was only on Saturday last the 28th inst., that my attention was called to an article in the *Medical Circular* of the 18th inst., wherein you have commented upon my correspondence with the editor of the *Association Medical Journal*, and have also added some strictures upon me in relation to the appearance of a biographical memoir of myself in the *Medical Circular*. I beg to inform you that until I perused that article in the *Medical Circular* of July 18th, I was under the impression that no biographical memoir of myself had appeared in that journal, and up to that date I felt myself under a personal obligation to you for the omission of my name (according to my expressed wish) from the series of Memoirs. I now find myself relieved from that obligation, and do not hesitate to affirm, that you have been guilty of a most artful perversion of the truth in the composition of that article, if you mean to insinuate that I in any way consented to the publication of a biographical sketch of myself, or did not, by letter to you, deprecate the appearance of such a memoir, and express my disapproval of the plan of publishing the biographies of living Medical men.

I have before me at the present moment your printed circular, dated (1852) from "4, Adam-street, Adelphi," requesting me to furnish you with a brief memoir of my Professional life, and to this is added a postscript in writing, which is signed by "the Editor," still further urging me to comply with that request. I have also happily preserved the rough copy of my reply to that invitation from yourself; when I endeavoured, with due civility, to decline compliance with your request, and at the same time expressed my disapproval of the system of publishing memoirs of living men, and concluded by deprecating the appearance of any memoir of myself.

I also intimated that, in case you persisted in your intentions, in spite of my wishes, I subjoined the dates and facts of my University career, of my Medical education, of my election to the appointments at St. Bartholomew's Hospital, of my admission into the College of Physicians, and of the part I had taken in the administration of the affairs of that institution. This information was added to avoid erroneous statements, requiring subsequent correction on my part.

I have no wish to enter upon any angry correspondence, but unless you are prepared to retract the insinuation that I in any way consented to the publication of a memoir of myself, and admit that I begged such memoir might not appear, I shall take immediate steps to make the Professional public acquainted with the whole of my correspondence with you in relation to this matter. I am, etc.

George Burrows, M.D.

THE HASSALL TESTIMONIAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your remarks in to-day's *Medical Times and Gazette* prove that no rivalry of Journalism interferes with your sense of justice. Beyond all doubt, Mr. Wakley has done a great public service by instituting and carrying on the Analytical Commission of the *Lancet*. That he, or the Editor of his Journal, is no niggard in dealing out praise to others I know, for no sooner had I originated the movement, and suggested remedial measures and a Committee of Inquiry to Mr. Scholefield, in order to place the researches of scientific gentlemen on more authoritative basis, than he expressed hearty concurrence in the objects, aided me by leading articles, and even inserted the resolutions adopted at the meeting held in Birmingham free of charge. I am bound to ask a portion of your space, publicly to thank him for these services, and at the same time a corner for a remembrance of Dr. Letheby, who wrote me a timely note, exposing the pernicious adulteration of confectionery.

I quite agree with Mr. Wakley, that exposure will never prevent adulteration, or materially check it. Nay, in my opinion, the present inquiry, with its attendant publicity, will, if not followed by efficient legislation, lead to an increase of the evil; and as for the other adulterators—literary swindlers, brainless pilferers, and petty appropriators of other men's ideas and property, which abound in the present day—society exposes, and then treats them with contempt. With thanks for the aid you yourself have afforded me,

I am, etc.

41, Frederick-street, Birmingham, John Postgate.
August 4, 1855.

VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to offer some remarks on the letter of "A Union Surgeon" respecting the Vaccination Act, in reply to one of my own on the same subject.

Your correspondent imagines that he has disposed of my objections to the Act, as compelling private Practitioners in many instances, either to vaccinate gratuitously or to resign their patients to the authorized Vaccinators. He differs from me *in toto*, and for this reason, viz. that the law compels all parents to have their children vaccinated, either by their own legally qualified Medical attendant, or else by the public Vaccinator." How this can possibly obviate my objection I am at a loss to conjecture, as the law does not compel patients to employ their Medical attendant for this purpose, but on the other hand holds out the strongest inducement for them to forsake him by the offer of gratuitous Vaccination.

It appears to him "that the only portion of his patients a Surgeon need be under any apprehension about, are those who are too poor to pay half-a-crown;" and this, he thinks, is "a very small portion of any one's patients in anything like practice." This ingenious disposal of a great practical grievance, which he represents as "hardly worth while discussing," will not bear the slightest examination without displaying its entire fallacy. I do not know what meaning "A Union Surgeon" attaches to the phrase "anything like practice," but I can assure him that a very large proportion of those who can afford to pay half-a-crown for Vaccination prefer keeping it in their pockets. A friend of mine has recently furnished me with the following case, which occurred in his own practice. A patient of his, who was known to be a man of good property, and was at once a farmer, baker, and general shop-keeper, had two of his children vaccinated by the public Vaccinator, to escape the payment of 3s. 6d. per head to his Medical attendant. Now, for four years in succession this man had been in the habit of receiving never less, and often more, than eight shillings weekly in ready money from my friend, who also attended the wife in her confinements. To this I may add that many who pay me a guinea for a midwifery case will take their infant to the authorized Vaccinator. It is stated in a postscript by your correspondent, that he does not think "that the Guardians or Ratepayers would sanction gratuitous Vaccinations" in these cases. I am surprised at this remark, as he must be fully aware that the Vaccination Act having emanated from a higher power than either the Ratepayers or the Guardians,

the opinion of the latter is matter of perfect indifference to the public.

But it is said, "the prejudice which exists among the lower orders against the Parish Doctor operates very much to his disadvantage in this matter," etc. To this I shall only observe, that when the value of half-a-crown is to be obtained for nothing, the boon is acceptable to a large majority, though dispensed by the hand of "the parish doctor."

"A Union Surgeon," further observes:—"Your correspondent suggests as a fairer analysis, that even (?) private Practitioners should be public Vaccinators under this Act, the next step being, I presume, that we should all be Union Surgeons." I cannot see the force of this remark, as it by no means follows, that a man acting in defence of his own rights should seek to invade those of another.

Your correspondent, in propounding his "ideas of fairness," goes on to say, that those who attend the higher classes of patients, "and, in fact, have all the cream," should also vaccinate the children of wealthy parents; "whilst those who attend the poorer classes in all their illnesses, for which they are miserably paid by the Guardians, should also vaccinate their children, and at the expense of the Guardians." In making this proposal, the writer appears to be ignorant of the the fact, that the Medical Profession is not divided exclusively into two classes—the attendants of the rich, and the Union Surgeons. The majority of the Profession are by no means cloyed with "the cream" to which your correspondent alludes. Amongst their respectable patients is a large admixture of those from whom very little is obtained, and many belonging to a class who pay nothing. The amount of gratuitous attendance bestowed upon the poor, does not emanate chiefly from Union Surgeons; and I am sorry that the peculiar claims of this body to fill the office of authorized Vaccinators should have been brought forward. It constrains me to observe in reply, that if the post of a Union Surgeon is of little value, its acceptance is matter of option. It is generally taken either as an introduction to practice, or is retained for the purpose of keeping out an opponent. But irrespective of this, it must have its attractions, as within the last two months, a man with a practice of £1000 per annum, driving his brougham and pair, keeping two assistants and five horses, has thought a Union worth applying for, and obtained it after a sharp contest!

I do not know whether "A Union Surgeon" is also an authorized Vaccinator. "He believes that he has always been able and willing to furnish his friends who apply to him." Be this as it may, it is certain that the Profession in general will not look to the authorized Vaccinators, when requiring a supply of lymph.

The complaints made by private Practitioners, that they receive nothing for filling up a certificate, is, in your correspondent's opinion, "an objection easily refuted." He fancies that he has got rid of it, by supposing the case of a Practitioner vaccinating the child of a rich man, and receiving the same fee as formerly. Then, assuming the pleasant fiction, that "the paltry fee of 1s. 6d. or 2s. 6d.," paid to the public Vaccinator, does not include the filling up of the certificate, he supposes that both parties are on an equal footing. It is necessary to remind him that, in general practice, the rich patients are "few and far between," and that the certificates are often filled up for those who pay nothing for Vaccination, not even the paltry fee he affects to despise.

Your correspondent considers the fee for Vaccination "absurdly and ridiculously small." After the heavy complaints made of the general payments in Union practice, we might have supposed that the Vaccination fee would not have appeared absurd, on the score of its insignificance. In club practice, the average sum paid is probably 4s. per head per annum, and this includes filling up many certificates without charge. I consider the Vaccination fee as more liberal than the payment allowed for the ordinary duties of a Parish Surgeon. There is no painful amount of anxiety or responsibility, and I would much rather receive a sovereign for vaccinating on the present terms, than earn it by any other portion of Union practice, the extras excepted, which constitute but a small part of it.

"A Union Surgeon" sees no objection to the private Practitioner charging a higher fee for his extra trouble in filling up the certificates! Such remarks would seem to require no comment; perhaps it is safer to add, that, were the charge in question made, not one in a hundred would pay it.

In conclusion, it is very evident that your correspondent is anxious that the present monopoly should still be retained by the Union Surgeons. With admirable candour, he would guard us from supposing that he considers the present Act as faultless. He admits two grave objections as pertaining to it,—the one, that the fees for Vaccination are not large enough; the other, that no plan has been devised to add to the number by an organized system espionage.

Looking at the densely-printed column, containing the opinions of a Union Surgeon on Vaccination, I was somewhat alarmed at his proposal to "communicate with him privately, and *at greater length*, than can be done in your pages." I must beg to decline the Herculean task. I am, etc.

A Surgeon.

NAVY MEDICAL SERVICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—About a year ago I troubled you with a communication, setting forth the disadvantages under which the members of the Medical Profession labour in the Royal Navy, and warning young Medical men of respectability not to be enticed into that Service, but to carry their talents to a better market. At that time a Bill was about to come before the House of Commons; the object of the benevolent man who introduced it being to elevate the Naval Medical corps to a position of respectability; and as it was generally expected that something of the kind would then be done, you thought my letter had better not be inserted in your Journal. The Bill, however, was disposed of, and nothing *was* done,—just as I expected. Now I should not have obtruded my remarks on you again, but that I cannot repress the indignation which the sentence of a recent Naval Court Martial has excited. You have, of course, heard of the case of Mr. Elliott, late a Surgeon of the Royal Navy, and referring you to an article on that case in the *Morning Herald* (for Thursday, July 19th), I trust you will make it the subject for comment, for the sentence on Mr. Elliott exemplifies more fully than all that has hitherto been said, the estimation in which Medical men are held in the Navy. Surely, even supposing this unfortunate man to be entirely without excuse, he would have sufficiently expiated his offences (which appear to have been committed while labouring under the irritability of disease, induced by hardships and extreme over-work) had the Court been satisfied with dismissing him from the Service; but no, that would not have enabled those reckless gentlemen (his judges) to mark their contempt of the Medical Profession; and so they made him the vehicle of it, by awarding an unmerciful and ignominious sentence. Does any one suppose that the most extreme neglect of duty, or "unkindness" to those under him, of which a captain, or other superior officer in the Service could be guilty, would be visited with so contemptuous an award? Aforetime captains have been convicted of atrocious cruelties to their men, and most have escaped merited punishment altogether; the utmost others have received has been a simple dismissal from the Service, too often to be restored to it again, as soon as "the affair" had blown over.

It should be generally known, that a box on the ear of a Surgeon in the Baltic Fleet last year, was deemed by a Naval Court Martial to have been adequately atoned for by "a very slight admonition" to the lieutenant who inflicted that indignity. Had the case been reversed, and the Surgeon tried for striking a lieutenant, the sentence would, probably, have been *sus per coll*,—"let him be hanged at the fore-yardarm."

The article in the *Morning Herald* of July 19th, apparently narrates the true state of Mr. Elliott's case; he was, no doubt, greatly to blame, as the writer of that article allows; but the two years' imprisonment the unfortunate man is doomed to suffer "in one of Her Majesty's jails," should suggest to Medical students to beware how they trust themselves to the power of men who can offer such an indignity to an honourable Profession. I am, etc.

London. Medicus.

PROFESSIONAL PUFFING.

[To the Editor of the Medical Times and Gazette.]

Sir,—Drs. Manfred and Hoghton inundate the country with their advertisements, in which they profess to cure instantaneously and for ever all kinds of deafness and noises in

the head, and the subjoined advertisement from the *Times* of this morning shows that these gentlemen have found a "singularly successful" pupil in the proprietor of the *Medical Guide*, who is about to cure the public of otorrhœa, should he be "singularly successful" in catching them, by stuffing their ears with cotton wool!

Let us trust, Sir, that in a few years it will scarcely be credited that such advertisements as the subjoined could have been produced in the year 1855, nor that Mr. Harvey should have presumed to advertise his half-crown book on the Ear in the *Medical* journals, with the following elegant puff from the *Weekly Dispatch*:—"This work will be useful to thousands, and to them we especially recommend it." I enclose my card; and remain yours obediently,

A Member of the Council of Provincial Medical
Aug. 2, 1855. and Surgical Association.

This day is published, price 1s. by post, (reprinted from the *Lancet* and *Medical Circular*,)

On a New and singularly Successful Method of Treating Discharges from the Ear (Otorrhœa). By Jas. Yearsley, Esq., M.R.C.S. Eng., Surgeon to the Metropolitan Ear Infirmary, Sackville-street; Aural Surgeon to Her late Majesty the Queen Dowager, etc. Published at the office of the *Medical Circular*, 20, King William-street, Strand.

REMUNERATION OF UNION MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—"Why should we not next record some act of justice done to Dispensary Doctors, Union Surgeons, or Vaccinators?"

This, Sir, is a query of your own in a paragraph on the justice at length done to Naval Assistant-Surgeons, and recorded in the *Medical Times* of the 28th ult., in which also appears an advertisement, headed "Bridgnorth Union," announcing the intended election of a "Medical Officer," to undertake the duties of *five* parishes, "to provide Medical and Surgical appliances (except trusses), leeches, and attendances upon all poor persons in these parishes." He will be required to enter into "a contract for Vaccination;"—and all for what? For a salary of Thirty-five pounds per annum!

But, Sir, there is a "probability" of his appointment "to the South-east Shropshire School at Quat," with £30 per annum salary; that is, for £35, and a chance of £65 per annum, a man's life is to be worried by Poor-law Guardians, Commissioners, and *hoc genus omne!* Surely this grievance requires the strenuous efforts of both Practitioners and Students to secure "a memorandum" from "my Lords" of Somerset House to get rid of! Bad as old Ireland is, no Medical man would be insulted by the offer of such a stipend for anxious and responsible duties; nay, Irish Medical men would not submit to it, without, at least, a remonstrance. The system is a disgrace to Great Britain. I am, etc.

An Irish Practitioner
Cork, August 2, 1855. of over 30 Years' Standing.

THE PROPOSED NEW MEDICAL REFORM BILL.

[To the Editor of the Medical Times and Gazette.]

"Pauvres moutons, oh! vous aurez beau faire,
Toujours on vous tondra," etc.—*Beranger.*

Sir,—Leaving others to discuss the merits of the various clauses of the proposed new Medical Reform Bill, I shall limit my remarks to those which relate to Registration.

As a duly registered Physician I have now the privilege of "holding certain appointments," of "acting and practising as a Physician," of taking and using the name and title of a Doctor of Medicine, thereby implying that I am recognized by law as a Physician, and I do not see how, without due compensation, any Act of Parliament,—how, in fact, anything short of a revolution,—can deprive me of these privileges.

The clauses 35, 36, and 37 of the proposed Act would pretend to forbid my holding these appointments,—to judge me guilty of a misdemeanour for acting as a Physician,—and to impose on me a fine of £20 for every time I take the title which the law of the land now assigns me,—unless I submit to pay a further sum for Registration.

Now, Sir, I have no objection to be included in any new form of Registration the Legislature may deem requisite, but as I find myself already fully registered and legally entitled to "practise as a Physician throughout Her Majesty's dominions," by virtue of certain sums paid into Her Majesty's Exchequer through the Stamp-Office, I must beg to decline submitting to any further taxation for that purpose.

The Government, I presume, can furnish the necessary documents to prove my Registration, for which they have been paid, and handsomely paid; or, if they cannot obtain these proofs from their own records, or from the Registrars of the University of Cambridge and the College of Physicians, having no desire to embarrass them, I would suggest this simple and amicable arrangement:—Let them return me the money, with interest and compound interest, which the Stamp Office has already obtained from me; and then I shall be very happy to pay them the sum proposed for a new Registration. Nay, wishing to do the thing liberally, instead of 20s.—the sum proposed for Doctors *in esse*,—I would suggest that the uniform sum of £10 should be exacted from us as well as from the Doctors *in posse*, and then we should all start fair.

I have a great contempt for dishonesty and breach of faith in a Government, a sentiment that appears to be pretty generally diffused through this country; for I do not find that any Act of Parliament is permitted to pass which compels a man to part with his duly-acquired rights without fully indemnifying him for his loss.

Since I always find you disposed to maintain the character and independence of the Profession, whether you concur in my views or not, your insertion of this will oblige.

I am, etc.
August 2, 1855. J. B. W.

REPORTS OF SOCIETIES

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

Monday, June 9, 1855.

Mr. Holthouse, in the Chair.

Mr. E. J. Complin read a paper

ON THE TREATMENT OF FROSTBITE.

After some general observations on the various stages of Frostbite, and the great frequency with which its later stages had fallen under observation in the Smyrna Hospital, the author proceeded as follows:—In the greater number of cases of frostbite that we have had under treatment in this Hospital, the disease had not extended further than to destroy, in some instances, merely the soft parts of the extremities of the toes and fingers in some parts, and, in others, the whole of the phalanges of the toes and fingers. I believe, also, there were one or two cases in which the disease extended to the metatarsal bones The condition in which we found them was simply this: the soft parts had become dead, had separated from the living, and left the ends of the bones necrosed, and sticking out beyond the living tissues; the condition of the soft parts in the neighbourhood, and for some distance round, was also remarkable. In the immediate vicinity of the dead bone the skin was red, and had a tense and shiny aspect. Further away, the cellular tissue was infiltrated to a certain extent, and pressure along the course of the tendons, more especially on the plantar and palmar aspect of the foot or hand, gave great pain. In the greater number of cases, the feet only were affected. Many of these patients also suffered constantly from pain and a sensation of burning, more especially at night, when it was frequently so severe as to require powerful narcotics to procure sleep.

With such a state of things, the idea naturally suggested itself to the Surgeon,—Are there any modes of artificial interference, by means of which I can hasten the cure of my patient? Seeing a quantity of necrosed bones sticking out from a man's foot in that way, would give the Surgeon a desire to remove them. The form of operation to be performed of course greatly depends upon the greater or less extent of bone that is diseased. If only a superficial scale or small sequestrum exists, it will be sufficient, after it has become partially separated, to detach it entirely, and the wound will heal over it and form a tolerably good

stump. But the class of cases to which I wish particularly to draw your attention, are those where we have one or more entire phalanges diseased, or where, when a number of portions of phalanges have come away, and we know that perhaps a useless or at best a painful and inconvenient stump will be found, the question arises ought we in these cases to do an operation at once, and thus hope to save the patient a great deal of time and suffering? I have seen a great many operations done in this way, but I confess that the results have been far from such as I could wish to have seen. The opportunities that I had of seeing the particular affection in all its stages and complications on board the *Dreadnought* were very great, for during the winter months every year many scores of cases were admitted of sailors suffering in this way. The class of people amongst whom the affection was most common were Lascars. These unfortunate men were generally shipped in the East Indies, or China, as ordinary seamen, were most barbarously treated on board ship, being kicked and knocked about by every white man; their diet was very poor, consisting of nothing but rice and biscuit. All these circumstances, combined with a naturally very feeble circulation in the best health, predisposed them very much to be quickly affected by the influence of cold at a temperature that a European would consider agreeable. Thus, in consequence of being rendered useless in a foreign climate, they were compelled to sleep in the open air on deck, and become the subjects of frostbite. I have seen them brought from their vessels in every stage and every form of the disease, from the simple frostbitten toe where only the soft parts were superficially involved, to the more formidable state in which one or sometimes both lower extremities, as high as the knee, were in a complete state of slough from the skin to the bone. Unfortunately I have not the notes of any of these case out here, but can record many in which operations were performed as soon as the line of demarcation was sufficiently distinct to enable me to discern between the dead and living tissues. I remember two cases that were admitted at the same time in December last year. In one case, the leg, as high as the knee, was one complete slough; in the other, the mischief had extended above the knee. Both the patients were very much reduced in health and strength: they were put upon good diet and allowed a considerable quantity of stimulus in the shape of wine and brandy. Neither of them, however, showed any signs of improvement; in fact, they appeared to be getting lower, and as they were suffering a great deal of constitutional disturbance, and the line of demarcation was distinctly marked out, it was thought proper to give them the chances of amputation. They were both operated upon on the same day; some improvement in their general condition took place a day or two after the operation, but acute sloughing subsequently ensued, and death followed in one instance on the 7th, in the other on the 10th day after amputation. Mr. Solly had under his care at the time I was his dresser a case in which both the man's legs were frostbitten as high as the knees. The history was this:—a relation of his died and left him £100, which he spent in drink in a week; at the end of that time he had nothing upon which to exist, and lay about the streets. He was extremely emaciated and in very bad condition. Amputation of both limbs was performed, the stumps sloughed, but the man ultimately recovered. Another case I remember in which Chopart's operation was performed in consequence of the metatarsal bones being extensively affected; this man had sloughing of the stump, and died from purulent deposits in the lungs. In the great majority of cases in which only a phalanx, or sometimes even part of a phalanx, was removed early, where it was necessary to cut through soft parts, sloughing occurred, and in some cases such severe constitutional disturbance, as to endanger considerably the patient's life, and to retard his cure. The deduction that I have drawn from observing the results of these operations is, that although in some cases, operating early may be successful, yet in the greater number we shall find that surgical interference is attended with unsatisfactory results. The reason of it appears to be this: after a part has been frostbitten, if not killed, it takes a considerable time to recover its original state of vitality, so that a slight injury, or the interference of the Surgeon with the knife, is frequently sufficient to induce the original morbid action that existed in the part. It is surprising how long after the first exposure to cold that this tendency exists to take on the original action. Cases exemplifying this in a remarkable manner have occurred here, showing that the removal even of part of a phalanx was sufficient to produce sloughing of the soft parts. The general rule that I would lay down with regard to operation in these cases is simply this, to remove necrosed portions of bone, by means of forceps, as they become loose, and allowing the stumps to heal of themselves, taking care not to meddle with the soft parts, and not to perform any operation for the making of better stumps until some time after the parts have quite recovered. Conical and painful stumps are very frequently the result of such a plan of treatment, but these should be left for a time until all redness, pain, and swelling have entirely subsided. On the other hand, very often by drawing out a necrosed phalanx, or detaching a sequestrum after it has become loosened, we get not only a very useful, but also a very respectable looking stump. The author concluded by some remarks on the treatment of the earlier stages of frostbite, strongly recommending, as a local application, cotton wool used with gutta percha or oil silk placed over it. The wool requires to be soaked for some hours in water, in order to become thoroughly saturated, and it should then be wrung out and placed aside for use. When applied it should be dipped in hot water, wrung out, and closely adapted to the part, and, with oil silk placed over, it retains the warmth and moisture much longer than any poultice, in addition to soaking up the discharges from the wound, and preventing the matter from being in close apposition with the sore.

Mr. Spencer Wells said, that the inferences drawn from isolated instances in which bad symptoms had followed surgical interference in cases of frostbite, must be received with considerable reservation. In one case he removed a phalanx of the great toe, which was partly necrosed, and severe rigors with low fever set in, followed by pulmonary congestion, and a large purulent deposit in the thigh. He was at first disposed to attribute these phenomena to the little operation, but just at the time another man in the same ward, who had also a frostbitten foot which had not been interfered with, was seized in a precisely similar manner with these evidences of pyæmia. He thought, therefore, that some general condition of the atmosphere of the hospital, or of the ward, had more to do with the constitutional disturbance in the first case than the slight local irritation caused by the removal of the diseased bone, and that, in other instances, although such slight operations were sometimes followed by severe general derangement, yet that this relation was accidental. With regard to the treatment of cases in which the phalanges of the fingers or toes, or portions of them, had been destroyed by cold, he exhibited two specimens which illustrated the results of two opposite methods of treatment, both of which had been extensively followed in the Hospital. The one was about half of the ungual phalanx of the great toe, the greater part being necrosed. Mr. Wells said he had removed it by the cutting forceps in March, and the man had been discharged to his duty in a fortnight, and went to the Crimea by the first vessel. The other specimen was also a portion of the ungual phalanx of the great toe, but here the necrosed part had separated spontaneously, or rather had become so loose that it was easily lifted off with the forceps. Both men had been admitted in February. The one operated on had returned to his duty in March. The one left to nature was still in the Hospital, the bone only being separated at the end of June, and the cicatrization of the soft parts was not yet complete. Mr. Wells contended, therefore, that as men, when in Hospital, crowded it and became exposed to fever, gangrene, or erysipelas—as the constant dressing was painful to themselves, and troublesome to the patients, and as their services were required at the seat of action—it was good practice to remove diseased bones, or diseased portions of bone, as soon as the general health of the patient was in a tolerably satisfactory state, and that in this way a better covering was obtained for the remaining bone, and consequently a more useful stump. He said that in several men lately sent to England as invalids, when the dead bone had been allowed to separate spontaneously, the covering was little more than a red, thin, tense epidermis, which was very apt to give way on the least pressure of the shoe.

Mr. Eddowes was convinced that in many cases the constitutional disturbance which followed surgical interference in cases of frostbite was not accidental, and related a case in which very severe symptomatic fever had followed the removal of a necrosed phalanx by himself. After recovery from this, another toe was removed by one of his colleagues, and the

same train of general symptoms was the result. He had seen a great many cases of frostbite, and watched the result of both plans of treatment, and was firmly convinced that the best and safest plan was to leave the separation of dead bone entirely to nature.

Dr. Ranke had never seen any disagreeable result follow the removal of dead bone by the cutting forceps. On the contrary, he had seen the soft parts heal over in two or three weeks. The pain, when the process of separation was left to nature, was often very great and long continued. He was inclined to regard it as periosteal. He thought that when harm was done by the Surgeon, it was because he operated upon parts still diseased, instead of going beyond them, and making his incisions in healthy parts.

Mr. Halke said that there was often no distinct line of demarcation, but such a shading of diseased into healthy tissue that it was difficult to know where to find healthy parts without removing far more than would be justifiable. He thought that when nature had left a bad stump, the Surgeon might improve upon it when the strength of the patient had become perfectly restored, and related a case of a French officer in the Hungarian Service, upon whom Mr. Fergusson had performed Lisfranc's operation in both feet with success. The toes had been lost by frostbite, and the metatarsal bones had been imperfectly curved.

Mr. M'Donnell said that he quite agreed with Mr. Complin in thinking that, when it could be avoided, the soft parts should not be meddled with, and that the separation of the dead bone should be left very much in the hands of nature, since slight incisions sometimes seemed sufficient to set up again the morbid action in the part, and this, too, even after several months. Of this he had seen several instances, besides the case to which Mr. Complin alluded in his paper. One case he mentioned in which both of the patient's extremities were affected, but not to such a degree as to be followed by death of the soft parts. The feet were stiff, blue, and cold by day, but at night the peculiar burning pain so common came on with great intensity. Treated in the ordinary way, with opiates and stimulating lotions, the patient recovered, and returned to duty. The wearing of a shoe produced an abscess under the periosteum of the metatarsal bone of the little toe. It was necessary to make an incision. Sloughing followed, and the patient lost his little toe. Several similar cases, he said, induced him to support Mr. Complin's view that the soft parts should not be interfered with if it can be avoided, and that secondary operations after frostbite should be deferred until the parts required to form the stump shall have quite regained their original health and vitality.

The Chairman said he had, in several instances, nipped off the dead extremities of phalanges, and in some cases removed the entire phalanx, and the articulation, and no ill result had followed in any case. He thought this practice materially expedited the cure.

Mr. Complin, in reply, said that he had wished especially to caution his hearers against any interference with the soft parts in cases of frostbite, before they had completely recovered their former condition, which they did not do for a long time after all redness and swelling had disappeared. He had seen one case in which sloughing and death followed the removal of a finger.

Mr. Spencer Wells then drew the attention of the Society to

THREE CASES OF INTERMITTENT FEVER, TREATED BY OLIVE LEAVES.

Case 1.—J. H., 62nd regiment, aged 34, had intermittent fever in India in 1845. He was in Hospital twenty-one days. The first eight or nine days the attack recurred daily; afterwards every other day. He remained free until May, 1854, when he had a slight attack in Malta. The next was in February last, in the Crimea. He had another in April, and was in Hospital twelve days, the attack recurring daily. He had two attacks on board the vessel which brought him here, on the 4th of May. No treatment was adopted until the 9th, when he was ordered 3 grains of quinine three times a day. On the 11th, he had the first attack in Hospital, and was ordered 2 ounces of the infusion of olive leaves three times a day, the quinine being discontinued. The infusion was continued until the 17th, when he had another attack. The infusion was then changed for a strong decoction, which he continued until the 24th. He has had no return of the paroxysm since commencing the use of the decoction—upwards of six weeks ago. He has been kept in Hospital since, in order to dilate an old stricture in the pendulous portion of the urethra.

Case 2.—J. H., 41st regiment, aged 25, never had intermittent fever until he was at Varna, in July, 1854. He was then in Hospital two months with quotidian. After he went to the camp, attacks occurred irregularly; he would be in Hospital for a few days, and then go to duty. They occurred regularly every other day for some days before he left, and he had one attack on board ship. He arrived here on the 4th of May, but had no attack until the 17th. On the 18th, he was ordered a strong decoction of olive leaves every 4 hours, which he continued regularly until the 28th. He had one attack after commencing to take the medicine, but has since been quite free. He remains in Hospital on account of granular conjunctiva.

Case 3.—F. D., aged 26, Chatham orderly, had intermittent fever in Poonah and Hyderabad in 1852. It recurred at first every third day, afterwards every ninth day, for seven or eight months. He arrived in England in July, 1854. Had no attack in England. After arriving here in the spring he had two very slight attacks, but did not apply for medicine. On the 18th of June he had a smart attack at 7 p. m., which recurred at 11 a. m. on the following day. He took an emetic and effervescing draughts, and on the 20th the decoction of olive leaves was ordered every 4 hours, as before. This he continued until the 26th, when he complained of pain over the liver, and the stools became light-coloured. Half-a-drachm of the acetate of potass was given three times a day, and diluents used freely until the 1st of July, and he was discharged to duty on the 3rd.

Mr. Wells added, that these were the only cases in which he had been able to try the effect of olive leaves in intermittents since he had drawn the attention of the Society to the subject at the first meeting. The results were satisfactory, or appeared to be so; but he did not wish them to be received for more than they were worth, and brought them forward principally to elicit the experience of others, and as some encouragement for further observations.

Mr. Eddowes inquired of what strength was the decoction.

Mr. Fewtrell said it was made by boiling two ounces of the fresh leaves in a pint of water.

Mr. Complin had tried the decoction in one case. The attack had recurred on the 10th day, and the patient was still under treatment.

TO THE COURT OF EXAMINERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Middlesex Hospital, July 23, 1855.

The Medical Officers and Lecturers of the Middlesex Hospital beg to submit to your Court the following Memorial with regard to the certificates of attendance on Lectures and Hospital Practice at present required by your College.

Under the present system Students are required to attend Lectures and Hospital Practice at a recognized School for a given time. So far as concerns their education at the School, the certificate of attendance is all that is needed to qualify them to present themselves for examination before your Court. The certificate is to the effect that the Student has attended a certain course of lectures, or a certain amount of Hospital practice. If he have complied with the requirements of the School, and have been present with sufficient regularity in the Class-room, or in the Wards, the certificate, referring as it does simply to attendance, must be granted to him. He has established a claim to it which his teacher has no right to resist.

It is true that the Lecturer may require attendance at the class examinations. But though the Student exhibit at them a complete ignorance of the subjects which have been taught, he is not thereby the less entitled to his certificate of attendance. In short, he is not required in any way to give evidence of having studied the subjects on which he is compelled to attend lectures. With regard to the most important branch of Medical education—Clinical Study,—it is notorious that the large majority of Pupils, although they may walk through the Wards, never attempt to make any use of the

opportunities presented to them; and yet, according to the present regulations, they are entitled to their certificates of attendance on Hospital practice.

It is a fact well known to your Memorialists, and equally so, they believe, to the Lecturers of all the Medical Schools in this country, that the examination for the diploma of your College is no criterion of the diligence or idleness of a Student during his attendance at his School. The Pupil who has been thoroughly idle, and whose time for two years has been spent in dissipation, is yet frequently enabled, by means of six months' working with a "grinder,"—during which time he sees neither a subject nor a surgical case—to pass his examination and obtain his licence to practise. The Pupil on his first coming to London soon learns this, and although he may have begun his studies with the best intention, which the necessity for steady and continuous work would have fostered, he is often led by his knowledge of the absence of that necessity to relax in, and eventually to abandon, study altogether. The confessions of the Students themselves, and their regrets that they were not from the first obliged to work for their certificates, have satisfied your Memorialists that this view of the case, which in the present state of things is natural, is also practically true.

It may also be noticed that your Court institutes no examination of Students in several of the subjects on which they are compelled to attend lectures; as for example, on Chemistry, Materia Medica, Medicine, and Midwifery. The Students who seek only the Diploma of your College know that their ignorance of such subjects cannot interfere with their obtaining either certificates from their teachers, or the Diploma from your College. We find, in consequence, that these subjects are often entirely neglected.

Your Memorialists regard the existing system as quite inadequate to fulfil the intentions with which it was instituted, and in some respects as positively injurious to the cause of Medical education, and to the moral character of the Students. They question even whether it might not be better that Students should acquire a knowledge of their Profession when and how they can, the fact of their having acquired it being determined by a rigorous examination, rather than that they should be compelled to remain in London exposed to all its temptations, and without one check or obligation imposed upon them beyond the mere necessity of being present in body at a certain number of lectures.

The Lecturers at this School have availed themselves of every power which has been granted to them by the regulating bodies. During many past years they have, in all their classes, pursued the system of regularly calling over the names of the Students at each lecture, and of reporting those who were irregular to the chief authorities of the Hospital. This strict requirement of attendance has no doubt induced some to work who would otherwise have been idle, and the general character of the class has been to some extent favourably affected by it. But they find that the entire absence of that stimulus which would be given by the conviction that not attendance only, but attention and study are required to enable a Pupil to obtain his certificates, causes too many of their Pupils to lapse at first into indifference and ultimately into complete idleness; and such, we believe, is the experience of all our Medical Schools.

It appears to your Memorialists that a reasonable and easy remedy might be found in a slight alteration in the certificates, which would give to the Lecturers a power they ought to possess, if intrusted at all with Medical education. A statement might be added to the certificate of mere attendance on Lectures and Hospital Practice to the effect that the Student has really and *bonâ fide*, to the satisfaction of his teachers, profited by the instruction furnished to him. Were such authority conceded, each School or each Lecturer might determine the manner in which the Student's knowledge should be tested. The more stringent the regulations (within due limits), the better for the Students and for the character of the School.

The great advantages which appear to your Memorialists likely to result from such a plan, are, that each Student would be forced to work year by year, or period by period; that on subjects on which he is required to attend more than one course of lectures, he might be obliged so to work, as to insure regular and progressive improvement; and that in the Wards he might be obliged to observe for himself, so as to be able to pass a clinical examination. An opportunity would also be given for altering the existing Prize-system which is avowedly open to many and great objections. Instead of the present very limited competition for prizes, the teachers would have power to institute a comparison of the relative merits of all the Students in the School.

The plan of frequent compulsory and practical examination, it is true, is not adopted in the case of students of other professions. It may be remarked, however, that, many of the Colleges in the Universities of Oxford and Cambridge, finding that the University examinations are insufficient to insure regular study even under the system of discipline and tutorial instruction which characterize a University education, now insist on sessional or annual examination. And they deem that such a test of real solid acquirement may be more readily dispensed with in other professions, since the fitness of those engaged in them is more open to general criticism, and ignorance is more readily detected and exposed.

Your Memorialists trust, that the statements and suggestions which they have now taken the liberty to lay before your Court may be thought worthy of meeting with its consideration, and that your Court may be induced to take steps effectually to remedy the evils herein set forth, which their conviction of the importance of the subject has induced them to bring under its notice.

Robert Temple Frere, Chairman.
Campbell De Morgan, Secretary.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW AND THE ARMY MEDICAL DEPARTMENT.

The Faculty of Physicians and Surgeons of Glasgow, whose Fellows and Licentiates are eligible for appointments in the Medical Department of the Army, and some of whom are now serving in the Crimea, have felt a deep interest in the late inquiry by a Parliamentary Committee into the administration connected with the Army of the East, and the alleged neglect and mismanagement by the head of that department.

The Faculty have carefully examined the evidence relating to this charge, in connexion with the functions which they believe to belong properly to the office of Director-General, and the liberal and enlightened exercise of which they have formerly had occasion to acknowledge.

They now, therefore, consider it a duty which they owe alike to the public, to the Profession, and to Dr. Smith, to state that they cannot discover any proof, either of neglect or mismanagement.

On the contrary, the Faculty appeal with confidence to the documents produced to the Committee, and now made public, to prove that early in 1854 the Director-General anticipated almost every difficulty and danger which has since arisen, and that, at that early period, he had adopted the most judicious and efficient measures, and had urged upon the authorities, in the most pressing terms, the necessity for following out his recommendations.

In the opinion of the Faculty, the documents referred to are the best refutation of the calumnious and unworthy aspersions which have from time to time been published, and which have borne no less unjustly upon a meritorious officer, than upon a department of the public service too long deprived of the power of independent action, but second to none in importance and in its claims on the gratitude of the country.

In the name of the Faculty,
A. Dunlop Anderson, M.D.,
F.R.C.S. Eng., President.

Faculty Hall, August 6, 1855.

Thereafter, on the motion of the President, the standing orders were suspended, and Dr. Andrew Smith was elected an Honorary Fellow of the Faculty by acclamation.

The Bishop of Durham, who had already given 250 guineas to the building fund of the Newcastle Infirmary, has this week added £250 (a thank-offering, in all probability, for the success which has attended the operation performed on his lordship's eyes).

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDING 21st JULY.

The Inspector-General of Hospitals in the Crimea reports on the week ended 21st July, that the health of the Army has continued to improve. There has been a trifling decrease in the number of admissions into Hospital, and a considerable diminution in the mortality, which has fallen from 123, that it was last week, to 282. Cholera, too, has greatly moderated in severity, as will be seen on reference to the following abstract of the leading classes of diseases, viz.,—

This week there were of

	During the present week. Admitted.	Died.	During the previous week. Admitted.	Died.
Fevers . .	605	20	646	18
Diarrhœa .	785	5	896	10
Cholera . .	68	34	75	55
Dysentery .	168	2	234	5
Wounds .	318	16	218	30
Other diseases	481	5	458	5
Total .	2425	82	2527	123

Some of the Batteries of Artillery recently arrived from England have suffered more in proportion than others, and the position of the Hospital Hut of the 1st Troop of Horse Artillery, the Senior Surgeon of Ordnance does not think very judicious, and he proposes to have it moved, which is considered desirable. The present position of the hut was selected in winter, and what was then rather an advantage, namely, its sheltered situation, is now an objection, and a deserved one too. Indeed, the whole Troop might be moved with advantage from their present huts, and encamped for a season in some other locality, if the Army does not take the field. It would allow of the huts being properly cleansed, whitewashed, and fumigated. The 13th Regiment continues to suffer from Diarrhœa, but since its removal to the heights above Balaklava, Cholera has ceased, and hopes are entertained that the tendency to Diarrhœa will decrease also in a few days.

In the 2nd Division sickness is abating, in the 2nd Battalion Royal Regiment, in the Buffs, and 31st Regiment, but in the 3rd Division, the 14th and 39th continued to have heavy sick lists, and it has been proposed to change the ground of the 39th to the opposite side of the valley, to the southward and westward of their present position.

The Surgeon thinks the health of the Regiment affected by the amount of duty the men are called upon to perform, and he adduces the following instance:—On the 19th the Regiment took the advanced trench-duty, which is severe, and on the 21st it was again warned for the covering duty in the trenches, which is lighter. This duty is not excessive at this season of the year, as the men can sleep when not in the advanced trenches, but it is too heavy to be continued for any length of time without injury to health.

The number of casualties admitted from the trenches during the present week has been greater than it was last; but the deaths have been fewer, which shows that the generality of wounds received must have been of a less serious character. The ratio of admissions to strength this week has been 5·95 per cent., last week it was 6·20 per cent.

The deaths to strength this week have been 0·19; last week they were 0.30 per cent.

The proporti on of sick to well at present is 12·63 per cent.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Tuesday, August 6.

HEALTH OF THE ARMY.

Mr. Stafford moved for copies of reports from the different Hospitals connected with the army and navy in the Black Sea, and for copies of any reports sent home by Sir John M'Neill, the sanitary commissioner to the army. He justified the disclosures which had been made of the unnecessary sufferings of the army, without which, he said, their sufferings would have been still worse. He quoted extracts from evidence of several Staff and Regimental Surgeons, to show the frightful evils which existed in the army about Christmas last. He quoted, also, the suggestions they made for an improvement of the system, and asked the Government whether they had adopted those suggestions.

Mr. Peel, in reply to the statements of the honourable gentleman, entered into some detail with regard to the state of the Hospitals in the Crimea, and first he stated that an impartial Commission had been appointed to inquire into the condition of the Hospitals on the 18th of June. At present there were few sick or wounded either in the Military or Civil Hospitals, and the reason was that there was little sickness in the army. They had, however, made great provision for emergencies, and he hoped they would always continue to be beforehand with these contingencies. He hoped and believed Sebastopol would fall this summer; but the Government did not trust too much to that, but had made provision for the army to winter again in the Crimea. With respect to the Military Medical Department, he stated that it was intended to appoint a head over every separate department, such as the Purveyor's Branch, the Apothecary's, etc. and that over all a Military Medical Chief should be placed. With regard to the motion, he had no objection to give the ordinary Medical Report asked for.

The motion, amended in some of its points, was then acceded to.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 25th ult.:—

Banks, Philip Humbley, Bedford.
Bevan, James, Hereford.
Clarke, Francis Winter, Henrietta-street, Cavendish-square.
Crawford, Joseph, Newbliss, Co. Monaghan, Ireland.
Davis, Willoughby, Ampthill-square.
Lewis, Thomas, Llanshystid, Aberystwith.
Loeke, Thomas William Spink, Thorn Villa, Shimpling, Suffolk.
O'Connor, Morgan, Tralee, Co. Kerry.
Skey, Francis Wakefield, Grosvenor-street.
Unwin, William, Stoke Newingtou,
Warren, Henry, Mornington-road, Regent's-park.
Watkins, John Webb, Towcester, Northamptonshire.

The following gentlemen were admitted members on the 27th ult.:—Messrs.

Barker, William, Malton, Yorkshire.
Briggs, Joseph, Maesty, Glamorganshire.
Edwards, Edwin Thomas, Newcastle, Staffordshire.
Fawcett, James Edward, Knaresborough.
Hey, William, Leeds.
Powell, Rees, Army.
Richardson, Edward, Sunderland.
Sayer, William, Liverpool.
Shannon, David, Mayhcrafelt, Ireland.
Waller, Walker Kerr, Bromptom.
Woodward, Thomas Hewlett, Regent-square.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 2nd, 1855:—

Dickenson, Edward, Rugby, Warwickshire.
Garland, Edward Charles, Bath.
Gibson, Alexander Craig, Hawkshead, Lancashire.
Morice, Charles Lloyd, Llanbadrun, Cardiganshirc.
Newton, John Charles, Navy.
Tweddle, John, Carlisle.

APPOINTMENT.

Northampton General Infirmary.—The election for two Physicians to the General Infirmary (vacant by the resignation of Drs. Robertson and Kerr) was terminated in favour of Dr. Joseph T. Francis, M.D. London, M.R.C.P., and Dr. J. H. Webster, M.D., Cambridge.

DEATHS.

DUESBURY.—August 2, at Clapton, Frederick Duesbury, Esq., M.D., in his 62nd year.

JACKSON.—July 29, at High Wycombe, William Jackson, Esq., Surgeon, aged 51. His untiring care and attention to his patients, whether rich or poor, and his uniform affability and kindness gained for him their gratitude and esteem, and his memory will ever be cherished by his sorrowing family and many friends.

UNIVERSITY OF EDINBURGH.—The annual ceremony of "capping" the Medical Graduates, and conferring on them the diploma of M.D. on the termination of their studies in the University, took place yesterday forenoon. We subjoin a list of the gentlemen who have thus graduated, premising that the triple asterisks prefixed to the names signify those who have obtained prizes for their dissertations, the double asterisks those selected for competition for the dissertation prizes, and the single those commended for their dissertations:—*From Scotland:*—***George Stodart, Blackie, on Cretinism; ***James Lumsdaine Bryden, on Sugar in the Economy in Health and Disease; *John Cruickshank, on Functional Disorders of the Stomach; George Drysdale, on Animal Chemistry; *James Boyd Fleming, on Dysentery; **William Welsh Forbes, on Asiatic Cholera; James Fraser, on Diseases of the Spine; George Geddie, on Purpura Hæmorrhagica; George Grant, on Mental Influences as producing and removing Abnormal Conditions of Body; John Henderson, on the Hereditary Transmission of Disease; *William Wotherspoon Ireland, on Fœticide; George Lawrence, on some of the more important points connected with the Surgery of the Arteries; **William Johnstone Marshall, on the Modes of Dying; Henry Marshall, on Amputation; Charles Robertson, on Epidemic Cholera; George Slight, on Variola; John Smith, on the Functions of the Skin; David Hope Somerville, on the Pathology of Obstructed Circulation; Robert Ker Soutar, on Ophthalmia; George Tait, on General Dropsy; George Wardlaw Turnbull, on the Histology of the Simpler Tissues, with special relation to their Formative Capacity. *From England:*—**John Dauglish, on the proximate Causes of Inflammation; Frederick Augustus Elliott, on Atrophy; William Horsfall Hinchcliff, on the Formation of Abscess in the vicinity of Mucous Canals; ***Decimus Filius de Hodgson, on the Anatomy and Diseases of the Prostate; *William Lewis Owen Hughes, Notes from different Authors on the Kidney and Albuminuria; Benjamin Clay Hutchinson, on Scurvy; Charles Frederick Ogilvie, on the appearance of the Gums in Phthisis Pulmonalis; Henry Robert Reid, on Tetanus; *John Robert Robertson, on Scarlatina; *George Edwin Seward, a plea for the Cephalotribe; **Almeric Walter Seymour, on the Absence of the Chlorides from the Urine during Inflammatory Diseases; *John Thorburn, on Surgical Fever. *From Wales:*—William Taylor, on Narcotics. *From Ireland:*—William Gilfillan, on Dropsy; Hamilton M'Eilheron Ross, on Tuberculosis; Maximilian Grant, on Aneurism and its Varieties. *From East Indies:*—*George Coates Bell, on Tobacco; Dugald Campbell, on Anæsthesia; Thomas Edmonston Charles, on the Causes and Treatment of Sterility; John James Colquhoun Dempster, on Organic Stricture of the Urethra; William Howland Roberts, on Hæmorrhagic Discharges from the Pelvic Passages; *David Boyes Smith, on the Injuries of the Head; *James Wise, on Lycium. *From Canada:*—Charles Blackburn Jones, on Simple or Lobar Pneumonia; Arthur William Moore, on Continued Fever; *Thomas Young Savage, on Ovarian Dropsy; James Thorburn, on Dysentery. *From Egypt:*—Mahomed Badre, on Purulent Ophthalmia; Mahomed Ali Katib, on the Climate of Egypt; Mostapha Mostapha, on Medical Study and its Philosophy; and on the Uses and Effects of Indian Hemp in Egypt; Mahomed Ali Soubki, on Malaria and Intermittent Fevers. *From China:*—Wong Fun, on Functional Disorders of the Stomach. *From Mauritius:*—*Francis Onesipho Beaugeard, on the Connexion between some Diseases of the Liver and the Intestines.

WEST LONDON DISPENSARY.—Mr. Ashton has resigned the Office of Surgeon to the above Institution.

COMPULSORY VACCINATION.—A Bill has just been brought in by Mr. Brady and Mr. M. Chambers "to provide for the Vaccination of the people in England and Wales," by a series of enactments, which, if carried out, appear calculated to insure a more efficient system of Vaccination. The preamble of the Bill is based on this hypothesis:—The existing Acts respecting Vaccination, as applicable to England and Wales, are to remain in force until the 1st of January, 1856, and no longer. After that period public Vaccinators are to be placed under the control of the General Board of Health, and to be under the immediate direction and management of a Medical Superintendent; the public Vaccinators to be appointed by the Board, at a salary to be arranged with the Treasury. Within a month after the passing of this Act the said Superintendent is to be appointed. The Board of Health will also appoint Medical Inspectors, under the Superintendent, for the purposes of public Vaccination and for carrying out the provisions of the Act. Clause 6 continues the powers of Vaccinators already appointed, and those holding contracts for Vaccination on the 31st of December 1855. Vaccination stations are to be appointed in districts for public Vaccination. Clause 8 absolutely requires every adult person resident in England and Wales on the 1st of January, 1856, who has not already been successfully vaccinated, nor had the smallpox, to be vaccinated by a duly qualified Practitioner, or by a public Vaccinator, within three months of that date, and to submit to an inspection by the Medical man or public Vaccinator eight days after Vaccination, under a penalty of £1. Adults not born in England and Wales, and coming to reside therein, must also submit to this provision, and be vaccinated (if not already vaccinated) within three months of their arrival. Children must be taken by their parents to be vaccinated within three months from the 1st of January, 1856, and to be inspected eight days after Vaccination, under a penalty of £1. The sub-registrars of districts must give notice to the parents, at the time of registering the births of their children, of the necessity of complying with the Act, but the non-receipt of such notice will not avail the parents as an excuse for the non-vaccination of their children. Children brought to England and Wales from other parts must, in like manner, be vaccinated within three months of their arrival. Adults and children must be re-vaccinated until the operation is declared successful, provided that, after repeatedly unsuccessful Vaccinations, a Medical certificate that the patient is unsusceptible of the vaccine disease will protect the party from the penalty that will otherwise be rigidly inflicted. A certificate of present unfitness for Vaccination will have the same effect. A certificate of successful Vaccination may be obtained for the trifling fee of 6d. The public Vaccinators must keep regular registers of the names of persons vaccinated, with the result of the operation, and returns must be made periodically to the Superintendent. Public Vaccinators will be entitled to a fee of 2s. 6d. for every child successfully vaccinated at or within two miles of the Vaccinator's residence, and 3s. 6d. if beyond that limit. Medical Practitioners, not public Vaccinators, will be entitled to 1s. for every child whose name is entered by them and transmitted to the board as having been vaccinated. The Superintendent is empowered to institute rigid inquiries and to prosecute for penalties, when he suspects that the Act has been violated or neglected. The same officer will make regulations respecting the best mode of operation, the supply and selection of lymph, and all other things which may be required to render Vaccination the most effectual safeguard against the loathsome and disgusting disease to which it is an antidote. The expenses of the Act will be provided by Parliament. The last and by no means the least important clause of the Bill continues the existing penalties against the barbarous practice of inoculation with variolous matter, and the crime of wilfully, by any other means, producing the disease of smallpox. Offenders against this clause will be punished by imprisonment in the common gaol or House of Correction for one month.

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.—Names of Gentlemen on whom, after Examination on the different Branches of Medicine, the Degree of M.D. was conferred:—

John Shoolbrain, Banff.
James W. F. Smith, Madras.
Henry C. Juler, Norfolk.
J. M. Houston, Cromdale.
George Sampson, London.
S. W. Busbury, Birmingham.
John Welch, Hampstead.
William Hallam, Newcastle, Staffordshire.
C. E. G. Lamotte, Bishop Wearmouth.
E. L. Bryan, Middlesex.
Edward Pitt, Wexham.

CALLING IN A SECOND MEDICAL MAN.—At the Brompton

County Court, on Thursday, the case Clark *v.* Martin was tried. The plaintiff, a Surgeon residing at Notting-hill, in this action sought to recover the sum of £2 2s. of the defendant, who keeps a beerhouse in the same neighbourhood, and under circumstances of more than ordinary interest to the Medical Profession and the public. Mr. Bradley, the County Court solicitor, appeared for the defendant. The plaintiff stated that the defendant's wife engaged him to attend her in her confinement. That, upon examining her, he discovered that there would be some danger and difficulty in her accouchement, and, upon being called in, he found the birth was a foot presentation, and, as manual exertions on his part were necessary to assist the labour, he commenced operations. The patient, however, was so strong and violent that several women and himself were unable to hold her, and in her struggles she kicked his arm, and detached some portion of the child. He apprized the defendant and his wife that it was positively necessary some eminent accoucheur should be called in to assist, and witness sent his servant for Dr. Murphy, who came; and, as defendant refused to pay Mr. Murphy, witness had paid that gentlemen one guinea for his services. He now claimed £1 1s. for his own services and the guinea he paid to Dr. Murphy. Mr. Bradley said the plaintiff had acted unskilfully and negligently, and if he proved these allegations the plaintiff was not entitled to recover. With regard to the guinea charged for Dr. Murphy's assistance, it was clear that Medical men had no more right to call in assistance than a lawyer would have when in a difficult case, unless he did so at his own cost. If Medical men were to be allowed to call in whom they pleased, and to charge their patients for such extra advice or assistance, there was no forseeing how many Doctors there would be at an accouchement. Mr. Bradley called Mrs. Martin, who said her charge of negligence was, that when Mr. Clark was sent for, he did not come for a long time, and after he had performed the operation he left the head of the child, which had become detached, to come by itself, and left her all night in this state. She considered it was his unskilfulness that made him wish for further assistance; and when he said he must call in some one else, she distinctly told him that if he did so she could not pay for it. Mr. Clark said, had he remained with his patient all night, his services or presence would have been uncalled for. From the state the patient was in, it was advisable to let nature have its course, and, after giving Mrs. Martin a composing draught, he left her to attend another patient, who had a like difficult labour. He had a most extensive practice in such cases, and there was not a shadow of pretence to say the child could have been saved, or that he had acted unskilfully or negligently. The learned Judge said, grave charges had been made without being established. He considered the plaintiff had done his best, and what was proper, and was sorry he could not allow him the £1 1s. he paid to Dr. Murphy. Verdict for £1 1s. and costs.

Prevention of Diseases.—A bill for the better prevention of diseases, brought in by Sir B. Hall and Sir G. Grey, gives power to local authorities acting under any general Act for the removal of nuisances now in force, to execute the present Act, and the expenses are to be borne out of the local rates. The Privy Council is empowered, whenever any part of England appears menaced with, or is affected by, any formidable epidemic, endemic, or contagious diseases, to issue orders enforcing the provisions made for the prevention of disease, and while such orders continue in force (as they may do for six months), the General Board of Health may issue directions for the speedy interment of the dead, for house-to-house visitation, and for dispensing medicines and affording medical aid and advice, both curative and prophylactic. When an order in council is in force, over-crowded houses will come under the regulations of the Common Lodging-houses Acts of 1851 and 1853. The orders in council will extend to parts of sea lying within the jurisdiction of the Admiralty. Persons obstructing the Act will be fined £5.

The Cholera.—The cholera still prevails to a somewhat alarming extent in various parts of Italy. It took on the epidemic form at Fiume, on June 17th, from 40 to 50 cases occurring daily. The number of cases occurring between May 28 and July 7, amounted at Verona to 520, at Venice to 951, and in Padua to 467. Of these last, 118 had recovered, 298 had died, and 51 were still under treatment. At Treviso, 674 cases occurred during May, with 318 deaths, 78 recoveries, and 278 still under treatment. The disease has shown itself in a moderate epidemical form at Vienna, while at Pesth the number of cases are diminishing, and the proportion of recoveries increasing.

Cholera has broken out at Oporto.

El Crisol, a Medical Periodical of Madrid, states that the number of Cases of Cholera at Madrid for the week ending July 29, was 380; deaths 229. In the country towns of the provinces the Medical men go about at the hazard of their lives, not only from infection, but from the violence of their very neighbours, while they are risking their own lives to save others. A Physician was murdered in Galicia, and an elderly Medical man has been stabbed in Catalonia. In a blind and brutal prejudice, the ignorant people attribute the deaths from Cholera to poison administered in the medicines, and therefore refuse to take the prescriptions. If such as these are carried off, their death is attributed to poison also, communicated by the Physician *touching* the patient's tongue.

New Professors of Chemistry.—The King of Bavaria has just appointed Dr. Von Gorup-Besanez Professor in Ordinary of Chemistry in the Philosophical Faculty of the University of Erlangen. A well-appointed chemical laboratory is also directed to be forthwith established. The College of Medical Professors at Vienna has appointed, by a large majority, Dr. Heller to the Chair of Pathological Chemistry.

Faculty of Medicine of Paris.—M. Natalis Guillot has been appointed Professor of Internal Pathology to the Faculty.

A remarkable case of coupled twins is being exhibited in Liverpool, in the persons of two African female children, five years of age, who, although in every respect perfectly formed, are joined to each other at the hip, and will thus go through life back to back. They are described by some of the Faculty, who have inspected them, to be more curious than the Siamese twins.

Mortality Notabilia.—In the week that ended on Saturday the deaths of 963 persons, viz., 473 males and 490 females were registered in London. In the corresponding week of 1849 the deaths from all causes rose to 1967, and in that of 1854 to 1456, cholera having made considerable progress at both those periods. Taking corresponding weeks in the last ten years it will be found that the deaths ranged above 1000 in all the weeks of the series except three, those of 1845, 1847, and 1850. The deaths returned for last week, when compared with the facts now stated, present a very favourable result. At this season, which the fatal experience of former years invests with more than ordinary interest to the London population, it is gratifying to find that the Metropolitan reports, though they show that the usual summer cholera is on the increase, are still free from indications of the more virulent epidemic.

Deaths in Public Institutions for the Week ending August 4:—

	Males.	Females.	Total.
Workhouses	38	45	83
Prisons	..	..	..
Military and Naval Asylums ..	7	..	7
General Hospitals	32	19	51
Hospitals for Special Diseases ..	7	5	12
Lying-in Hospitals	1	1	2
Military and Naval Hospitals ..	1	..	1
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	1	4	5
Total	88	74	162

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	..	4	3	20	3
North	490,396	5	2	6	7	13	6
Central ..	393,256	3	5	3	13	21	7
East.....	485,522	6	4	9	4	27	12
South	616,635	5	2	15	7	29	11
Total..	2,362,236	20	13	37	34	110	39

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, August* 4, 1855.

Causes of Death.	In the Week ending Saturday, August 4, 1855. Deaths of Persons. AT ALL AGES. Mean temp. °	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks. °
Mean Temperature	62·5						61·9
All Causes	963	552	122	132	137	20	1130 9
Specified Causes	962	551	122	132	137	20	1126·3
Diseases:—							
1. Zymotic Class	391	250	22	8	15	6	447·9
2. Dropsy, Cancer, and others of uncertain seat	51	2	7	24	18	..	38·7
3. Tubercular Class	168	86	49	26	7	..	187·5
4. Of Brain, Nerves, etc. ..	95	51	9	15	20	..	112·7
5. Of Heart, etc.	38	2	10	14	12	..	31·9
6. Of Respiratory Organs ..	83	44	4	20	11	4	76·0
7. Of Digestive Organs ..	65	24	10	15	15	1	68·6
8. Of Kidneys, etc.	11	1	2	3	5	..	10·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	10	1	6	2	1	..	8·1
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	7	2	2	3	..	..	7·3
11. Of Skin, etc.	2	..	..	..	2	..	1·4
12. Malformations	1	1	..	..	..	..	3·0
13. Debility from Premature Birth, etc.	31	31	..	..	..	..	29·4
14. Atrophy	56	45	..	..	11	..	33·1
15. Age	26	..	..	..	17	9	37·4
16. Sudden	..	..	..	..	..	..	4·1
17. Violence, Privation, etc...	17	11	1	2	3	..	28·6
Causes not specified.. ..	1	1	..	..	..	..	4·6

BOOKS RECEIVED.

The Edinburgh Medical Journal. August. 1855.

Hunt on the Influence of the Human Instinct in the Prevention and Cure of Disease. London: Richards.

Arnott on Warmth and Ventilation. London: Longman and Co. 1855.

Twenty-Eighth Annual Report of the Directors of James Murray's Royal Asylum for Lunatics near Perth. June. 1855.

Second Annual Report of the County and City of Worcester Pauper Lunatic Asylum. 1855.

Untersuchungen über den Einfluss welchen die Blutströmung auf die Bewegungen der Iris und anderer Theile des Kopfes ausübt. Von Adolph Kussmaul. Würzburg. 1855.

A Letter on the Treatment of Asiatic Cholera. By Dr. Ayre.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

We beg to remind our readers that, under the New Newspaper Stamp Act, which came into operation June 30, the following particulars are important to be observed:—

Stamped Copies can only be transmitted by Post within Fifteen Days from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

M.R.C.S.—Under the proposed Bill any person possessing either the Diploma of the Royal College of Surgeons or the Licence of the Apothecaries' Society, would be entitled to register as a Surgeon and to act as a General Practitioner. We do not, however, recommend any one to endanger his prospects by evading the present laws, but we rather advise him to conform to existing regulations, in doing which he will run no risk whatever.

Mr. Westropp.—The great length of the paper was the cause of our delay in publishing it, but a short abstract of the chief points involved would be readily inserted.

Mr. Mackenzie's paper is declined with thanks, owing to the crowded state of our columns.

Our Edinburgh Correspondent.—No such person is known in Clarges-street, Piccadilly.

I. A. K.—We cannot recommend any particular Practitioner. The party named has, we believe, been dead some years. The complaint is quite manageable, and requires only judicious treatment, with time and patience.

Mr. W. Hewitt.—Handfield Jones on the Stomach. Dr. Budd has a book also in the press upon the same subject.

Mr. Toynbee's concluding Lecture is unavoidably postponed until next week.

M.R.C.S. should have authenticated his letter with his name. It is our universal practice to disregard anonymous communications.

Francis.—We are unable to comply with the request of our correspondent.

Mr. Griffin.—We are unable to insert the whole of the letter on the present Vaccination Act, but we cheerfully give the following extracts:—

"To illustrate the labour of filling up these papers, I will narrate that, as Vaccinator to a District, I have to fill up in one book the date, name, sex, age, state of health, and when vaccinated, on one sheet; on the opposite, the date, name, residence, successful or unsuccessful, observations if any, and when observed. In a second book I have to write the name, age, father's name, where residing, in the street, parish, and county, with the date, my name and titles, with No. of entry, if it can be ascertained; on the duplicate, the name and date of transmission to the Registrar. In a third book I have to write the name, age, parent's name, residence in street, parish, and county, with the date, my own name and titles; and on the duplicature the name, residence, and date. Few will be surprised that Medical men fail to carry out these complex arrangements, which entail so much trouble and serious loss of time.

"If the Act is to be carried out, the children must literally be hunted up, and then two or three visits have frequently to be made before the parents can be seen and consent obtained, as the wife or the husband or some relative has to be consulted; a day is at last fixed, and the Vaccinator proceeds to the house, when he is told the child shall not be vaccinated, unless informed from whom the lymph is taken, and then, perhaps, an objection is made to the child, though, to all appearance, a healthier cannot be found in the parish; then a fresh appointment has to be made with, perhaps, a similar disappointment; finally, the child gets vaccinated, and in about five or six days' time, the Surgeon has to call and ascertain if the arm is rising, in order to fix the time for other parties to be vaccinated from it, and on the eighth day, he again calls, and gives the certificate, and fills up the three books. On his rounds a few days after, he is, perhaps, called in to see the child, as it has some trifling ailment, a rash, which is directly laid to the Vaccination, though, perhaps, it had a similar one previously; and he is expected to give it some medicine, which, to soothe the parties, he gladly does, having urged the Vaccination upon them; to crown the whole, he is rewarded with what? why, nothing—for the unsuccessful cases, which have given him quite as much trouble as the others, and often more as he frequently has to vaccinate them two or three times, as was the case with one of mine two months' since, when, on expressing my surprise, the mother exclaimed, 'Surely my child must have had the small-pox, he was ill last year when my neighbour's child had it, and Johnnie had some pimples about him,'—and at the end of the quarter he receives the magnificent sum of 1s. 6d. for each successful one, a sum so paltry, considering the duties to be performed, that I am not surprised that the Vaccinators, as a body, do not put themselves to the inconvenience of looking for them, but simply attend to those that visit the Surgery. Thus many go unvaccinated, and this will be the case until a fair and just remuneration be made for the services rendered.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Although I am aware that the new Medical Reform Bill will not be retrospective, and that it will not affect Students who have commenced their Medical education before the 1st Aug. '55, *as far as their term of Studentship is concerned;* still, I am ignorant as to whether they will be admitted to Examination as Surgeons and Physicians before the respective ages of 22 and 25, and as to whether they will be examined according to the new Act or not. Be good enough to solve the difficulty, and oblige,

Yours, etc.

Dublin, Aug. 7, 1855. The Resident of a Dublin Hospital.

[There is no doubt that some special provision would be made to meet such a case.—Ed. *M. T. & G.*]

W. S.—In an action to recover the amount of a Medical Bill, the onus of proof that the plaintiff is a Licentiate of the Apothecaries' Company is on him.

COMMUNICATIONS have been received from—

Dr. Balfour; Mr. Propert; M.R.C.S.; Mr. Westropp; J. B. W.; Mr. Alcock; An Irish Practitioner of over Thirty Years' Standing; A Member of the Council of the Provincial Medical and Surgical Association; Mr. Postgate; Mr. Spencer Wells; A Constant Reader; Mr. Mackenzie; Guy's Hospital; S. H. G.; J. A. K.; Dr. Spencer Thomson; Mr. Thomas Asslin; Dr Bronner; Dr. Anderson; Mr. Griffin; Mr. W. Hewitt; Calomel; A. M. A.; Dr. Strange; M.R.C.S.; Dr. Andrew Smith; Dr. Crowdy; Mr. Morris; Dr. Wilson; Mr. Terry, Jun; Mr. Carver, Cambridge; Mr. Holmes, St. George's; Mr. Henry Thompson; Mr. Williams; Mr. Eubulus Williams; Mr. Royston, Liverpool; Mr. Hillier, University College.

APPOINTMENTS FOR THE WEEK.

August.	Miscellaneous Register.
11. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
13. Monday.....	
14. Tuesday	Operations at Guy's, 1 p.m.
15. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
16. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
17. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

PATHOLOGY AND TREATMENT OF THE AFFECTIONS OF THE EAR,

CAUSING DISEASE IN THE BRAIN OR ITS MEMBRANES.

DELIVERED AT

St. Mary's Hospital.

By JOSEPH TOYNBEE, Esq., F.R.S.

Aural Surgeon to the Hospital; Lecturer on Aural Surgery at St. Mary's Hospital Medical School; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.

LECTURE XII.

ON THE TREATMENT OF DISEASE IN THE MASTOID CELLS.

On account of their position and peculiar arrangement, disease of the mastoid cells is usually of a more serious character than when it occurs in the tympanum. I have already shown you the difference between the construction of these cells in childhood and in the adult, and you have seen that in each period of life, during disease, there is scarcely any possibility of the whole of the secreted matter being discharged from the ear.

Of disease occurring in childhood.

In childhood, before the mastoid process is developed, I have shown you that the rudimental cells are placed posteriorly and superiorly to the tympanic cavity, and are bounded externally by a portion of the squamous bone. In the instances already detailed of disease in these cells, occurring in childhood, you have seen that it advanced rapidly until it caused the death of the patient; indeed, in those cases the brain or its membranes were most probably affected long before the patients' friends applied for relief, and before the diseased portion of bone had become detached or partially detached, so as to permit the free egress of the matter from the mastoid cells. An examination of the specimen before you, illustrative of this branch of the pathology of the subject, will show that had the portion of necrosed bone, forming the outer wall of the mastoid cells, been capable of removal during the life of the patient, the progress inwards to the brain would probably have been arrested or averted. In the majority of cases of necrosis of the mastoid process which fall under our notice among the out-patients in this hospital, the portion of necrosed bone does become detached before the membranes of the brain are affected, and you must frequently have observed the mass of bone to come away with but very slight cerebral disturbance. Indeed, as a rule, when the portion of necrosed bone is detached, although it may be of considerable size, there is very little fear of injury to the brain or the dura mater. It is not always very easy to distinguish between disease in the tympanic cavity and that occurring in the mastoid cells. As a general rule, when the mastoid cells are affected, the pain is referred to the region of the mastoid process or to the back of the head; tenderness is experienced upon gently tapping or pressing upon the mastoid process; the attacks of pain and giddiness appear more in the shape of sudden paroxysms, and the giddiness is more violent. It not unfrequently occurs that there is no perforation of the membrana tympani, but that the disease in the mastoid cells causes irritation and catarrh of the dermoid meatus.

I will just give you the particulars of a case which may be considered one of the most favourable, of caries of the mastoid process:—

Chronic catarrh of the mucous membrane lining the mastoid cells; caries of the bone; removal of the dead portion; recovery.—Master W., aged 6, was brought to me on the 4th of September, 1853. His mother said that, four years previously, he had an attack of scarlet fever, which was followed by discharge from both ears, and by dulness of hearing. After this discharge had continued for three months, accompanied by pain at the back part of the head, and frequent giddiness, an abscess formed behind the right ear, which, being laid open, a portion of dead bone was felt. This portion of bone gradually became detached, and was removed; the discharge from the ear continued. Upon examination of the right ear, the membrana tympani was absent, and the meatus contained polypi. In the left ear the membrana tympani was perforated; the mucous membrane of the tympanum was red, and poured out an abundant discharge. Posterior to this ear was a small orifice, through which, by means of a probe, dead bone was felt. This was the upper part of the mastoid process, which, by slow degrees, was detached and removed. After the removal of the dead bone, and the constant use of the syringe and warm water, the discharge disappeared.

I might add a large number of cases, the details of which are very similar to the above. Sometimes the head symptoms are slight, at others they are very marked. There is usually a polypus in the meatus, as the result of the irritation of the dead bone. If it seriously interferes with the outward progress of the dead bone, the polypus may be removed, but it will generally be found to disappear after the dead bone has been discharged. In many of the cases which have fallen under my notice, the portion of necrosed bone has been removed from the meatus without any incision being made over the mastoid process. This plan may usually be adopted, inasmuch as the membranous meatus is capable of being greatly dilated. By this method, too, the disfigurement is less than when an incision is made.

It not unfrequently happens that the loss of a considerable portion of the mastoid cells is not attended by a more serious diminution of the hearing power than simple catarrh of the mucous membrane of the tympanum, accompanied by partial or complete loss of the membrana tympani. A result, however, of not uncommon occurrence, is paralysis of the portio-dura nerve; you will remember that this nerve passes internal to the mastoid process, and it is apt to become involved in the disease of the bone. The following are cases of this nature:—

Catarrh of the mucous membrane of the tympanum and mastoid cells after scarlet fever; caries of the mastoid process; paralysis of the portio-dura nerve.—Master C., aged 5, was brought to consult me on the 8th of February, 1853. His history is, that seven months ago he had an attack of scarlet fever, which was followed a fortnight after by a discharge from each ear, the loss of the small bones, and complete deafness, so that he does not hear a sound. Upon examination of the right ear, the membrana tympani and ossicles were absent, the mucous membrane of the tympanum red and thick, and pouring out a copious discharge of mucus. *Left ear.*—The meatus contains a large polypus, below it is a portion of necrosed mastoid process, which is moveable upon being touched by a probe. The left portio-dura nerve is paralyzed. The course of treatment recommended consisted in the use of a syringe and warm water daily, and in the administration of tonic medicines. In the course of a fortnight the portion of dead bone gradually worked its way to the orifice of the meatus, and was removed; it was about half an inch in length and a quarter of an inch in breadth. After the removal of the bone the polypus disappeared and the discharge ceased.

Sometimes, as in the following case, the cerebral symptoms are of great severity.

Caries of the mastoid cells; severe cerebral symptoms; paralysis of the portio-dura nerve.—Miss J. S., aged 6½, pale and sickly, was brought to me on the 14th of August, 1850. Her mother stated, that a day or two after her birth a discharge was observed to issue from the tube of each ear; it was more abundant from the left. The right ear recovered, excepting a slight occasional discharge, but it was constant on the right side, and was followed at the age of two years by an abscess at the back of the ear, and it was accompanied by violent pain in the back part of the head, giddiness, and partial insensibility. After the abscess had remained open between two and three months a rounded portion of dead bone as large as a large horsebean came away, and about this time the child lost the use of the muscles of the left side of the face. When seen by me, there was so considerable a dulness of hearing that she required to be spoken to loud within the distance of a yard. The membrana tympani of each ear was absent, the tympanic mucous membrane was red, thick, and there was a depression behind the left ear from which the portion of dead bone had been removed. The treatment pur-

sued consisted in the use of frequent injections with warm water, followed by mild astringents. Gentle counter-irritation was kept up behind each ear, and tonic medicines administered. Under these plans the discharge gradually subsided, and the power of hearing somewhat improved.

Of disease occurring in the adult.

In the adult the mastoid process rarely comes away in a considerable portion; its outer surface is so dense that the only way in which discharge escapes from its interior is through a small fistulous orifice. More usually the inner wall of the mastoid cells is first to yield, and the sulcus lateralis is partially or wholly destroyed. Cases in which the sulcus was destroyed from the gradual progress inwards of the matter, have been cited in a former Lecture when speaking of the pathology, and the cause of this inward progress of the matter is doubtless the difficulty of its escape outwards. In some cases where the membrana tympani has been wholly destroyed, and where the mucous membrane of the tympanum is not so thick as to close or very much diminish the aperture from the mastoid cells, a certain quantity of the matter can escape through the tympanum into the meatus; but often the membrana tympani is either entire, or, as in one case already cited, its lower margin is attached to the promontory, and effectually precludes the escape of the discharge.

I need not here repeat the remarks I have made respecting the operations for keeping an opening in the membrana tympani. When that membrane is evidently preventing the egress of the matter, and where the irritation produced by the operation is not to be feared, there can be no harm in trying the effect of a puncture. Perforation of the mastoid process also suggests itself, and this operation may doubtless be performed in those cases where the matter is pent up in the cavity of the ear, and is causing such urgent and serious symptoms as are likely, if not relieved, to terminate in death. I have not performed this operation, but I should not scruple to do so in cases where the life of the patient is threatened. Considering the large extent of the mastoid cells, it appears to me that the best plan of operating would be to use a trephine over the middle and posterior part of the process, and to remove a portion of bone three quarters of an inch in diameter. It may be imagined that when the disease has advanced so far as to produce coma, all attempts to give relief by making an outlet for the matter would be ineffectual. Such is not the case; for in one instance mentioned by Dr. Abercrombie, a young lady who had laid for three or four days in a state of perfect coma, and her situation was considered hopeless, was immediately and permanently relieved by a sudden discharge of matter from the affected ear. Dr. Abercrombie adds, "it is, however, by no means certain, that in such a case as this, the discharge came from the cavity of the cranium; for there is reason to believe, that extensive suppuration within the cavity of the tympanum is capable of producing symptoms of great urgency, especially if there should be any difficulty of finding an outlet." The treatment, however, in which I have the greatest confidence for promoting the absorption of the matter in preventing its secretion and in bringing back the ear to a more healthy condition is counter-irritation, in combination with plans for improving the general health. The following case thus treated is one of considerable interest, and from the symptoms shown by the patient when I first saw him, I have no doubt that the dura mater, and the bone, were affected:—

Disease of the mastoid cells; giddiness; great pain in the head; cured by the use of a seton.

R. D. M., a clergyman, aged 42, tall and thin, and not robust, consulted me on November 20th, 1851, on the recommendation of Professor Miller, of Edinburgh. The history of the case is as follows:—Since a child, after an attack of ear-ache, has had discharge at times from the left ear until the age of 24; from 24 to 32 had but one attack of pain and discharge; between 32 and 35 had several severe attacks of pain at intervals of a few months; at the age of 35, he had a severe attack of pain, after which such attacks became frequent, and the discharge was constant and fetid, at times serous, at others purulent or bloody. By degrees, fits of confusion and giddiness in the head supervened, leading to prostration of nervous energy, and a constant feeling (to use the patient's words) "as if he were on the brink of a fit of apoplexy." About four months previous to consulting me, he exerted himself greatly in preaching on one occasion. Afterwards, on the same evening, he sat listening long to a speaker in a public debate, with his head resting on his right arm. On rising up, he was seized with giddiness, and a numb feeling in the right arm; his pulse was slow and labouring. He got home with difficulty, but under the influence of rest and gentle purgatives he speedily recovered. About two months afterwards, the giddiness returned, but in a more persistent form, accompanied by double vision; he had a foul tongue, palpitation, and flatulency; there was a fixed pain in both sides of the forehead, over the frontal sinuses. The ordinary discharge from the ear continued, and the numb feeling in the right arm recurred, extending from the elbow to the fingers, and following accurately the course of the ulnar nerve. At this time he was treated by blisters behind the ears, but without much relief. A month before I saw the patient, he was under the immediate care of Professor Miller, who states that he was then relieved by food and stimuli, and that he administered tonics. In a day or two, the symptoms assumed a pericranic character; they were intermittent, affecting the left side of the forehead, eye, and face, and accompanied by stuffing of the nostril on that side. The treatment was then changed to Fowler's solution, with an anodyne embrocation, and in ten days the pain, giddiness, and uneasy feelings in the arm all passed away. When I saw him he complained of occasional swimming in the head, pain in the ear, and fetid discharge. He also complained of a sensation at the back of the left ear when he walked, as if there were an empty drum there. This sensation was increased upon tapping the mastoid process; the pain extends over the head from ear to ear, and also over the back part of the head; when the discharge is very abundant, he suffers from the extreme sensitiveness of a spot three inches posterior to the upper part of the ear. When he presses upon the left jugular veins, feels a great pressure at the back of the ear, as if something would burst.

Upon inspection, the surface of the meatus was observed to be red and denuded of epidermis; the upper part of the membrana tympani (the only part visible) was red and evidently fallen inwards toward the promontory. The lower half of the membrana tympani was concealed by a polypus. The discharge was milky, and very offensive. Upon slightly blowing the nose, with closed nostrils, the air passed through the Eustachian tube into the tympanic cavity, but it did not pass into the meatus; so that the membrana tympani was believed to be entire. The power of hearing was much deteriorated, the watch not being heard; but the crack of the nail was heard distinctly.

The diagnosis I formed of the case was, that there was a collection of pus, or of pus and mucus, in the cavity of the mastoid cells, and that, probably, the dura mater covering their posterior surface was partially affected. I had no doubt but that the discharge from the meatus was purely sympathetic, and the result of the internal irritation; it did not come from the seat of the disease.

With this view of the case, I recommended perfect quiet, tonic medicines, and a bracing air. A constant discharge was to be kept up, first behind the ear, and then between the shoulders by means of blisters. This treatment producing but partial benefit, in April, 1852, about four months after I had first seen him, I ordered a large seton to be placed in the nape of the neck. For a time no good result followed its use, but in July the fetid discharge began to dry up, the power of hearing was greatly improved, and the nervous energy greatly increased. During the two years that the seton has been worn, the patient (to use his own words) has "enjoyed a considerable measure of health and comfort, and feels comparatively well and strong;" he preaches regularly once a week. He is annoyed now and then by slight attacks of giddiness, but which are supposed to depend upon indigestion; they are, he adds, "quite different from the oppressed feeling on the brain which I had two years ago." Occasionally the hearing is clogged for a day or two, but this state gives way to the use of the syringe and warm water; the seton continues to discharge.

I have cited the above case at some length, because it illustrates so fully the peculiar symptoms of this affection of the mastoid cells, which is far from being uncommon, and because it shows the decided benefit which is to be obtained by counter-irritation long continued.

Before concluding the subject of treatment, I will make a

few observations upon the relation there is between the presence of discharge from the ear, and a diseased condition of the bone or the brain. Patients will sometimes consult you, who have been objected to at a life insurance office on account of the existence of a long-standing discharge from one or both ears; or a patient may request your opinion as to whether a long-standing discharge from an ear is a valid cause against his insuring his life. There can, I think, be no doubt that a discharge from the ear should always be regarded with suspicion. This fact is fully borne out by an inspection of the accompanying table, showing the relation between the duration of the discharge and the acute symptoms. The cases are taken from a paper which I published in the Medico-Chirurgical Transactions for 1851:—

	Age of Patient.	Duration of Discharge.	Acute Symptoms causing Death, and their Duration.	Post-mortem Appearances.
Disease in the base of the brain.	42	35 years.	Pain in the head ending in coma: five days.	Pus in the tympanum and labyrinth and around the medulla oblongata.
	17	12 years.	Pain in the head and ear: twenty-two days.	Pus in the tympanum and labyrinth; auditory nerve of a dark colour; purulent matter deposited on the medulla oblongata, crura cerebri, and pons varolii.
Disease in the cerebral cavity.	44	24 years.	Paralysis of the portio-dura nerve a few days before death.	Dura mater covering the upper wall of the tympanum thick and ulcerated; bone carious; mucous membrane of tympanum ulcerated.
	21	Occasionally for 14 years.	Violent pain in the ear and head; pain in the back and body; curvature of the neck backwards; delirium five weeks.	Tympanic cavity full of pus; a large abscess in right middle cerebral lobe.
	23	14 years.	Pain in the top of the head, followed by cerebral irritation; ten months.	An abscess in the left middle lobe of cerebrum; dura mater detached from the petrous bone; the bone soft and carious.
	10	5 years; also earache at times.	Headache, vomiting, chilliness, five days; was then convalescent; a day after intense pain in the ear came on, ending in death in five days.	An abscess as large as a small hen's egg in the left middle cerebral lobe; dura mater over tympanum very thick and ulcerated; carious orifice in upper wall of tympanum; tympanic cavity full of scrofulous matter.
	Adult.	20 years.	Pain in the head for fourteen days; fever, coma, four days.	An abscess in the right middle cerebral lobe; dura mater ulcerated; upper wall of tympanum carious.
	24	3 years.	Cerebral irritation; abscess under the temporal muscle; delirium, coma; some days.	An abscess in the left middle cerebral lobe; the dura mater partly detached from the petrous bone, thick and dark-coloured; the bone dark, but not carious.
	14	12 years.	Severe cerebral symptoms, coma, death in a few days.	A large abscess above the petrous bone, communicating with the external meatus, through petrous bone and dura mater.
	60	2 years, followed by intense pain.	Violent cerebral irritation during thirteen days.	Dura mater covering the petrous bone detached from it, and full of orifices; an abscess in cerebrum; petrous bone carious; tympanic cavity and vestibule full of pus.
Disease in the cerebellum and lateral sinus.	15	6 or 7 years.	Pain in right ear; shivering; headache; abscess behind the ear; great prostration; ten days.	Coats of lateral sinus thickened; coagulum in sinus.
	45	20 years.	Pain in the left side of the head during the night only; cerebral irritation; delirium eight weeks.	The cavernous sinuses full of grey-coloured matter; mastoid portion of temporal bone carious.
	27	Since early life.	Pain in the head, rigors, fever; an abscess over the mastoid process; stupor, coma; three weeks.	Lateral sinus full of pus; sulcus lateralis carious.
	20	7 years.	Shivering, headache, and pain in the right ear, followed by abscess behind it; cerebral irritation; death in ten days.	Abscess in left lobe of cerebellum; sulcus lateralis carious; pus in lateral sinus; secondary abscesses in neck and right lung.
	3½	2 years.	Pain in the ear and head; convulsions; great prostration; three weeks.	Caries of meatus externus and sulcus lateralis; pus in lateral sinus and jugular vein; abscess in neck; cerebellum soft.
	9	At intervals for 5 years.	Pain in the ear and headache; abscess behind the ear; delirium; convulsions; five weeks.	Lateral sinus full of pus; sulcus lateralis carious, and its cavity continuous with that of the tympanum; purulent deposits in the lungs.
	19	At intervals during 2 years.	Intense headache; tenderness of abdomen, great physical prostration.	Abscess occupying nearly the whole length of the right hemisphere of cerebellum; petrous bone carious and soft; tympanum full of pus; cerebrum healthy.
	32	2 years.	Pain in the ear and side of the head; drowsiness, stupor, and coma; six weeks.	Abscess in right hemisphere of cerebellum; petrous bone carious; dura mater ulcerated.
	Adult.	16 years.	Headache, stupor, coma; a few days.	Abscess in right hemisphere of cerebellum; external meatus and petrous bone carious.

It is true that many persons live long, having had during the whole of life a discharge from an ear, without any disease of the bone; others live many years with a discharge, but at death the bone and dura mater are found affected, and might, under many circumstances, have taken upon them an active state of disease, ending in the death of the patient. It is important, therefore, that you should be able to give an opinion respecting cases of the kind.

In the first place it behoves you to decide from what source the discharge comes. If it arises from the dermoid meatus, and the membrana tympani is entire, there is, as I have before said, most probably irritation in the tympanic cavity or mastoid cells, of which irritation this discharge is but a symptom. Unless there were simply some eczematous state of the meatus to account for the discharge, and, unless the hearing power were perfect, such a case should be looked

upon with suspicion, especially if it be attended by any symptoms of pain or cerebral irritation. Again, if the discharge issues from the tympanic cavity through a small or a valvular opening, and that it is requisite to blow the nose forcibly to clear out the tympanum, there probably is, or there will be, some affection of the bone, from the accumulation of the discharge. If there is a large orifice in the membrana tympani, or, if it is absent, if there is no ulceration of the mucous membrane of the tympanum, if there is some power of hearing remaining, and if by pressing and tapping the region around the ear, no pain is felt, and if there are no other symptoms of disease in the ear or head, I think you may assume that there is no disease of the bone, and that by attention to daily syringing, and the other plans alluded to when speaking of the treatment of these affections of the ear, there is a fair prospect of the affection remaining confined to the mucous membrane of the ear. On the other hand it is but fair for you to state, that negligence on the part of the patient, whereby the discharge would be allowed to collect so as to fill up the orifice in the membrana tympani,—a blow on the ear, an attack of fever, or any severe illness, might cause an irritation in the ear which, if neglected, might advance to the bone.

In bringing these Lectures to a conclusion I feel conscious that I have not been able to do full justice to the subject; but I shall be satisfied if I have drawn attention to its importance; at some future time I hope to treat it in a more comprehensive manner.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture III.

ANATOMY OF THE CRANIAL REGION—(*Continued.*)

Hidden, and altogether out of his reach, it may, at first sight, appear that, to the Surgeon, the base of the skull can be of but little practical interest. Experience teaches us, however, a very different lesson.

Externally, the base of the skull, as we have already noticed, is covered in by the neck and by the face; but towards the internal surface this region is clearly defined.

The fibro-serous membrane lining the bones, here also sends inwards prolongations, one of which, the tentorium cerebelli, stretching across the back part of the region, lies between the cerebrum and the cerebellum; and the other, the falx minor, very much smaller, passes down between the hemispheres of the cerebellum. Throughout its whole extent, the fibro-serous membrane in this region adheres to the bones much more closely than it does in the vault; there are, indeed, some points from which it is difficult to detach it, especially at the petrous portion of the temporal, and at the body and lesser wings of the sphenoid; but, in other parts, in the region of the orbits, and in the occipital fossæ, the membrane is easily torn off. It is also most firmly adherent to the margins of the holes through which pass the nerves and vessels, where the fibrous layer, the dura-mater, either becomes continuous with the periosteum, or blended with the cellular sheath of the nerves; but the serous layer, reflecting itself backwards, joins the visceral arachnoid.

As in the vault, so here, we have large and numerous vascular channels intimately connected with this membrane, most of which deeply groove the bones. Grouped around the body of the sphenoid, there are the circular, the cavernous, and the ophthalmic sinuses: connected with the petrous part of the temporal bone, the superior and inferior petrosal sinuses, as well as the termination of the large lateral sinus; and, in the occipital bone, the torcular Herophili; and leading from it, the two large lateral sinuses, with the small occipital ones. The largest arteries are in the middle fossa; the carotid trunks grooving the sides of the body of the sphenoid, and the trunk of the middle meningeal, lodged in the great wing of this bone. The variations, already noticed in the distribution of this artery about the vault, exist also in this region; there may be either one single trunk, or the vessel may divide itself at once into two large trunks of equal size, traces of which will be found on the bones. In addition to these middle meningeal vessels, there are also, in all the three fossæ, other meningeal arteries, but they are so small that their existence can be of no interest to the Surgeon. Not so, however, the ophthalmic artery, which, passing through the foramen opticum, may give rise to some important surgical considerations.

The base of the cranium is pierced by numerous, some very large, holes, for the passage either of nervous structures, or of vessels. Some of these holes are perpendicular in their direction; others run more or less obliquely; and others again lead into canals of various lengths.

Most irregular in their outline, with large and prominent points projecting from their surface, the bones entering into the formation of the base of the cranium, are disposed in such a manner that they represent three stages, or fossæ as they are called. On different levels, and shelving downwards and backwards, these fossæ are separated from each other, by prominent and well-defined ridges, connected with the four angles of the central part of the sphenoid. The body of the sphenoid itself, forms, in the centre of the base, a quadrilateral portion of characteristic massiveness and strength, upon which about all the dense lines, or ribs, constituting the stouter part of the framework of the cranium, and serving as conductors for the transmission of the vibrations of the cranium to this central spot, where means are adopted to deaden their injurious effect.

With the exception of these ridges, and of the strong central part, the bones at the base of the cranium are exceedingly thin, thinner indeed than in any part of the vault. The light osseous structure lies in the intervening spaces, between the dense ridges, so that the lateral part of the floor of each fossa is reduced to a simple lamella of bone, of compact tissue.

It is in the base that we find the thinnest as well as the thickest and the hardest bones of the cranium. In the anterior fossæ, in the part corresponding to the condyloid fossæ of the temporal, and in the fossæ for the cerebellum, so thin are these bones that they are oftentimes scarcely thicker than a strong piece of parchment, and all but transparent. The body of the sphenoid, and the basilar part of the occipital, are, on the other hand, remarkably thick, and either made up, for the greater part, of diploïc tissue, or excavated by large air-cells: the very name of the petrous bone implies its peculiar hardness.

The bones of the base are all firmly locked together, either by broad surfaces, or by large projecting pieces and corresponding intervening spaces wedged into each other. The soft tissue placed between the bones deserves especial attention at two different points, where it is much more marked than in any part of the vault. That between the occipital and the sphenoid, of a fibro-cartilaginous nature, is very thick, but it disappears altogether in the course of a few years after birth, so that, at a very early period, the two bones form but one. Interposed between the points of the petrous, and the corresponding parts of the basilar bones, there is also a large and a thick wedge of fibro-cartilaginous tissue, which acts as a buffer, deadening the force of the vibrations constantly transmitted to these parts. This, however, in after life, ultimately becomes ossified; and, in old age, may be seen as a plate of bone firmly wedged into the gap, which, in earlier years, is always left in this part of the base, after maceration of the skull.

The base of the cranium is peculiarly liable to fractures; in fact, of all regions of the cranium, none is more commonly broken than this. It may, at first sight, appear strange that such should be the case, in a region so deeply seated, and apparently so much out of harm's way. But the peculiar construction of some bones and the position of others, lay them open to injuries of various kinds.

Thus, the compact structure, and the thinness of some parts, render them liable to injuries, which could not occur in the other bones. A piece of slate pencil has been driven into the brain, through the orbital plate, by a child falling down with the pencil in its hand. I have seen the condyle of the

lower jaw driven into the skull, by the giving way of the thin plate forming the condyloid fossa. But injuries such as these are of rare occurrence.

In the vast majority of cases, fractures of the base are connected with injuries of the upper or lateral parts of the cranium; the fracture begins, in fact, in the vault at the seat of the blow, and, from thence, radiates into the base. In such cases as these, it will, not unfrequently, be found that the fracture is strictly limited to one of the three fossæ at the base; and, when this is the case, the starting point of the injury has been in the corresponding part of the vault. Practically, then, we may divide the skull into three different segments or zones, each with its bones in the base, as well as in the vault. Such a division being made, the line of injury, in fractures of the anterior fossa, may be traced to the bones of the forehead, from whence it, in fact, started; in fractures of the middle fossa, it may be traced to the parietals or temporals; and, in the posterior fossa, to some part of the upper portion of the occipital.

The researches of Dr. Aran, as well as my own, prove, without doubt, that such is the case; but fractures in the middle region are very much more common than in either of the other two; and here it is that we find the position of a bone rendering it liable to injury. Such, for instance, is that of the body of the sphenoid, to which are being constantly transmitted the vibrations from the various parts of the cranium. Such, again, is the position of the petrous bone, which, notwithstanding its great hardness, is often broken; but, to the position of this bone, we must also add its peculiar brittleness, and especially must we add that, although apparently very solid, this bone is really not so; for it is largely excavated in its central portion by the parts belonging to the internal ear, as well as by the auditory canal.

Fractures of the base may, however, be altogether confined to this region, but such cases are very rare; and fractures of the base, by *contre-coup*, seldom, very seldom exist, I believe.

Can a fracture of the base be recognized? Yes, much more readily than a fracture of the vault. In fact, we have no means of diagnosing a fracture of the vault, unless there be a wound or depression of the bone; but, although altogether out of our reach, we can oftentimes, not only state that there is a fracture of the base, but we can, in some instances, even trace with accuracy the course which it has taken. Our means of diagnosis here depend upon the escape of blood from the various sinuses which we have seen at the base, or upon that of a clear fluid, the source of which we shall mention by-and-by, or upon an injury of the nerves passing through the various foramina in the different fossæ at the base.

A man meets with an injury about the head, and, some little time afterwards, an effusion of blood is observed gradually making its appearance under the conjunctiva covering the eye-ball; in such a case, there is little doubt of there being a fracture of the roof of the orbit, with laceration of some of the sinuses immediately behind this region, the cavernous, the circular, or the ophthalmic, from whence the blood makes its way into the cellular tissue at the back of the orbit, and then proceeds forwards.

Again, we may have the blood of the sinuses in the central part of the middle fossa poured either into the nose, or into the pharynx, in fractures involving the ethmoid and the body of the sphenoid; and, not unfrequently, large quantities of blood are thus lost.

If we look to the venous channels, the superior and the inferior petrosal sinuses, and especially the large lateral sinus, which surround the petrous bone, we shall not be surprised at the frequency of bleeding from the ear, in fractures of this bone.

Suppose a man to have received a severe blow on the left side of the frontal, followed by ecchymosis under the conjunctiva of the left eye-ball, and violent bleeding from the mouth, and the right ear. In such a case, you have not only the signs of a fracture of the base, but you have also its course clearly marked out.

The ophthalmic artery passing through the optic foramen may be injured by a fracture of the base in this region. Such an injury, giving rise to an aneurism, marked by protrusion of the eye-ball, and pulsation in the orbit, clearly indicates what has taken place.

The nerves are all liable to injury by a fracture crossing the foramina through which they get out of the cranium, and paralysis of the parts to which the nerves are distributed leads us to a diagnosis of the injury. The nerves most frequently injured in fractures of the base are the auditory and the facial, and deafness and paralysis of the muscles of the face are among the most valuable diagnostic signs of a fracture of the petrous bone.

Even the spinal marrow may be injured in fracture of the foramen magnum, and instantaneous death ensue.

The Surgeon should also bear in mind the relations which the base of the cranium affects with regions lying in its immediate neighbourhood; relations so close indeed that disease in the one often leads to disease in the other. Affections of the nasal cavities; polypi in the sphenoidal sinuses may give rise to inflammation within the cranium; and have we not but too many opportunities of observing diseases of the ear producing cerebral mischief? Hence the reason why we are told to be so careful in our attempts at removing foreign bodies lodged within these cavities; for these attempts may, it is well known, lead to rapidly fatal inflammation of the cerebral membranes.

Caries of the upper cervical vertebræ may give rise to disease of the cranial bones in their immediate neighbourhood, and syphilitic ulceration of the throat may also spread to the base of the cranium.

In a preparation belonging to the Museum of St. George's Hospital, may be seen a large piece of the basilar surface of the occipital bone, including one-half of the foramen magnum, which was removed by Mr. Keate, from a patient labouring under extensive ulceration at the back of the throat, of a syphilitic nature; and, strange to say, a portion of the anterior arch of the atlas, including its articular surface for the odontoid process, was also removed from the same patient, who subsequently was fortunate enough to recover.

Hitherto, we have only examined the cranium at the adult period of life. It behoves the Surgeon, however, not to confine his attention to this particular period; but to examine the cranium in the various stages of its development and growth, a knowledge of which is especially necessary in many practical questions.

At the earliest period at which it is noticed, the cranium is a mere membranous sac, presenting a rude outline of the shape it is destined to assume. This membrane is formed by the pericranium and the dura-mater so blended together, that it is impossible to separate them from each other.

In the ossification of this membranous sac, the bones at the base take precedence over those of the vault; so that, at the time of birth, we find the base extensively ossified, while in the vault there are considerable membranous interspaces between the various bones.

To the bones of the base correspond those portions of the nervous centres, the integrity of which, at the time of birth, becomes essential to animal life. In the vault, on the other hand, there may be a certain overlapping of the bones without much detriment, for the parts of the brain here are not essential to life.

If we look to the bones of the vault, we find their eminences more developed than the other parts; the eminences, in fact, form considerable pointed projections, very hard and dense, from whence the deposit of ossifying matter may be traced in lines radiating towards the circumference of the bone. The eminence is the strongest and thickest part of the bone: the circumference is soft and membranous.

The eminences are all situated in those parts of the cranium most liable to injury in very early childhood. In front, at the back, and on the sides, these conical projections are all disposed for sustaining shocks, and transmitting the vibrations to the soft tissues by which the bones are surrounded, where they are lost. The blow is, as it were, confined to the bone upon which it was inflicted; and, to this, let us add that the preponderance of the organic over the inorganic matter blunts the force which may be applied; but such a condition of the osseous structure also admits of indentations, which cannot occur at a later period.

In the changes which subsequently take place, these eminences lose their conical appearance; the bones gradually assume a rounder shape; the large interspaces are filled up, so as to leave merely a narrow line of fibrous tissue along the course of the sutures, which here represents the epiphysal cartilage of the long bone, and, like it, serves to knit the

various pieces together, so as to form, during life, one single piece.

We are too much in the habit of looking at the cranium as formed of many bones, distinct and perfectly separate from each other, and merely locked together at their sutures. As Surgeons, we must learn to look at the cranium as formed of one single piece. True it is that the cranium, long after the full development of all other bones, is still separable into many distinct and perfectly isolated pieces; but, for this, we must have recourse to maceration; all the cranial bones, in the fresh state, are as firmly bound together by their intervening substance, as the various epiphysal points of the femur, for instance, are joined by their epiphysal cartilages. As soon as the epiphysal cartilages of the femur have fulfilled their purpose, that is, as soon as the bone has attained its full development, so soon do they become ossified, and the perfectly separate pieces run into one single bone. And so it is with the different pieces of the cranium.

A transverse section of a serrated suture in the vault shows the teeth-like processes of the bones, covered, in their whole length, by fibrous tissue; and it is by the ossification and constant reproduction of this fibrous tissue that the flat bones of the skull grow in their circumference. By many anatomists, this intervening substance is described as being of a fibro-cartilaginous nature; but, in some very careful microscopic observations made within the last few days upon several specimens obtained from human skulls of different ages, Professor Quekett, Mr. Henry Gray, and I, have failed to detect anything which could be called cartilage.

The fibrous substance intervening between the cranial bones is to them what the epiphysal cartilages are to the femur. This fibrous tissue serves then for the growth of these bones in the same way as an epiphysal cartilage does in other parts; and, if it persist far beyond the ordinary time of the existence of epiphysal cartilages, it is that the brain-case is not to attain its full development until a later period.

At the earliest period at which it is noticed, the cranium is a mere membranous sac, and to this it may be reduced at any future period, even at the time when most of the bones are still separate. Instead of macerating the cranium in water, let us, as did the brothers Webber, macerate it in diluted acid, and then we shall once more obtain a membranous sac, unbroken, even without a trace of division at the sutures. We have reduced the cranium to its pristine state, a membranous sac complete in all its parts. We may see the same thing in some measure illustrated in those huge hydrocephalic heads made up, for the greater part, of membrane, with patches of parchment-like bone lying here and there.

There comes a time, however, when the brain has attained its full development; growth in the circumference of the bone is no longer required; the substance lying between the bones has fulfilled its destined purpose; it has served for the enlargement of the bone as long as that was necessary; and now, in its turn, it becomes ossified. The bones themselves henceforth run one into the other; all traces of suture disappear, and so perfect is the adaptation of the structure of one bone to that of the neighbouring bone, that it becomes impossible to say where one began and the others ended; even the veins of the diploë become perfectly continuous.

The existence of the substance intervening between the bones is, in some parts, much more temporary than it is in others; having completed its work it disappears. In the frontal, the substance lying between the two portions of this bone at the time of birth, no longer exists at the second year. In the occipital, the intervening substance persists somewhat longer, and even between the sphenoid and the occipital, it no longer exists after early youth.

The period at which the various pieces of the cranium unite differs, then; and so, too, does it differ in the separate pieces which go to make up the femur.

Should anything occur to interfere with the proper growth and course of this intervening substance, it may become ossified long before it ought to do so; the growth of the bones is then stopped at their circumference. If this happen on one side of the skull only, the opposite side will continue to increase in its capacity; but should this premature ossifying occur in all the sutures, then the brain-case may be too small for its contents, and the brain suffers in consequence.

Does not a long bone cease to grow in length exactly in the same way if, from any accident, or any disease in their immediate neighbourhood, the epiphysal cartilages should become ossified at too early a period?

Some points connected with the development of one or two bones of the skull demand especial notice.

The occipital, in its proral part, is developed by four nuclei, placed in pairs, above and below the occipital protuberance. These nuclei soon run one into the other, so as to form the single piece of bone, usually met with at the time of birth. But, should it so happen that the formation of the bone is stopped in these nuclei, then we may have malformations of different kinds. The growth of the nuclei may have gone on in every part, except at their four angles, and then we shall have a hole in the centre of the proral part of the occipital; or we may have the upper nuclei united to each other, and to the lower ones, but the lower nuclei themselves may not have joined at their margins, and then we shall have a cleft running down to the foramen magnum.

To illustrate this still further, and on a larger scale, let me take the anterior fontanelle, surrounded by its four pieces of bone, which will serve very well to represent the four nuclei of the proral part of the occipital. If the angles of these bones should not become ossified, there will be a large gap, a hole, in fact, in the centre; if on the other hand, the two parietal bones should be united, and not the two portions of the frontal, then we should have a slit in this bone leading into the fontanelle.

Connected with this arrest in the development of the proral part of the occipital, we may find a portion of the cerebellum, or of its membranes, passing through the hole thus left in the centre of the occipital, or through the slit leading into the foramen magnum, which slit may, in the course of time, become so enlarged as to be a part and parcel of the foramen magnum, which thus presents an enormous size. But the escape of the cerebral substance, or of its membranes, does not take place only in the occipital region. Tumours of this kind may also be found in other parts of the skull; and, in the immense majority of cases, they exist in the course of the ordinary sutures, or in the course of those which have merely a temporary existence, such as that between the two halves of the frontal, a region in which such tumours are not very uncommon.

As to the way in which the frontal sinuses are formed, two opinions exist. By some anatomists, it is thought that these cavities are produced by the separation of the external plate; by others, that it is the internal plate which recedes from the external one. Both these opinions are no doubt correct, but at different periods of life. In early life, the frontal sinuses are dependent upon the expansion of the external plate; but, in after life, and when the skull has to adapt itself to a brain diminished in size, then no doubt the large size of these frontal sinuses is the result of the sinking-in of the internal plate of the bone.

(To be continued.)

ORIGINAL COMMUNICATIONS.

SUCCESSFUL CASE OF AMPUTATION AT THE HIP-JOINT,

FOR MALIGNANT DISEASE OF THE FEMUR: WITH REMARKS.

By THOMAS TATUM.
Surgeon to St. George's Hospital.

A. N., a youth, aged 17, with light hair, blue eyes, and an extremely pale complexion, was admitted into St. George's Hospital, under my care, on the 26th of June, 1855, with a large tumour just above the left knee. The diseased mass occupied the whole circumference of the thigh; was most prominent on the inner side, and extended from the knee one-third up the limb, but the joint itself was quite healthy. The skin over the tumour was tense and shining, with numerous large veins ramifying below the surface. Fluctuation, as of fluid contained in a large cyst, existed over a great part of the tumour.

The history of the case was a brief one. It appeared that, about last Christmas, he received a blow over the inner con-

dyle, to which no importance was attached until the beginning of April, when, feeling some uneasiness in the part, the patient examined it, and found a slight enlargement over the inner condyle, smaller than a pigeon's egg, and immovable. The tumour did not increase much at first, nor was it painful, but it soon began to grow rapidly, and was then accompanied by great pain, especially at night. The pain, from his description, seemed to have arisen more from the tension of the parts than from any intrinsic condition of the tumour.

On his admission, the patient appeared to be greatly exhausted, and very much wasted, from the great demands of the morbid growth on the frame for nutrition, and partly from the pain and want of sleep. The skin throughout was perfectly blanched; the pulse 120, not quite devoid of power; the tongue clean; and the appetite pretty good.

A puncture was made into the cyst, and several ounces of bloody serum were drawn off, which, by diminishing the tension, gave great relief; but the tumour did not appear to be much lessened in size. Anodyne draughts at night, with a nutritious diet and porter, soon produced a marked improvement in the patient's general condition. Seeing this, and finding no evidence of malignant disease elsewhere, that is, either in the absorbent glands, or in the viscera, I considered it a fair case for amputation, with a view of, perhaps, a considerable prolongation of life; and, in a consultation with my colleagues, I determined upon removing the limb at the hip-joint, as we all thought that this would afford the patient the best chance of permanent benefit. The history of the case, the rapid manner in which the growth had increased in size, and the aspect of the lad, all tended to show that the disease was of a malignant nature, and that the bone was extensively implicated. Such being the opinion, the removal of the whole limb giving rise to the malignant growth naturally followed. Such is the course adopted in malignant disease of the breast; and this course assuredly holds out the best prospect, however slight that may be, of preventing a recurrence of the disease. Moreover, in several cases of encephaloid disease of the osseous tissue, the complete removal of the affected bone has been followed by good results, many years, in some cases, having elapsed without any recurrence of the disease. Of this, Sir B. Brodie's case of amputation at the shoulder-joint, for fungus hæmatodes of the humerus, affords a striking example, in addition to which several instances have fallen under my own notice, as well as that of other Surgeons, where malignant disease has affected the bones of the forearm or leg, and in which amputation through the femur or humerus has been productive of the best effect.

The operation was performed on the 4th of July. The patient, having been placed on the table in a half-reclined posture, was supported by a person seated behind him, and the nates were brought well over the edge of the table. When the patient was fully under the influence of chloroform, the inguinal artery was taken charge of by Mr. Prescott Hewett, who simply compressed this vessel against the pubes, by means of his thumbs. The thigh being slightly bent, and abducted, a long, straight, amputating knife was introduced at the union of the upper and middle third of a line, drawn from the anterior superior spine of the ilium to the great trochanter; the knife was then carried obliquely inward and downward, immediately over the capsule of the joint, and brought out about two inches below the tuberosity of the ischium. Cutting my way out, I made a large anterior flap, which was at once firmly grasped, so as to prevent all possibility of hæmorrhage, and drawn upwards. The anterior part of the capsular ligament being laid bare, was easily divided; the head of the bone was then partially dislocated by rotating the limb outwards, and extending it backwards; the ligamentum teres was at once cut through, and the dislocation of the thigh-bone completed. The knife was then carried through the joint, and over the trochanter, and the posterior flap was made. In doing this, I took care and managed so as to have this flap somewhat small and thin, well knowing, by experience, that a large posterior flap tends, by its weight, to drag the cut surfaces apart in the progress of healing. As I completed the posterior flap, dry sponges were stuffed into the wound by assistants, and thus all hæmorrhage from the numerous divided vessels was at once stopped. Such being the case, the femoral artery, and the branches in the anterior flap were first tied, and afterwards those in the posterior flap. A great number of vessels in all were secured, every small branch being taken up, to avert the possibility of secondary hæmorrhage. The femoral vein also was last tied, as it continued to bleed freely. The edges of the flaps were then brought together, and retained in apposition by four or five sutures; and some strips of adhesive plaister were then applied, and the whole covered by some water dressing. Some faintness occurred during the operation, but this subsided shortly after the patient had been laid quite flat, and some brandy and water had been given. He was then removed into a spare room, and complete quiet was enjoined.

Immediately after the operation a longitudinal section was made through the soft structures on the front of the thigh, the incision being carried through the bone, and the soft structures behind it, when extensive malignant disease of the bone was observed. This disease was a combination of the medullary, hæmatoid, and osteoid cancers.

On the front of the thigh was a large cyst, containing about three pints of dark grumous blood, mixed with a thin, dark, and sanious fluid. The cyst was situated just external to the periosteum, and had displaced the extensor muscles from the front of the thigh. A second cyst, containing about half a pint of similar fluid, was found at the back part and outer side of the shaft of the bone.

The upper third of the thigh-bone, and its periosteum, were healthy, but the lower two-thirds were extensively diseased. The superficial lamellæ of the bone were separated, and a soft medullary deposit, mixed with granules, and spiculæ of bone, was found occupying the interspaces between them. Towards the lower part of the bone, the separation had taken place to so great an extent, from the amount of deposit, that the superficial layers of bone were quite destroyed, and a large, solid, partly bony, and partly fibrous, mass projected from the back part of the shaft of the bone. The attached portion of the new bone was moderately firm, and arranged in the form of laminæ and plates, in the interspaces between which the fibrous element of the growth was deposited. The surface of this growth was covered with a mass of soft, brainlike, medullary deposit. The remaining part of the compact wall of the bone was much thickened, and towards the lower part of the bone to so great an extent, that the medullary canal was obliterated by a dense osseous tissue, of ivory-like hardness and density.

A careful microscopic examination was made of the several parts of this disease, the result of which clearly showed it to be formed of medullary cancer deposited between the lamellæ of the bone, and between the bone and the periosteum; the formation of hæmatoid cysts in various parts, and the development and growth of osteoid cancer between the lamellæ and on the surface of the femur, corresponding to the lower part of the bone.

After the operation he suffered but little pain; slept some hours on that night; and took beef-tea on the following day. In the evening of the 6th, as there was pain in the stump, and fear of a restless night, a slight morphia draught was given, and was repeated during the night; this gave him several hours' good sleep. The tongue was clean; but the pulse was 120, and languid. A roast slice of meat was ordered, and some porter. On the 8th, the bowels not having acted since the operation, one drachm of castor-oil was given, which acted several times during the day. On the 9th, meat was given twice a-day, and, in addition to the porter, 6 ounces of port wine daily. The wound was dressed for the first time on the 5th day after the operation, and the sutures removed, and it was found that a large portion of the wound had healed by first intention; there was, however, a good deal of suppuration, which escaped through the openings where the ligatures had been brought out. This suppuration diminished as the ligatures came away; and from the 16th day, when the ligatures from the femoral vessels had separated, the discharge greatly subsided. On the 1st of August he left the Hospital well, just four weeks after the operation. Twice during the healing of the wound, the granulations assumed a pale, flabby appearance, which a little grey powder at night, and a rhubarb draught in the morning, completely corrected. The morphia draught, though reduced in strength, was continued during the time that he was in the Hospital; he slept uniformly well under its influence; his tongue continued throughout clean, and he took his food with good appetite.

Remarks.—There were in the present case several favourable circumstances present, which promised fairly for a successful result. First, the disease, though considerably advanced, had not made such inroads on the health, or produced such complete prostration as, after a little longer delay, it infallibly

would have done; and that there existed considerable powers of reaction appeared from the improvement in health during the few days previous to the operation, from the treatment that had been adopted. Second, the patient had not arrived at an age when so many causes operate unfavourably to the recovery from so formidable an operation. The frame was slight, and the wound from the operation would be proportionably smaller than when, as in many instances, there is a greater development of the parts.

A reference to the considerable number of cases of amputation at the hip-joint, collected by Dr. S. Smith and Mr. Sands Cox, proves that the later cases turned out better than the earlier ones. This does not apply to the operations following injuries, where from obvious causes the mortality would be greater than in cases like the present, when the demands on the powers for meeting the discharge, and healing the wound, are compensated for by the removal of a mass which perverted the nutrition of the body to its own use. This more favourable termination of the later cases may have arisen from the great care taken to prevent hæmorrhage during the operation, and from the exhibition of anæsthetic agents, which undoubtedly modify the shock produced upon the system in great operations.

Having carefully watched the issue of Mr. Prescott Hewett's case of amputation of the thigh, close under the trochanters, for malignant disease of the lower third of the bone, I determined upon amputating at the hip-joint in a similar case, provided the case was a favourable one for such a proceeding.

In the case under his care, which occurred some few years ago, Mr. Prescott Hewett advocated amputation at the hip-joint; but, in a consultation of the Surgeons, it was thought better to remove the limb high up through the bone, and subsequently to take out the head of the bone, should the disease show itself in the stump. The thigh was accordingly removed through the bone, and the patient continued perfectly well for several months: the disease re-appeared, however, in the end of the bone, but the patient would not consent to a second operation, and the poor fellow died exhausted, with a mass of disease connected with the stump, which was much larger round than his body.

The removal of the thigh-bone close under the trochanters, is, I cannot help thinking, as dangerous, and it certainly is as difficult, an operation as that of taking the bone out of the socket. There are exactly the same dangers as to hæmorrhage, and the wound is certainly as large in both operations. The shock to the system is said to be greater in the hip-joint amputation; but with chloroform, I do not think that we need fear the shock in one operation more than in the other.

It may, however, be asked, Are there not several cases on record in which a successful result has followed amputation of the limb a little above the seat of the malignant growth springing from a bone? Possibly there may be several such cases, but it must be remembered that in some of the successful cases of amputation through the affected bone, it has been proved that the disease was not really of a malignant nature. However strongly the morbid growth may have resembled the encephaloid, or even the fungoid form of disease, there is, I think, little or no doubt that the tumour, in several of these cases, was in reality composed of fibrous tissue, of more or less rapid growth, mixed with cysts of various sizes, and containing different kinds of fluid.

Everything tends to prove that in Mr. Adams's (a) case of amputation at the hip-joint for a tumour of the thigh, the growth was purely of a fibro-cystic nature; and in a report upon this case made to the Pathological Society, Mr. Prescott Hewett has brought together several cases of a similar nature, two of which came under the care of Sir Benjamin Brodie, who, some years back, came to the conclusion that such cases are not of a malignant or carcinomatous nature.

One of the great dangers of amputation at the hip-joint lies in the loss of blood which may occur, where the operation is, for the most part, resorted to for large growths connected with the thigh bone; cases in which the vessels are greatly increased both in size and in number, and in which the patient is generally much exhausted by long suffering and restless nights. In the case at present under consideration, there was fortunately but little blood lost; certainly not more than in a common amputation of the thigh, where a tourniquet has been used. The precaution of stuffing the wound with dry sponges, as soon as the posterior flap was made, effectually prevented all hæmorrhage from the posterior vessels, the bleeding from which has frequently proved to be most troublesome and most dangerous in operations of this kind. Most of the blood which was lost came from the femoral veins, the trunks and branches of which were much increased in size.

(a) Trans. of the Path. Society of London, Vol. V., p. 265.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

EXCISIONS OF JOINTS.

On Saturday last, after the completion of the operations, a number of patients on whom excision of the various joints had been performed from time to time, were submitted to the inspection of the pupils, and Mr. Fergusson took the opportunity of making some valuable remarks upon the improvements which had been made in this department of Surgery, and upon the individual cases now submitted to notice. He first made some observations upon the introduction of excision of the elbow-joint, in the place of amputation through the arm. Passing a eulogium upon Professor Syme for the part he had taken in introducing and recommending this operation, he observed that it was not followed out even yet, as it ought to be, notwithstanding its acknowledged superiority over all other modes of treating incurable disease of that joint. As illustrative of these remarks, two patients were introduced in whom excision of the elbow-joint had been performed, in one of which it had not been done more than ten weeks, and yet the patient (a woman) had already got an excellent arm.

Mr. Fergusson stated that, in reference to this proceeding (in the elbow), there was now no question in the mind of any Surgeon; but in the instance of some other joints, there had been much controversy, and he would now draw their attention to a case where he had performed the operation of excision of the head of the thigh bone several years ago with the most complete success. [The individual on whom this operation had been done was brought into the theatre; he was a fine healthy young man, and walked with the greatest facility, and stated that he sometimes walked sixteen miles in the day.] He was particularly glad at being able to show them this patient, inasmuch as some very erroneous remarks had been made in reference to the propriety of this operation. Mr. Syme had, in his Lectures in the *Lancet* recently published, stated that, if the head of the thigh bone had been taken away with success, the limb could not be of any use for the support of the body, but those who now had the case before their eyes could see for themselves how gratuitous such an assertion was.

Three patients were next brought forward, upon whom excision of the knee-joint had been successfully performed. The first was a fine healthy woman, who had undergone the operation about two years since, a perfect anchylosis had taken place, and, by the help of a high boot, well fitted to the limb, she walked with the utmost facility. The second was a little boy who had undergone the operation twelve months since, and could also walk, even without artificial assistance, with great facility; and the third case was also a lad upon whom his friend, Mr. Henry Smith, had operated nine months since, under the greatest disadvantages; but here also, as the pupils could see, the patient had made an excellent recovery, and could walk about with the same facility.

Mr. Fergusson made some lengthened remarks upon the operation in question, and stated that although, to his regret, most unjustifiable and unhandsome remarks had been directed by Mr. Syme against the promoters and pursuers of this mode of treatment, the proceeding had been followed out by several Surgeons, and the success was so admirable that, notwithstanding the veto of the Edinburgh Professor, the operation was now fairly established; taking the opportunity of eulogizing Mr. Jones, of Jersey, and the late Dr. Mackenzie, for their efforts in this direction, he concluded his remarks by stating that he hoped his pupils would endeavour, in fitting instances, to follow out the same line of practice, for which they had ample authority in the cases he had just had the great pleasure of bringing before them that day.

THE LONDON HOSPITAL.

PRIMARY AMPUTATION AT THE ANKLE-JOINT.—RECOVERY, WITH AN EXCELLENT STUMP.

(Under the Care of Mr. WORDSWORTH.)

Until quite recently, the amputation at the ankle-joint had been reserved for cases of chronic disease, and the instances we have to mention to-day are, we believe, among the first in which it was practised on account of injuries. In old-standing disease there might perhaps, *à priori*, be deemed to be rather less risk of sloughing of the flap than in cases of accident, since the chronic thickening of parts has generally rendered the integument more vascular, and also separated it a greater distance from the bone. Primary cases, however, appear generally to do well, as the following will show.

A healthy girl, aged 16, was admitted in December last into the London Hospital, having had her right foot most severely crushed. The injury had been inflicted by a machinery accident, and she had, in addition, sustained a very extensive laceration of the side, the skin having stripped off in a broad flap from considerably below the groin, nearly up to the mammary region. She was in a state of considerable collapse at the time of admission, and it was necessary to give stimulants. As soon as she sufficiently rallied, Mr. Wordsworth performed amputation at the ankle-joint. The flap of skin saved was quite sound. The malleoli were cut away with bone forceps, but the cartilage of the articular surface of the tibia was not interfered with.

From the day of the operation forwards the patient did uninterruptedly well. Her stump soon became a matter of much less consequence than the other injuries. It was soundly healed in the course of nine weeks. The laceration of the side required, from its extent and from the skin having been torn entirely away, a considerable time to heal by granulation. She left the Hospital at the end of about four months. Mr. Corner, the House-Surgeon, informs us that he has recently seen her, and that the stump is a most excellent one, she being able to walk almost as well as before the operation.

Among other cases of primary amputations at the ankle-joint we may mention that of a boy, aged 15, who in January 1854 was admitted into King's College Hospital, under the care of Mr. Partridge. The injury was so severe as to necessitate immediate amputation, and Mr. Partridge preferred to perform it at the joint rather than through the leg. The malleoli were cut away, but the cartilage of the tibia was not pared. The stump did well, and was sound in the course of rather more than two months. A third case was that of a middle-aged man, of bad constitution, admitted into the London Hospital, under Mr. Critchett's care, in June, 1854, on account of a severe injury received while intoxicated. The usual operation was performed, the malleoli alone being cut away. The entire flap sloughed, and the bones were left projecting into the face of the stump. Notwithstanding this result, however, which was evidently produced by the patient's undermined state of health, it was still hoped that he would do well. A few weeks later it was proposed to him to remove the projecting ends of the bones. The suggestion of a second operation seemed to alarm him greatly; he went off soon after into a state of delirium much resembling delirium tremens, and died in the course of three days. A fourth case is the one about to be detailed, in which a modified operation by lateral flaps was practised.

ST. MARY'S HOSPITAL.

CRUSHED FOOT.—PRIMARY AMPUTATION AT THE ANKLE-JOINT (LATERAL FLAPS).—RECOVERY.

(Under the care of Mr. URE.)

E. G., a married woman, aged 36. On the 5th of December, 1853, she went to meet her husband at the railway, and while crossing the line, was knocked down by a train, which was being noiselessly propelled in the direction she took. The wheel of the truck passed over her left foot, dividing the whole of the plantar surface of the foot, tearing away the skin, the muscles and tendons from the whole surface of the dorsum, breaking the five metatarsal bones and some of the phalanges, in fact, nearly severing the metatarsal portion from the rest of the foot.

Owing to the serious amount of injury immediate amputation was deemed necessary, and accordingly performed, after the patient had been rendered insensible by chloroform. Mr. Ure began with an internal flap, dividing the heel at the centre through the sole of the foot, and carrying the incision at a distance of an inch and a-half from the malleolus up to the instep, and from thence round, under the external malleolus as far as the angle at which it had commenced. Having divided the integument in the manner above described, the operator cut into the ankle-joint at the outer side, dissected back the external flap, then the internal lateral flap; and after cutting across the tendo-Achillis, enucleated the os calcis and astragalus from their ligamentary and other attachments. Mr. Ure finally removed with the saw both malleoli, including a thin disk of the tibia: but little blood was lost during the operation. Three small vessels were secured by ligature, and the edges of the flap brought into accurate apposition by means of sutures. A pledget of lint soaked in water was subsequently applied. The limb was placed in a semiflexed position upon a quilt. The patient had shortly after admission, about noon, an opiate draught, which was repeated at night.

2nd day.—2 p.m. —She complained of a sense of weight and dull aching in the limb after the effect of the chloroform had subsided. The countenance was good, the pulse natural, and the tongue moist. To allay the pain she was ordered to take five grains of the compound soap pill every hour till its abatement. She was not benefited till she had swallowed seven of the above pills in succession.

4th day —On removing the sutures and cleansing the wound, some discoloration was perceived at the under border of the flap, together with an erysipelatous blush extending for eight inches up the leg. The pulse was 108; the tongue clean and moist. She had slept soundly after taking ten grains of the compound soap-pill, and the bowels were relieved this morning by means of a dose of castor oil. She was now allowed a more liberal diet. A streak of nitrate of silver was drawn round the confines of the erysipelatous blush above mentioned.

5th day.—The erysipelatous redness had abated, but there was great discharge from the wounds, the edges of which had sloughed to some extent. Passed a restless night, notwithstanding she had taken the pills as before.

8th day.—The sloughing had implicated nearly the whole of the wound, and was attended with copious thin, fetid, serous discharge. The pulse had risen to 120; the tongue remained clean. Opium, in various forms, had been exhibited, according to circumstances. Mr. Ure now directed the morbid surface to be dressed with a dilute solution of chloride of soda. By the next day, the sloughing had ceased; the edges of the wound looked clean; the pulse was reduced to 96. Nothing could be more remarkable than the rapid effect of the undiluted solution of chloride of soda in counteracting the gangrenous process which had been previously going on, threatening to destroy the entire flaps of skin, and produce denudation of the bones.

10th day.—Had no sleep, owing to excessive pain; the wound looks healthy, a great many sloughy shreds have come away; the face is flushed; she is very restless and irritable. She was directed to take immediately a dose of extract of henbane with camphor, to lull irritability; to have 5 grains of sesquicarbonate of ammonia, in camphor mixture, thrice daily; and at night, a dose of laudanum and chloroform.

11th day.—The surface of the wound was granulating, and the quality of the pus had materially improved since the employment of the dilute solution of chloride of soda. The pulse was 108, irritable, no doubt in consequence of a bad night. The skin was cool, and the tongue clean and moist. Ten grains of Dover's powder were prescribed, along with solution of acetate of ammonia, as a night draught, and, as the appetite was flagging, 2 grains of sulphate of quina twice in the day.

By the aid of nutritious diet, a moderate allowance of wine and porter, with quina, and one or other preparation of opium, convalescence proceeded steadily; and by the 17th day, the centre of the stump presented a healthy granulating surface. It was now sought, by means of strips of isinglass plaster, to give support to the integument covering the anterior and posterior portions of the stump, without causing any irrit-

ation of the skin. The result was most satisfactory. The cicatrization of the sore, occupying the centre, advanced rapidly, and the shape of the stump gradually improved.

From the amount of sloughing which occurred the stump was in this case, as might have been expected, a considerable time before it was quite sound. Mr. Ure has informed us, however, that he has recently seen the patient, and that the leg has proved at length to be a very fair one. She could not, however, bear the pressure on the face of the stump, and it has been necessary, at any rate for a time, to contrive her a bucket receptacle, by which the pressure will be transferred to the sides of the calf.

Several amputations, more or less similar to the above, have been recently performed at the London Hospitals. There can be no question, however, that whenever the integument of the heel is available, it should be preferred for the covering of an ankle-joint stump. When, however, either from laceration or the effects of disease the heel has been destroyed, it is yet possible to gain a very fair stump by cutting an antero flap, an antero-lateral, or two lateral ones. We cannot, however, as yet speak very confidently as to whether it is preferable in such cases to amputate at the joint or in the lower third of the leg. Several of the cases alluded to are yet under treatment, and more time is required before one could pronounce upon the character of the stump obtained.

ST. THOMAS'S AND ST. MARY'S HOSPITALS.

PIROGOFF'S AMPUTATION OF THE ANKLE JOINT.

(Cases Under the Care of Mr. SIMON and Mr. URE.)

The ingenious modification of the usual operation at the ankle-joint, suggested by M. Pirogoff, of St. Petersburg, has been twice practised in London. The first case was that of a young man, under the care of Mr. Ure, in St. Mary's Hospital, about a year and a-half ago. His great toe had been amputated three months before, on account of strumous disease; and the disease having afterwards involved the tarsus, it became needful to remove the foot. Mr. Ure opened the ankle-joint, after the manner directed, and having sawn through the os calcis, brought its posterior part into apposition with the tibia, removing the whole of the tarsus, excepting it. The stump did not go on so well as could have been wished, partly because the man was the subject of other disease. He died from the effects of a large scrofulous tumour in the brain, three months after the amputation. At the autopsy, the part of the os calcis left was found displaced behind the tibia, and a portion of it, which was diseased, would have probably exfoliated. This case, both from the fact that the man was extremely predisposed to scrofulous disease of his bones, and from the circumstance that the brain affection had very probably occasioned spasmodic action of the muscles of the calf, and so tended to prevent apposition being maintained, could not be considered a fair test of the operation. The second one, which is now under Mr. Simon's care in St. Thomas's Hospital, is a more favourable one. Its subject is a healthy-looking man, aged 34, who was admitted in the beginning of May on account of an encephaloid growth springing from the metatarsal bones, the heel being quite sound. On Saturday, May 5, the amputation was performed. Mr. Simon used Butcher's saw in cutting through the os calcis, and made the section of that bone to pass in a slanting direction backwards and upwards. The latter precaution was taken in order to obviate a difficulty which often occurs when the bone is cut straight, namely, that when turned into apposition with the tibia it becomes locked in a position which leaves in front a wedge-shaped interspace between the two. The saw used accomplished the purpose alluded to easily, and no difficulty was encountered in getting the bones into very good apposition. During the next few days the man suffered rather sharp constitutional disturbance, though not more than is often seen after ordinary amputations, and, after it had passed off, his progress was uninterruptedly good. In about five weeks he was able to leave his bed, and, at the end of two months, the stump was sound, with the exception of two or three sinuses in the sides. He could then bear very firm pressure on the end of it. In shape and general contour the stump is one of the best we ever recollect to have seen; the absence of the awkward clubbed extremity of the usual ankle-joint stumps being a very marked improvement. His two legs scarcely differ so much as an inch in length. The sinuses still remaining open it is not improbable but that some small portion of bone may yet have to exfoliate. Should this occur the accident is one so frequent after ordinary amputations that it must not be held as any drawback to the special one here practised.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

CASES OF OPACITY OF THE CORNEA TREATED BY OPERATION.

(Under the Care of Mr. HAYNES WALTON and Dr. TAYLOR.)
Communicated by Dr. MAURICE DAVIS.

A MAN, about 50 years of age, a patient of Dr. Taylor's, had a quantity of lime thrown into his eye four years ago. The eye was immediately washed out, and it was supposed that all the foreign matter had been removed, but a dense white opacity remained, covering nearly two-thirds of the cornea, and completely concealing the pupil when in a state of medium contraction. Many ineffectual attempts had been made to remove or diminish the impediment to vision, by means of lotions and other local applications. On examining the eye minutely, it was seen that the opacity was smooth and uniformly covered by the epithelium; its upper edge, where it did not extend to the margin of the cornea, was shaded off gradually, and the surface generally appeared slightly more elevated than that of the clear part of the cornea. This elevation, taken in connexion with the history of the case, led Dr. Taylor to suspect that the apparent cicatrix was formed by a portion of the lime which had not been removed at the time of the accident, and had become incorporated with the corneal tissues. He therefore, with a fine iris knife, carefully raised the epithelium in front of the pupil, and found that, by careful manipulation, the opacity could be chipped off in small flakes, and that in no part, towards the centre of the cornea, did it appear to have penetrated the anterior elastic lamina. After clearing the pupil, the operation was suspended for the time, partly on account of the severe pain which it occasioned, and partly to avoid the risk of inflammation. On a subsequent occasion, the remainder was removed, with the exception of a few small spots towards the margin of the cornea, which appeared to be due to interstitial inflammatory deposit.

The slight haziness which remained after the operation was speedily dissipated, and the man was dismissed with almost perfect vision. Chemical examination showed the opaque matter to consist of carbonate of lime.

In another case, also under the care of Dr. Taylor, the opacity was removed, partly by operation, and partly by the process of absorption, excited by mechanical irritation.

The patient, a female, 24 years of age, had been subject, till within the last six years, to attacks of ulceration of the corneæ. She now applied on account of a central milky opacity of the right cornea, shading the pupil, and destroying useful vision in the eye. It had remained undiminished in size for six years, notwithstanding a great variety of local applications. Near the centre of the opacity were two small, dark-brown spots, situated, apparently, in the substance of the cornea. These were, probably, the effects of a former long-continued use of nitrate of silver solution, while the cornea was ulcerated. The surface of the opacity was readily peeled off in small flakes, by the cautious use of the iris knife, but the brown spots were found to be so deep-seated, that Dr. Taylor did not consider it prudent to interfere with them, especially as they would not impede vision. The result of this little operation, which has been since repeated, has been the rapid diminution of the opacity, and corresponding improvement in vision; and as absorption is still going on steadily, there is every prospect that the sight of the eye will be completely restored.

It might be objected, that the following case ought not, in strictness, to be placed under the heading of this report, but it is given, not only on account of its great peculiarity, but because it is somewhat allied to the above.

T. P., aged 38, a meteorological instrument-maker, discovered, about four years ago, that the left eye was misty. The mistiness increased slowly, and attributing the failing of sight to the injurious effects of his trade, he disregarded professional adviee, till the right eye had given evidenee of the same kind of obseurity that attacked its fellow, and now he applied to Mr. Walton. The eye first diseased, the left, is virtually blind, for nothing can be seen with it, as in the centre of the eornea there is a brown oval opaeity, placed transversely, large enough to cover the pupil, and dense enough to intereept the light. It is of a sepia colour, and shaded towards the extremities, not raised, and possessed of the same lustre as other parts of the surface of the cornea.

The right eye is affeeted in a similar manner, but in a less degree, and enough of the pupil is yet uneovered, that with a magnifying glass the coarser works of his trade ean be exeeuted. There have not been any subjeetive symptoms, and he himself is quite unaware that there are brown spots on his eyes.

Mr. Walton direeted atropine to be used to the left eye, and the effect of which was to dilate the pupil beyond the opaeity, and thus to enable objects to be seen with that eye nearly as well as with the other.

The right eye was then treated in the same manner, and the vision was improved. The patient now expressed himself quite satisfied with the benefit reeeived, and desired to eease attendanee, but yielded to the request of Mr. Walton to attend another day, that he might ascertain how far the opaeities were eapable of being removed by operation. An attempt was made to serape a portion of one away; but a elear surface beneath could not be obtained, as the disease had extended into the true texture of the cornea, and perhaps completely pervaded it.

Dr. Taylor, who had taken his mieroscope to the Hospital, to examine, in a fresh state, whatever might have been removed, found that the portion separated eonsisted of epithelium, some of whieh eontained pigment granules.

I must beg to observe that, so far as my personal experience goes, opaeities resulting from loss of substance of the eornea; in fact, eieatriees and interstitial deposits from inflammation, are not eapable of being pared away, but depositions, for the most part eonsisting of earthy materials on the surface of the cornea, and the aecidental impingement of a foreign substanee, as in the first ease, may be so removed.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

TORBAY INFIRMARY.

TREATMENT OF FEVER BY BRANDY AND QUININE.

(Communicated by F. H. SHUTE, Esq., M.D.,
Physician to the Infirmary.)

THE following case is illustrative of the treatment followed by this Institution in the epidemie which prevailed here last year; during that time we had not a single ease of eholera at Torquay, but typhoid fever prevailed to a considerable extent. In 1849, the eholera eommitted great ravages at Torquay, but sinee that time a regular system of pipe-sewerage has been adopted; and, in all earthly probability, to this cause we owed our immunity from that disease during the late epidemie.

Of 47 eases of typhoid fever, treated from July, 1854, to February, 1855, we lost one; of these, the ages were,—

Between years	2	and	5	8
,,	6	,,	10	9
,,	10	,,	20	8
,,	20	,,	30	7
,,	30	,,	40	12
,,	41½			2
,,	65			1
				47

The average duration of the cases was one month; and, although in some the fever was of a mild type, in a great many the disease was very severe.

Some years ago, port wine was almost the only stimulant ever used, owing, I suppose, to its being, *par excellence*, the favorite beverage of the three-bottle men of the day; and it still maintains its ancient *prestige* in the sick-room, though at our tables it has given place to purer and lighter wines. I have long considered that in brandy we possessed a much more efficient and manageable stimulant, minus the impurities of port and sherry; but our late House-Surgeon, Dr. Biggs, first brought to my knowledge Dr. Todd's treatment by quinine, as praetised at King's College Hospital. My experienee, eertainly, does not eoineide with the propriety of its administration from the very commeneement of the disease, although, after the heat of surfaee has been lowered by the use of salines, the best effeets seem to have resulted from its employment. Brandy and ehlorate of potass, as a drink, were employed from the commeneement. All the out-cases were attended by our excellent House-Surgeon, Mr. Stabb; the only case as in-patient, E. W., was admitted under my eare on October 10: a native of Cambridgeshire, aged 23, housemaid; apparently, when in health, a strong girl; has been ill for three days, suffering from diarrhœa; presents the faeies of fever; eountenance dull and leaden; answers hesitatingly and eonfusedly; says that she feels no pain; eyes wandering; pulse frequent and soft; tongue eoated with a thin white fur; thirst eonsiderable; heat of surfaee moderate; urine seanty and high-coloured; pain on pressure over abdomen, with gurgling in right iliac fossa; one or two rose-eoloured lentieular papulæ; no sudamina.—℞ Spt. ammon. ar. ʒij., tr. hyoseyam ʒj., potass. nit. ʒss., mist. salinæ (potass. cit.) ad. ʒvj. Una uncia 4tis horis. ℞ Hyd. chlorid., p. Jaeobi, āā gr. ij., statim sumend.

12th.—During the night she has got out of bed in delirium, and requires restraint to keep her in bed. Intellect more obtuse; bewildered look when roused; no sleep. Brandy ʒiij. during the twelve hours. Beef-tea every hour. ℞ Hyd. e. cretâ gr. xviij., p. ipeeac. co. ʒss. Ft. pulv. vi., unus 4tis bis sumend. ℞ Potass. ehlor. ʒij., aq. font. 0ij., for drink. Continue brandy and beef-tea.

13th.—No sleep; constantly wishing to get up; hearing dull; the answers given evineing great hesitation and indifferenee. Fur on tongue thick, and brown. Rept. pulv. potass. ehlor. and brandy.

14th.—State the same, with a good deal of sickness. ℞ Potass. biearb. ʒij., ammon. earb. ℈i., aeid. hydroey. dil. ɱxv., aquæ ad ʒviii. Una uncia ter die. Rep. potass. chlor. Omit brandy.

15th.—Siekness less; blaek sordes on the lips and teeth; tongue hard and blaek; diarrhœa urgent. ℞ Acid. sulph. dil. ʒiij., aq. einnamom. ʒvi. Una uncia 4tis horis sumend. ℞ Vin. rub. ʒvi., tr. columbæ ʒss. Una uneia ter die. Beef-tea, brandy.

18th.—Diarrhœa less; siekness urgent; otherwise the same. Rep. mist. alkalina e. acid. hydroey. ʒi. 3tiis horis. Beef-tea and brandy.

20th.—Sickness still continues; subsultus tendinum, twiteh-ing of the fingers during sleep, pieking of the bed-elothes; very drowsy. Rep. mist. alkalina, et adde tr. sambul. ʒij.

21st.—Prostration great; low muttering; answers ineoherently, with diffieulty of utteranee; subsultus increased; pulse 160, soft, small; stools diseharged involuntarily. ℞ Tr. opii ʒi., decoct. amylæ ʒiv., pro enem.

22nd.—Prostration increased; siekness eeased. Ordered the best pale brandy to be proeured. ℞ Spt. vin. Gal. pallid. ʒvi., mist. eamph. fort. ʒxx., eyath. vinos. omni horâ vespere. Rep. brandy and camphor. ℞ Potass. ehlor. ʒi., spt. ammon. arom. ʒss., aq. ʒvi. Una uncia 4tis horis.

23rd.—Answers more rationally; less subsultus. Pulse 140; skin eool, with some moisture. Rep. brandy and camphor. ℞ Quinæ disulph. gr. xii., tr. aurant. ʒiij., tr. einnam. eo. ʒiv., aquæ ad ʒvj. Una uneia 4tis horis sumend.

From this time she eontinued to improve, taking the quinine and brandy, till the 25th, when she was put on full diet until the 29th, when slight bronchitis supervened. Add. ad mist. quinæ, vin. ipeeae. ʒi., tr. hyoseyam. ʒij.

Jan. 1.—Rep. mist. quinæ.

4th.—Rep. mist. quinæ.

7th.—Diseharged cured.

N.B.—In three days this patient took two bottles of pale brandy combined with very strong camphor mixture.

NOTES AND QUERIES.

Ye that questioneth much shall learn much.—*Bacon.*

No. 24.—Achillæa Millefolium.

To the Editor of the Medical Times and Gazette.

Sir,—At page 11, No. 266 of your Publication, under "Progress of Medical Science," you mention the use, by Dr. Coates, of Achillæa Millefolium, "in internal hemorrhage." Its efficacy is, of course, attributable to its astringent properties. If you will refer to "Paulus Ægineta," vol. iii., p. 358, Sydenham Society's Edition, you will find, under the word στρατίωτης, that "yarrow" (*A. millefolium*) was known to Dioscorides, Galen, and Paulus Ægineta, as an astringent. It was continued a member of our Dispensatories to a late date, and still holds a place in the modern Greek Pharmacopœia. Evrarde, in his "Herball," edition 1633, writing of the "vertues" of this plant, says, "it is a principall herbe for all kinds of bleedings;" and besides, states that, "if the juyce be injected with a syringe, or the decoction," it will cure spermatorrhœa. In 1659, Leonard Phioravant, Knt., speaks of this plant as "a miraculous and divine remedie to help any sorts of fresh and bleeding wounds."

No doubt many more early instances could be obtained, to show that the efficacy of "yarrow," as an astringent, was not unknown to early Practitioners. It is an individual of a natural family of plants, distinguished for its bitter qualities, associated with either astringent, acrid, or narcotic qualities.

Dr. Coates' use of *A. millefolium* cannot, it is submitted, be cited as an example of "Progress in Medical Science," even under the modest subdivision of "Excerpta Minora."—I am, etc. R. W. F., M.D.

Bath.

No 25.—Climate of Madeira.

Sir,—Can you, or any of your Correspondents, inform me where I can find a registered account of the Climate and general Meteorology of Madeira. I am, etc.

4, Bath-buildings, Worthing. A. S.

No. 26.—Diagnosis of Hysterical Hip-joint.

Sir,—In an instructive case of "hysterical affection of the hip-joint," which I observe in your Hospital Reports for July 7, I notice that it is stated that the patient had pain in the knee. May I inquire of those who have had larger experience than myself, whether this symptom is a common one in hysterical simulations of disease in the hip? I have always been accustomed to regard it as a most important aid in the differential diagnosis, and as indicating almost invariably organic disease. An hysterical patient would not know that pain in the knee was a symptom of hip disease, and one would not have expected her to simulate it, unless, indeed, she had been previously informed by the inquiries of her Surgeon that it was held of importance. Of course the symptom could only be of value when it was spontaneously complained of. The insertion of this in your Notes and Queries will oblige, A Hospital Surgeon.

No. 27.—The Substitute for Cod-liver Oil.

Sir,—Within the last few weeks, there have been announcements posted about the City, stating that the Axtra Mantaz is an efficient substitute for the Cod-liver oil, and that it may be obtained at a certain shop in Oxford-street. I have no doubt but it is a quack affair; indeed, the very name selected for the newly-found panacea seems to mark its *soi-disant* discoverers as audacious impostors. Still, however, one would be glad to know what the nature of the compound is, if only for the benefit of one's inquiring patients. Is it an oil, a root, a powder, or what? If any of the readers of your "Notes and Queries" could furnish information on this subject, many of your subscribers would, I doubt not, be obliged, and among that number your obedient servant,

Holborn, Tuesday morning. A Hoax-hater.

No. 28.—A Hint about the Stethoscope.

Sir,—That water offers a more facile medium than atmospheric air for the development and expansion of sound, would appear to be a truth admitting at least one practical demonstration.

"Sir," said a school-boy, "place your ear under the water, and you will not be a little astonished to hear how loudly this bell will sound when rung below the surface."

Certainly, I did not dip my head, for I preferred to carry home the experiments in idea, and give it another form. I filled the shaft of my stethoscope with water, which was readily secured *in situ* by cork plugs. I now found the instrument to be capable of transmitting the current of sound with increased clearness, if not force; which I look upon as an improvement in a very valuable means of clinical diagnosis. I am, etc. W. Garstang.

Bradford, Aug. 12, 1855.

ANSWERS.

To Query No. 13.—Mode of Action of Copaiba.

To the Editor of the Medical Times and Gazette.

Sir,—In your "Notes and Queries" of the 21st of July, a correspondent, signing himself B. S., inquires what is the *modus medendi* of copaiva in the treatment of gonorrhœa, and other discharges from the mucous membrane of the urino-genital organs. I think that recent experiments and observations have sufficiently proved that the first hypothesis which he advances is the correct one; or, in other words, that the active principle of the balsam is chiefly eliminated by the kidneys, and exerts a healing influence on the inflamed mucous membrane, by coming directly in contact with it, dissolved in the urine. In the numbers of *L'Union Médicale* for the 14th and 18th of December, 1854, your correspondent will find some very interesting papers by Dr. Roquette, of Nantes, in which this Physician relates several cases which seem to prove incontestably the local action of the copaiva. In one of these cases the patient had an orifice in his urethra, midway between the meatus and the scrotum, which was occasioned by his having, when a youth, placed a brass curtain-ring round his penis, which, becoming erect, was injured thereby, and required surgical aid to remove the constricting body from it. The urine of this patient was always voided through this posterior orifice; but when this opening was closed up it flowed freely through the natural outlet. This young man, having contracted gonorrhœa, was treated with copaiva, in the usual way; and Dr. Roquette found that the *posterior* part of the urethra *alone*,—viz., the portion of the canal traversed by the copaiviferous urine,—was soon benefited by the action of the medicine. But when the patient was then directed to inject some of his urine,—impregnated with the active principle of the copaiva, into the anterior portion of the canal,—he very speedily became completely cured. Hence Dr. Roquette advises us, in administering copaiva, to give it in such a manner as that it may be eliminated by the kidneys, and may not be carried away by the bowels.

Shortly after reading Dr. Roquette's paper, last winter, a patient came under my care for *chronic* gonorrhœa, whom it was impossible to treat by exhibiting copaiva in the ordinary way, on account of very great irritability of the stomach, and intense idiosyncratic disgust for the drug. I thought at first of adopting Velpeau's plan, and administering the balsam in the form of enemata; but I resolved first to test the correctness of Dr. Roquette's views, and accordingly directed him to inject a weak mucilaginous solution of copaiva into the urethra. By this means he was completely cured in four days, without experiencing any pain or inconvenience. I have since treated one or two cases of *chronic* gonorrhœa in the same way, and with equal success.

Does not all this seem to warrant and confirm the assumption that copaiva acts locally on the mucous membrane of the urethra, by means of its active principle, which is held in solution in the urine? And if so, may we not yet be able to treat puriform discharges from the urethral and vaginal mucous membranes, by means of weak copaiviferous lotions, instead of by the internal administration of a drug so nauseous and liable to derange the digestive functions?

I am, etc.

Dumfries, August 6, 1855. A. Mercer Adam, M.D.

Postscript.—If further proof were needed that copaiva exerts its therapeutical influence by acting locally on the mucous membrane in gonorrhœa, it might be found in the admitted inutility (by Ricord, Sigmund, and numerous other high

authorities) of the drug in those cases of gonorrhœa in the female, in which the disease is confined to the vagina, and does not affect, to any great extent, the urethra, and the parts surrounding it.

A. M. A.

Medical Times & Gazette.

SATURDAY, AUGUST 18.

ALLEGED SENILE IMBECILITY.

Our readers may probably recollect the lengthened commentary which we felt it our duty to make, in the *Medical Times* of April, on the great Hopwood Will cause, which had been recently tried at Liverpool. In that cause the issue was raised as to the competency of an old man to alter his will. We then took occasion to point out the peculiarities which age is liable to impress upon even a sound mind. We spoke of the possibility of family cabals; of domestic spies on the look-out for the defects of memory, and for the mistakes in speech so constantly made by the aged; and of attempts to make these natural infirmities the ground for abridging an old man's liberty, and taking the control of his property out of his hands. We most earnestly cautioned our readers against allowing themselves to be made the tools of any such conspiracy, as well as against trying the soundness of an old man's mind by tests which can only be fairly applied to a young man's.

In the Hopwood case, the unparalleled cleverness of the Attorney-General carried the day—thanks to a British jury—against the validity of the old man's will, in spite of the evidence, and of the Judge's summing up. In a precisely similar case, which was heard last Friday by the Lords Justices at Lincoln's Inn, and not by a jury, a much more wholesome decision was come to.

The two sons, and three sons-in-law, of Mr. Toplis applied for a commission to inquire whether their father was or was not of unsound mind. Four Medical gentlemen signed a certificate to the effect that he was unable to attend to pecuniary matters; that his memory was impaired; and that he was totally imbecile. The opinions of these four gentlemen were confirmed by the judgment of a kind of elder brother of the Medical Profession—in plain English a barber—who stated his firm "judgment and belief," that Mr. Toplis was feeble, childish, and liable to be a prey to designing persons.

But, against the opinion of these gentlemen, and of their tonsorial coadjutor, Drs. Copeland, Winslow, and Southey declared that, admitting certain defects of memory, Mr. Toplis was quite capable of taking care of himself, and did not require the protection of the Court of Chancery; and in this latter opinion the Lords Justices concurred, using almost identically the same line and expression of argument as that which we adopted in our remarks on the psychology of the aged in the number to which we have alluded.

Dr. Southey had stated that the patient's memory was so defective that he could hardly be said to be of perfectly sound mind, although not so unsound as to require interference. On this the Lord Justice Knight Bruce remarked, that "there was a technical meaning in these words in which he should be disposed to dissent from their use. Mr. Toplis's powers of recollection were impaired and defective, but this, at advanced periods of life, and also at periods not advanced, was a common defect. A man might have a bad memory, but be a competent and efficient man." The Lord Justice Turner said, "It was the experience of every one at all acquainted with aged persons, that recent events passed quickly from their minds, while they recollected vividly what passed fifty, seventy, or even eighty years back." His Lordship then commented severely on the conduct of the promoters of the suit, and read long extracts from a sort of family journal, in which various matters relating to Mr. Toplis, his mind and acts, were from time to time noted down, to be brought forward in evidence against him; and concluded by saying that the conduct of these parties, and of their solicitor, filled him with indescribable disgust.

What we before said, we would repeat to our Medical brethren—Never allow yourselves to be made the tools of selfish family cabals.

THE METROPOLIS LOCAL MANAGEMENT BILL.

The clause in the Metropolis Local Management Bill relating to the appointment of Medical Officers of Health is the CXXVIIth, which it may be as well to lay before our readers *in extenso:*—

"Every Vestry and District Board *shall* from time to time appoint One or more legally qualified Medical Practitioner or Practitioners of skill and experience to inspect and report periodically upon the sanitary condition of the parish or district, to ascertain the Existence of Diseases, more especially epidemics increasing the rate of mortality; and to point out the Existence of any Nuisance or other local Causes which are likely to originate and maintain such Diseases, and injuriously affect the Health of the Inhabitants; and to take cognizance of the Fact of the Existence of any contagious or epidemic diseases, and to point out the most efficacious Mode of checking or preventing the Spread of such Diseases; and also to point out the most efficient Modes for the Ventilation of Churches, Chapels, Schools, Lodging-Houses, and other public edifices within the parish or district, and to perform any other Duties of a like Nature, which may be required of him or them; and such persons shall be called 'Medical Officers of Health;' and it shall be lawful for the Vestry or Board to pay to every such Officer such salary as they think fit, and also to remove any such Officer at the pleasure of such Vestry or Board."

We believe that the author of this Bill has made a judicious use of the measures which were in beneficial operation in the various localities in the Metropolis and throughout the provinces, and that its comprehensive character is owing to the care with which those local Acts have been examined, and their best portions adopted. The appointment of an Officer of Health for the City of London has worked to the admiration of all parties, and has led to the determination that it shall be applied to the whole of the Metropolis. It will be observed that this appointment of Officers of Health is to be compulsory on every Parish or Board. It is necessary to observe that these terms, Parish and Board, refer to different localities. There are parishes which are deemed large enough to act under the new arrangements, without combining with other parishes; while others have to be formed into Districts comprehending two or more parishes—the Whitechapel Districts including as many as nine parishes.

The members of the Vestry, or of the "District Board of Works," are all chosen by the rated Housholders, and as these members are to have the appointment and dismissal at their "pleasure" of the "Medical Officers of Health," it is scarcely requisite for us to point out the importance of great attention to the election of the persons who are to be members of the Vestry or of these local Boards of Works. An occasion now arises in which the members of the Faculty are bound to pay attention to their own interests and to the public health, by using their legitimate influence and giving their votes as rated Householders only in favour of men who will exercise becomingly the power for which they are candidates. It will most materially promote the objects of this Bill, to place in the office of Vestrymen those who have some enlightened

ideas respecting the means of promoting the salubrity of a neighbourhood; while nothing will more effectually defeat these objects than to place in office those men who are behind the age in intelligence and good feeling, and who have yet to learn that there is a certain connexion between proper sanitary measures and a normal condition of public health.

With all due respect to Sir Benjamin Hall, and with much gratitude to him for the services which he has rendered to the cause of the Public Health, we cannot but feel that his legislation upon this matter always smacks of Marylebone, and that the clauses of his bills appear to be cautiously composed with a prospective view to the hustings. Without absolutely condemning the principle of giving the power to the Vestry to remove Medical officers at their pleasure, we cannot but regard the future operation of this provision with some apprehension, because it must be recollected that the Medical officer may sometimes feel it his duty to give advice, which, although conscientious and honest, may prove unpalatable to his employers, who will forthwith "remove" him to make way for some more pliable, though less conscientious official. It will be observed that there is no appeal for the party who is "removed," and, therefore, he may, although unquestionably in the right, be made to suffer grievous loss.

If the District Boards are composed of men of intelligence, and all the qualities suited to their position, they will co-operate with the Medical Officers of Health with thorough cordiality, and it will not be very long before the standard of Public Health in the Metropolis will undergo a visible improvement. If, on the other hand, the public send into power such specimens as have been accustomed to figure in our parish affairs, it will be impossible for Medical men, however intelligent and persevering, to make much progress in the great work on which they are invited to enter. The remarkable success which has rewarded the labours of Mr. Simon in the City, could never have been achieved but for the cordial support and encouragement which that intelligent Medical Health Officer has received from the Corporation. He was appointed because the Corporation felt anxious on the subject of public health, and were ready to act with promptitude on his suggestions. It ought to be observed that there is a difference between the circumstances in which the district officers may be placed, and those which led to the City appointment. In the case of the Metropolitan Parishes or Districts, this arrangement is not the spontaneous work of the parish, but is rendered imperative by Act of Parliament; and it is quite possible that the necessity of such an office may not be perceived, and therefore no facilities may be given for the discharge of its duties.

The importance of the concession which is now to be made to the claims of Medical men is the more apparent, from the comprehensive area assigned to their functions; for the attention of Medical Officers is to be directed not only to the various causes of excessive mortality, and the modes of preventing the entrance and the spread of epidemics, but also to the important subject of ventilation in churches, chapels, schools, lodging-houses, and public edifices. A new field is thus opened for the exercise of the science and skill of the Medical man, whose co-operation with the Civil Engineer will conduce materially to the prevention of much disease and suffering.

We have to repeat our wish that the Medical portion of the Metropolis Local Management Bill may be carried out effectually, and that prompt measures will be taken to prevent its provisions from becoming a dead letter.

MR. TOYNBEE'S LECTURES.

We this day conclude the Course of Clinical Lectures delivered by Mr. Toynbee on the "Pathology and Treatment of the Affections of the Ear, causing Disease in the Brain and its Membranes." Based, as these Lectures evidently are, upon a large number of dissections, we hope that they will cause the attention of the Profession to be drawn to this important subject. Not that it has been hitherto wholly overlooked, for it is well known that Drs. Abercrombie, Bright, and Watson, and several other eminent Medical men, have written upon it; but their observations have almost wholly referred to the later stages of the disease, when a fatal termination was inevitable. In the course of his Lectures, Mr. Toynbee has not only demonstrated the cause of the disease advancing from the different cavities of the ear to the cerebrum, cerebellum, or base of the brain, but he has shown how the cases likely to advance to the brain can be distinguished from those which are innocent; the occurrence of a discharge from the ear being the symptom common to each class of case. It is evident, from the cases cited by Mr. Toynbee, that the progress of the disease is capable of being arrested, even after it has produced considerable cerebral irritation, if active remedial measures are adopted. These Lectures indicate that the field of inquiry laid open by the establishment of a department of Aural Surgery at St. Mary's Hospital will be productive of results valuable to Medical science.

THE WEEK.

We stated last week that we could not join the *Times* in the expression of its pleasure at the appointment of Mr. Bouverie as President of the Poor-Law Board, until we knew something of that gentleman's qualifications for the office. We have since learned that one of his qualifications is a vehement attachment to the Homœopathic quackery. We have very little hope for the unfortunate Union Surgeons under such a President, and we think that the appointment reflects nothing but disgrace upon those who made it, and who must, in making it, have intended to insult the whole Medical Profession. It is well known that the Union Surgeons have been ill-treated enough already, without being placed under the control of a man who despises the principles of the noble Science which they profess and practise, and who would, if he could, turn over the unhappy sick poor to the tender mercies of a pack of ignorant impostors!

All our recent letters from the Crimea speak of a growing spirit of discontent among the Medical Officers of the Army. Hard work, inadequate pay, no thanks, no honours, no rewards, and abundance of blame for the faults of others, are producing their natural results. Many have sent in their resignations, which have not been accepted; others have obtained commissions as ensigns, and left the Medical service for one where they are more likely to be fairly treated. Those who remain only do so because they are obliged. The following extract from a letter dated July 27 is but a sample of many others:—

"Look at my inadequate pay and position. I joined my regiment in 1853, after being several months at Chatham, and have been with it ever since, all the time it served in the West Indies, and in North America, and part in the Mediterranean. I have not left it since the beginning of the campaign in Turkey. And now contrast my pay, 13s. a day, with the relative rank of a captain, and the rewards I have received with the advantages gained by others, staff and regimental, around me. Again, our system, or rather no system, of promotion is most disheartening. Dr. Smith has always held out promotion on the station to be a guiding rule; but Surgeons have been lately brought from the most distant colonies to promote them over those who have been serving in the field all through the campaign. Cavalry officers, too, who had signed official papers that they declined promotion for the advantage of getting a cavalry regiment at home, have

equally been put over the heads of those who have been working out here. Neither seniority nor merit seems a guide. Dr. ——, who has been in constant trouble ever since he has been in the service, and who notoriously funked when cholera broke out in Bulgaria, but only got away on pretence of resigning his commission, got to Chatham, and has been promoted over the heads of fifteen seniors. He appeared in General Orders as having tendered his resignation, and being permitted to return to England. What encouragement is this for those who remain at their posts! I am careless about promotion—all I care for is an opportunity of leaving a service I once took a pride in, but am now heartily sick of.

"The Assistant-Surgeons have held meetings together, and have embodied several grievances in a petition to the House of Commons, which I believe Sir De Lacy Evans has promised to present. The Surgeons have also been doing something in the same way, but I believe it is their intention to make an appeal direct to Lord Panmure. I doubt if much good will come out of either."

If any further facts were wanted to exhibit the uselessness of the system of death registration, as at present pursued in England, the one which has been just elicited in the case of suspected poisoning at Darlington might surely demonstrate it to the most obtuse. It appears that the cause of Mrs. Wooler's death was actually taken by the Registrar from the statement of Mr. Wooler himself, and without any Medical certificate whatever. Mr. Robert Fortune, Registrar of Deaths to the village and district of Keighton, receives a good salary from the public purse. No doubt his books are as voluminously and as carefully kept as those of any of his colleagues in office. But what avails it? What earthly service does Mr. Fortune render in return for his salary? Does he furnish to the scientific community accurate statistics of mortality? Does he secure to the inhabitants of Keighton that, preparatory to the journey from the death-bed to the grave, the physical cause of their leaving this world shall be honestly recorded? Such are his supposed functions. Yet here we have him, on the one hand, allowing the suspected murderer to furnish what information he chose as to the cause of his victim's death, and, on the other, registering that a woman had died of dysentery when all who had a right to an opinion in the matter believed her to have died from arsenic. The blame attaches, however, but in part to the man, it is chiefly in the system. Until the law not only appoints Registrars, but, at the same time, requires of them that they shall obtain their information from authentic sources, no greater accuracy than that exhibited in this instructive instance can be expected.

The inhabitants of London will learn with some astonishment that their city is at present the seat of a raging pestilence. We have been congratulating ourselves on a weekly rate of mortality less than half that of this time last year, and more than a sixth less than that of the proper period as calculated from the average of the last ten years. Our neighbours the Swedes have, however, meanwhile discovered that the Cholera is among us, and every Englishman arriving at Stockholm, unless he can prove himself more than a week away from London, has to undergo quarantine. Really this is caution run mad! On such principles we might enact a perpetual rule of *Noli me tangere* against all our neighbours.

Not many years ago the following incident occurred at the London Hospital, and occasioned much interest:—A Coroner and Jury sat upon the body of an unfortunate person who had died suddenly, and connected with whose death there did not chance to be any circumstances known of a nature to make either suicide or murder suspected. Satisfied with this negative evidence, the Coroner refused to order a post-mortem, and despite the doubts expressed by the Medical witnesses, a verdict of death from natural causes was recorded, the hypothesis of an apoplectic fit having been adopted. After the inquest, as a matter of pathological interest, an autopsy was made, and in the stomach was found a large quantity of oxalic acid. Experience is said to keep a dear school, but it is generally supposed that her lessons, when well paid for, are long remembered, and one would have expected that a man who had once in his life been placed in the ridiculous position of president over the farcical inquiry just alluded to, would have taken good care in future to avoid like errors. Let the following case, however, prove that, whether or not the like blunders still occur, the risk of them is still run, with as much of heedlessness as it is possible to conceive of. A few days ago, at the same Hospital, an inquest had been held in which the House-Surgeon had given evidence. At its conclusion one of the officials (not the Coroner himself) addressed the House-Surgeon to this effect:—"Here is another man here, Sir, brought in dead, having spit blood, perhaps you will be good enough to save us trouble by deposing to his death also." This being declined, the proper Medical officer was summoned, and the due forms gone through. He deposed to the fact of the man having been brought in dead, but, as to the cause of death, stated that he could give no opinion, unless an autopsy was first performed. This the Coroner refused to order, and under his direction a verdict of Death from Natural Causes was returned by the Jury. We instance this case on account of its absurdity, not on account of its supposed rarity. We fear, from information which reaches us from time to time, that proceedings such as it exhibits, are but too frequently allowed to disgrace our Coroner's courts, and to defeat the ends of public inquiry.

There does not appear at present any reason whatever for believing that an epidemic of Cholera is commencing in London. During last week but five cases were registered, and of these two are qualified as being only "Choleraic Diarrhœa," and one as "Cholera Infantum." Out of so large a population as London possesses, it cannot be deemed beyond what might be expected that during the Midsummer weeks two cases of Diarrhœa a week should occur, fatal so quickly as to merit the name of Cholera. The average mortality from Diarrhœa (146) has been during the past week, making allowance for increase of population, somewhat below that (143·4) of the past ten years.

The Hon. W. F. Cowper has just been appointed to the vacant office of President of the Board of Health. The son-in-law of our present Premier, there is no difficulty in imagining certain possible reasons for his selection. We would be far from insinuating that the motives suggested have been the sole ones had in view, but we have yet to be informed as to the special qualifications which he possesses for such a responsible post.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE CHANGES OBSERVED IN PEYER'S AND BRUNNER'S GLANDS IN YOUNG CHILDREN.

By M. HERVIEUX.

It is not M. Hervieux's object in these papers to describe typhoid fever as seen in young children, but simply to set forth the alterations the intestinal glands undergo at the early periods of life. He has collected 161 observations made upon children, from one day to three years old, at the *Hospice des Enfants Trouvés*. Already the French writers upon typhoid fever in the young have described such changes, their observations for the most part, however, relating to children above

four years old. He divides his 161 cases into three categories, according as the children were aged from one day to one month (74): from one month to one year (53): or from one to three years (34). This division is not quite arbitrary, the phenomena during life, and the changes after death varying at the different periods. At present, M. Hervieux confines his observations to the first category.

In respect to infants of from one day to one month old, he says, that while it is true that these glands enlarge very easily under the influence of certain morbid conditions, yet, in the absence of such, so little are they developed, that it is almost impossible for the most experienced eye to detect them in the healthy mucous membrane. This fact he has tested 600 times at the *Enfants Trouvés*, where yet young children rarely die without some affection of the digestive organs. Their presence may, however, be demonstrated in the normal state by allowing a ray of light to fall upon a portion of the membrane that has been previously washed, all beyond the area of the luminous ray appearing perfectly smooth. M. Hervieux, therefore, denies the exactitude of those observers who state that these glands are well developed in children, at least under three or four years of age, all sensible enlargement then being due to disease.

The changes observed in the glands are detailed minutely, as are the coincident lesions of other parts of the economy and their symptoms. We have only space to state the conclusions he has arrived at. 1. The *Peyerian glands*, when abnormally developed, present the following characteristics: (*a*) They are few in number, commonly from four to eight, and very rarely beyond twelve or fifteen; this number increasing considerably, however, in older children. (*b*) They occupy the convex side of the intestine, especially at the end of the ileum and the cœcum—being, however, occasionally pretty equally distributed over the whole small intestine. (*c*) Very various shades of colour are observed; and in the early stages there may be observed red, grey, or yellowish patches, the first of these being by far the most common and the last the most rare. (*d*) They appear in the form of small circular or ovoid islets, never being honeycombed or reticulated. (*e*) They are almost always soft and spongy, and easily divided; and are only more rarely hardish or lardaceous. (*f*) They rarely ulcerate. 2. The *isolated glands*, when hypertrophied, appear under two distinct forms. (*a*) The most frequent is the granulated or psorenteric, as in cholera. (*b*) The rarer form is almost confined to the large intestine. The mucous membrane seems of a dull aspect, and is dotted with small slate-coloured or bluish points, which mark the position of the orifices of the glands. They contrast with the other follicles, which are more projecting, but devoid of orifices. 3. The mesenteric glands present no other alterations than a slight increase in size, more or less injection, and some diminution of consistence—seeming like grains of rice interposed between the layers of the mesentery. 4. The enlarged glands of either kind exist independently of the condition of the neighbouring mucous membrane. Among the intestinal alterations observed are various degrees of injection, anæmia, ramollisement, occasionally ulceration, with various morbid products, as coagula, pus, etc. 5. Various morbid products are found in the peritoneal cavity, as serum, blood, false membranes, pus, etc. 6. The lesions of the other organs of the abdomen are too various to allow of their being connected with the intestinal disease. 7. In the first rank among the thoracic complications must be placed pneumonia in its various stages, and effusions into the pleura, whether serous or sanguinolent; next in order pulmonary apoplectic deposits, and then interlobular emphysema. 8. In the organs of circulation, there are observed serous or sanguinolent pericardial effusion, congestion of the endocardium, and arterial lining membrane, injection of the cardiac vessels, sanguineous concretions in the cavities of the heart, and persistence of the fœtal apertures. These lesions are far from being constant. 9. Sometimes the brain is more or less injected, and at others abnormally anæmic. Sometimes ramollissement is present, and subarachnoid effusion. 10. The symptoms referible to the digestive organs are, in their order of frequency, — diarrhœa, meteorism, muguet, vomiting, gargouillement, constipation, and ulceration of the mouth. 11. More or less intense fever is present, whether this is followed or not by progressive algidity. 12. The respiration, at first much hurried, becomes slower in the algid state. There are symptoms of bronchitis or pneumonia. 13. Nervous phenomena are only observed exceptionally. 14. Disordered states of the skin occur in the following order:—Erythema, especially anal, scleroma, icterus, erysipelas, ulceration. 15. Among the general symptoms are a general decoloration of the skin, and progressive emaciation, with loss of strength. 16. Almost all the diseases of infants may complicate this alteration. 17. As none of the symptoms are pathognomic, the diagnosis must be very guarded. 18. Although the prognosis is very grave, it is not absolutely desperate, much depending upon the hygienic influences present. 19. Without denying individual predisposition, the affection may, in great part, be attributed to nosocomial influences, artificial feeding, and neglect. 20. All treatment is subordinate to good hygiene.

Gazette Médicale, 1855. Nos. 22. and preced.

ON OPIUM IN PUERPERAL PERITONITIS.

By Professor A. CLARK.

Professor Clark thus states the results of his practice in treating puerperal fever:—1. When peritonitis is a prominent feature, large doses of opium form the best means of treatment. 2. To be of avail the opium must be commenced early, and the patient brought rapidly under its influence. 3. As the amount of opium required to safely produce the desirable narcotism varies much, we must commence with doses that can do no harm, repeating them every two hours, the effects of each dose at this period being watched by some competent person. 4. This treatment will not alone cure puerperal fever, when the leading element is purulent metritis, though it may control and even prevent the peritonitis usually accompanying this. 5. The tolerance in some cases is incredible; but in practice the author has not found more than ½ or ⅔ of a grain of sulphate of morphia every two hours required, and has generally given less after the first dose. The influence of the opium should be kept up until the pain and tenderness subside, the tympanites diminishes, and the pulse falls below 100, when it may be gradually diminished. 6. The chief criteria for withholding or diminishing the dose, and by the presence of which the repetition is to be governed, are found (1) when the sleep is too profound, its amount being of no consequence if the patient can be roused; and (2) the reduction of the respiration to twelve per minute, it becoming, too, irregular and sighing.

Dr. Clark has met with no case of fatal narcotism. In one case a woman took, during the first twenty-six hours, morphia and opium, equal to 106 grains of opium, 472 grains in the second twenty-four hours, 236 in the third, 120 in the fourth, 54 in the fifth, and 22 in the sixth—in all 1010 grains; the patient, prior to this, not having been addicted to either drink or opium.

New York Journal of Medicine, Vol. XIV. p. 304.

GENERAL CORRESPONDENCE.

THE COLLEGE OF PHYSICIANS, AND ITS UN-GRADUATED LICENTIATES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am not surprised that the letter from Sir John Forbes, in your Journal of July 28th, has called forth expressions of dissatisfaction from Dr. Steavenson and another correspondent. Sir John has undoubtedly argued his case ingeniously, and put his points strongly, although with an evident bias "far North;" but there must, I think, remain a fallacy in his conclusions so long as any of our Universities continue to grant a degree in Medicine, after examination it is true, but without requiring residence, or a systematic course of previous general education. Such a degree has no Academic character attached to it, and, however honourable, appears to me to give no just claim beyond that of having passed a creditable Medical and Surgical examination. It certainly entitles to the appellation of Doctor, but does not necessarily imply the Doctrina.

As regards the assumption of the title of M.D. by non-graduated Physicians who have the Licence of the College, I see nothing to object to in this, inasmuch as the College addresses them as Doctors, and custom has sanctioned it; nor

do I see any material difference between this case and that of, *e. g.*, the Honourable John Russell, "commonly called" Lord John Russell, who does not scruple on all occasions to call himself, and to be addressed, by the latter appellation.

Much ink will probably be shed in the discussion of this subject,—it is one fairly open to it; but I trust this will be carried on in a calm spirit, and without that tendency to depreciate our brethren which has too often reflected discredit on our Profession; an imputation from which Dr. Steavenson is not altogether free, as, in a letter inserted in your Journal not a great while ago, he made use of expressions towards the Extra-Urbem Licentiates of the College which I am sure that, on reflection, he must regret. I am, etc.

C. W. Crowdy, L.R.C.P.,
Brighton, August 6, 1855. Extra-Urbem.

PROFESSOR SIMPSON'S OBSTETRIC PRACTICE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Some time ago I was much interested by certain communications made to the Profession through the Medical Journals, by Professor Simpson, of Edinburgh, on an improved system of obstetric practice in certain cases recommended by him, viz., that of turning the child, instead of using the long forceps, or opening the head, where there is partial deformity at the brim of the pelvis in the mother, so that the child cannot be delivered by the natural efforts. My interest in these communications was greatly enhanced by the fact, that the practice recommended by the Professor is one I have followed during the whole course of my practice, commenced in the year 1820, and now, therefore, extending over a period of thirty-five years. I am happy to be able fully to corroborate the safety and propriety of this method, *having adopted it in a large number of cases, and in every case with perfect success.* I am unable to state the exact number of cases, having taken no special notes of such cases, believing, as I did for a long time, that I was following a practice usually adopted by the Profession at large, and not one which, as it now appears, has been confined at least to a few, as Professor Simpson assumes it as his own discovery, and recommends it as such to the Profession.

I cannot have met with so few as 100 cases of this sort in the course of my practice, having registered about 3600 cases of delivery altogether, before I was obliged to retire from ill-health in the year 1852. I do not, however, claim any originality in the adoption of this practice, having been taught it by the late excellent Dr. Thatcher, of Edinburgh, while attending his obstetric course at Edinburgh during the session of 1819-20. And, in referring to a volume of notes still in my possession, taken by me at the time of those lectures, I find the practice referred to recommended as a part of his ordinary teaching upon the subject; and I believe, indeed I *know*, the same practice has been uniformly adopted by other pupils of Dr. Thatcher, and also by other practitioners. I say not this in detraction of Professor Simpson, who deserves well of the whole Medical Profession; but truth, and justice to a venerated preceptor, will not permit me to say less, and I should have very imperfectly conceived the character of the Professor were I to suppose that he will be sorry to find the method he so strongly recommends corroborated by the facts I am enabled to lay before the Profession concerning it. That his ingenuity and common-sense principles have led him to conceive and adopt it, and that hence, in this limited sense of the term, he is entitled to the discovery, I have no reason to question. All I mean to tell him and the Profession is, the fact, that it was known and adopted before the Medical Profession received the benefit of his genius and labours; it may be, for aught I know, before even I was taught my Profession by Dr. Thatcher, who for many years had lectured and practised Midwifery in Edinburgh before my time, and had very likely, in every course previously, taught the same doctrine, and been the means of widely diffusing the practice.

With regard to this practice of turning, I may observe that not only in cases of partial deformity, but also in every case where nature did not seem adequate to complete the labour, either from the size of the child's head, its firm ossification, or from the feebleness of the uterine efforts, I have uniformly turned the child, and completed the labour, as a footling case, with perfect success, having never once used the long forceps, (an instrument I was always taught to eschew), and having but once in my whole life opened a child's head, and that was in a case not strictly speaking one of my own, but a case in which my advice and assistance were sought by a neighbouring Practitioner. The poor woman had been delivered before, some seven or eight times, instrumentally, and, in a subsequent pregnancy, premature labour was brought on, but she did not recover. From my experience and observation, therefore, I hesitate not to affirm that opening the head, and the consequent destruction of the child, is very seldom required, if the Profession generally will adopt the practice now recommended. It is true that this is by no means at all times easy practice for those who have not acquired some degree of dexterity in the performance of the operation, especially for such as are not adapted by nature for it; but when the right hand is so large that it reminds one more of a shoulder of mutton than a human hand, a defect, of course, no man can be accountable for, but a defect in an obstetric operator, that ought to lead its possessor to hesitate, especially without chloroform, to attempt turning in the case of a contracted female pelvis. The mention of chloroform reminds me to say, that in all such cases, and, indeed, in all instrumental cases of midwifery, I have felt it my duty for years to administer this anæsthetic, and have not only seen no harm in any case from it, but much benefit in enabling the poor sufferer to bear with stillness the necessary assistance afforded, and so to aid the operator in the performance of his duty. I have not, however, carried my partiality for chloroform further than to instrumental cases and turning; but in all such cases I would strongly urge its adoption as of essential use, and, if used judiciously, and with a handkerchief, as recommended by its discoverer, Professor Simpson, I do not believe it will ever cause any anxiety to the Medical man. Should these remarks seem deserving of insertion in your excellent journal, they are at your service. I am, etc.

Colchester, August 8, 1855. David Morris, L.R.C.S. Edin. & L.S.A.

VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg to forward you the "Bill to provide for the Vaccination of the people in England and Wales," of which an abstract has already appeared in your columns, and to request that you will have the kindness to insert it in full in an early number of your Journal, along with this explanatory note.

This Bill has been prepared by the Small-pox and Vaccination Committee of the Epidemiological Society, to carry out the suggestions contained in their Memorial to the Board of Health, printed by the House of Commons, March 1, 1855, and it was presented to Sir George Grey, and Sir B. Hall, by a Deputation of the Society, headed by the President, Dr. Babington, at an interview with which they were favoured on the 16th of June last.

Seeing the fearful mortality which has taken place from small-pox in London this year, and the serious evils resulting generally from the present defective provisions for Vaccination, the Committee entertained some hope that the Government would have legislated on the subject during the present Session of Parliament; but the state of public business, having, in the view of the Government, rendered this impossible, the Committee, when this was made known to them, gladly availed themselves of an offer made by Mr. Brady to introduce the measure, for the sake of having it printed by the House, and its provisions made generally known to the Profession, so that suggestions might be offered, which would have the effect of making the measure more perfect, when it is again submitted to the Government at the commencement of the ensuing Session. It is equally with the view of eliciting opinion from yourself, and from the Profession at large, that the Committee request your attention to the Bill, and the publication of it, *in extenso*, in your Journal.

The Committee are much indebted to Mr. Brady, and to Mr. Montagu Chambers for introducing the Bill this Session, for the purpose above specified; but they deem it right to express publicly their opinion, as they did to Mr. Brady at the time, that the changes they propose to effect, being administrative changes, involving the transference of important public duties from one department of the Government to

another, and the creation of new public offices, can only be effectually carried out by the Government itself. While, therefore, the assistance of individual Members of Parliament in so great a public cause ought to be most gratefully accepted, it is necessary that the influence of Professional opinion should be brought to bear directly upon the Government.

The Committee would take this opportunity also of thanking Mr. Brady (who placed himself in communication with them in May last) for the facilities which he afforded them for laying their measure before Government, and for various suggestions which he made when the rough drafts of the Bill were read over to him, several of which were adopted, and have tended, in the opinion of the Committee, to improve the measure. I am, etc.

EDWARD CATOR SEATON, M.D.

Hon. Sec. to the Small-Pox and Vaccination Committee of the Epidemiological Society.

33, Sloane-street, August 13, 1855.

[The Vaccination Bill, sent to us by Mr. Brady, was already in type when we received Dr. Seaton's letter.—ED. *Medical Times and Gazette.*]

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of to-day there appears a letter from "A Surgeon," on the above question. There seems to have been a difference of opinion between him and "A Union Surgeon;" and certainly I must take the part of "A Surgeon." In doing so I wish briefly to state a case which came under my own notice only a few hours ago:—

A lady in good circumstances, living in a large house in a most respectable locality, called upon me and requested me to vaccinate her child. She was recommended to apply to me by two patients of mine, but she stated that she "received a paper from the Registrar of Births, etc., recommending another Surgeon," but did not know whether it was legal to employ any one else. Of course I set her right upon the point. There is no doubt that she mistook the meaning of the printed papers given to the parents of children whose births are registered, setting forth the requirement that Vaccination should be performed upon the child before it is three months old, and stating that Mr. —— will vaccinate it for them for nothing. That this was a mistake of the lady I am ready to admit, but that these papers are calculated to cause such mistakes, this case, among many others known to myself, is an ample illustration. Now no one can have any objection to a Public Vaccinator vaccinating a respectable rich man's child, provided he charges that rich man a respectable fee for so doing; but I have an objection to anything which may tend to seduce the rich man to join the Public Vaccinator in imposing upon the public by having his child vaccinated at its expense; and, Sir, I know that it is a common occurrence, that people well able to pay for having their child vaccinated, bring it to the Public Vaccinator, and the latter, in many instances, considers himself compelled to vaccinate any case, be the parents rich or poor, which is brought to him. How far this is the case I am not prepared to say, but certainly it appears to be so from the printed papers above alluded to, and if so it is a monstrous imposition upon the Medical Profession and the public. I am, etc.

Manchester, August 11. A PRIVATE PRACTITIONER.

[To the Editor of the Medical Times and Gazette.]

SIR,—It appears that Mr. Brady has introduced a Bill into the House of Commons, in which "the control of Vaccination is to be taken out of the hands of the Poor Law Board and the local Boards, and placed under the supervision of the Board of Health; a Medical Superintendent, and Medical Inspectors of Vaccination, are to be appointed, etc." Now, Sir, I wish Mr. Brady would introduce a Bill to place us Union Medical Officers under a similar supervision and control, for, by so doing, he would render the Profession an immense service. To reduce the size of each Union District to one-half of its present extent, to place each Medical Officer more in the centre of his district, and to increase our salaries. No Union Medical Officer ought to be more than four miles distant from his patients, whereas, as it is, some of us have to travel a distance of eight miles. A patient might be dead before the doctor could see him, independent of the time required for supplying him with medicines or surgical appliances. I myself annually attend between forty and fifty Union patients; I travel a distance of from two, four, six, and eight miles; I supply them with medicines, afford them surgical aid, and keep a horse, for the sum of £14 a year!! It certainly was one of the most stupid acts ever committed by a Government, to place the appointment of Union Medical Officers under the control of the Poor Law Board and the local Boards of Guardians. It had as well have been placed under the control of a Board of shoemakers or blacksmiths; such, indeed, is almost the real fact of the case, for many Boards of Guardians count among their number both shoemakers and blacksmiths—*et hoc genus omne!*

I hope Mr. Brady will do away with the Vaccination Stations in his new Bill. I am, etc.

A UNION MEDICAL OFFICER.

Aspatria, August 13, 1855.

HARVEY AND HOMŒOPATHY.

[To the Editor of the Medical Times and Gazette.]

SIR,—The admirable leader in your Journal of Saturday last, on the "Difficulties of Homœopathy," deserves the best thanks of the Profession and the public. As you truly observe, "the genuine doctrines of Homœopathy are utterly incompatible with the science of Medicine as taught, believed, and practised, in all civilized countries, "inconsistent with all human knowledge," and "irreconcilable with all that science has done in the last sixty years."

That a system so absurd, useless, and, indeed, so mischievous, should be supported and admired by the credulous portion of the British public, need create no astonishment, when we remember the flattering patronage bestowed upon St. John Long, Morrison, Coffin, Holloway, the worthy fraternity of Bone-setters, *et id genus omne*—

"For sure the pleasure is as great,
Of being cheated, as to cheat."

But is it not painfully surprising to every enlightened and high-minded lover of the noble art of healing, to find that this pernicious and delusive form of quackery is countenanced and encouraged by those from whose position and influence, as Practitioners of the true science of Medicine, the Profession and the public might expect better things? At this, the second town in the kingdom, we hear of Physicians meeting Homœopathists in consultation for the purpose, it is said, of diagnosis only. PURE Surgeons are reported to be at all times ready to lend their aid to the globulists, in cases where chirurgical interference is needed, to overcome difficulties which even the two-hundredth dilution could not solve. Let us charitably hope that evil-tongued rumour, with her accustomed disregard of truth, has, without foundation, maligned our brethren on the shores of the Mersey! But I fear you will with me confess that appearances are against them, when you learn that the "Liverpool Medical Institution,"—a Society established with the avowed object of promoting the science of medicine, enjoys the unenviable notoriety of being one (I would fain believe the only one in England) of those institutions which admit the followers of Hahnemann to the full privileges of membership, placing them on an equality with regular Practitioners,—is regularly supplied with the periodical literature of the pseudo-science; and has even gone the length—*proh pudor!*—"*heu prisca fides!*"—of permitting papers to be read and discussions held within her walls upon Homœopathic subjects; thus, in the eyes of the public, endorsing the principles of the system, and, in the eyes of the Profession, exhibiting a pitiable specimen of pusillanimous inconsistency.

As an illustration of the feeling which pervades the institution as a body on the subject of globulism, I give the following extracts from the minutes of an annual meeting of the members:—It was proposed and seconded, "That for the future no Homœopathic works shall be admitted into the Institution; and if any such works now exist in the Library, that the Librarian be instructed to remove them forthwith." An amendment was proposed as follows, and *carried*:—"That the time is gone by for the burning of books by the hangman; for the heresy of Harvey is the fundamental doctrine of our day; and only by free scope to the Medical mind can its narrowness be overcome, and truth eventually reached."

I have been assured by those who have opportunities of

observation, which enable them to form a tolerably correct prediction, that a similar fate would probably attend any attempt to elicit from the Society a declaration of opinion hurtful to the cause of Homœopathy.

It is, however, consolatory to be able to state, that better success has at times attended other attempts to exclude the globulists and their lucubrations; for a paper, on the "Cure of Cancer by Infinitesimal Doses," was, after a warm debate, and by a *compromise*, withdrawn; and lately, a known Homœopathic Practitioner, who sought admission as a member, was, by a very narrow majority, refused.

The case, therefore, is not hopeless. There are among the members men who yield to none in their desire to promote the best interests of the Institution, and of the science of Medicine; who, possessing the influence, only need to be roused from their apathy by a forcible appeal from a source more influential than any that such an humble individual as your correspondent can command. Therefore it is that I lay the case before you, remembering that—

"Sera nunquam est ad bonos mores via,"

and hoping that a gentle chiding, and a little wholesome exhortation from your editorial pen may rouse their dormant energies; and then we may hope that our Institution will cast off the obloquy at present hanging over; it will no longer own connexion with globulism, or any other of the many forms of the "Hydra-headed monster—Quackery;" and will for the future faithfully fulfil her noble mission.—I am, etc.

"A Member of the Council of the Liverpool Medical Institution."

Liverpool, August 14, 1855.

REPORTS OF SOCIETIES

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

Monday, July 23, 1855.

Dr. Leared, in the Chair.

Dr. Chasseaud, of Smyrna, exhibited a specimen of

FIBROUS POLYPUS OF THE UTERUS,

removed from a woman, 50 years of age. It was of seven years' growth, about the size of a cocoa-nut, of a flattened, globular form, and had been attached to the inner surface of the uterus by a very small pedunele. It consisted principally of a firm fibrous stroma, and had been covered by the mucous membrane of the uterus. Dr. Chasseaud considered that it exemplified the manner in which these growths were formed, first among the muscular fibres of the uterus, and then gradually pushing the mucous membrane before them.

Mr. Holmes Coote had dissected a great many uteri, in which these growths had been observed, and agreed with Dr. Chasseaud's view as to their pathology. In some cases, they might be felt as hard lumps in the walls of the uterus; in others, they gradually projected externally, and became covered with a layer of peritonæum, until at length they might be more or less pedunculated and loose; or they might project internally, and become covered by the mucous membrane lining the organ, as in Dr. Chasseaud's case. He had seen one case, in which removal of such a tumour by tension had been followed by very alarming symptoms.

Mr. Holthouse referred to the inutility of any measures other than operative for the removal of fibrous tumours in other parts of the body; but he was not so sure that the rule applied to these tumours when seated in the uterus. He attended a lady about a year and a-half ago, who had a large tumour, supposed to be fibrous, imbedded in the posterior wall of the uterus, and projecting into the vagina. She was the subject of repeated and violent uterine hæmorrhages. Dr. Locock, who was called in, recommended the application of leeches to the part, to be repeated at short intervals; small doses of the bichloride of mercury were also prescribed. The lady subsequently went to Paris, where the leeching plan was still pursued, and lately returned to England quite recovered. These tumours sometimes cease to grow, and undergo calcareous degeneration. A very fine specimen of such a tumour Mr. Holthouse recollected to have seen at the Pathological Society of London.

Mr. Spencer Wells had assisted Dr. Wood in the removal of this tumour. He (Mr. Wells) could not reach the os uteri with his finger, and, accordingly, introduced his whole hand into the vagina, and found the pelvic cavity nearly filled by the tumour, and the os uteri just above the promontory of the sacrum, the small pedunele being attached within the cervix. He was enabled to twist the tumour three times round on its axis, and thus to break off the pedunele, when Dr. Wood introduced a pair of midwifery forceps, and removed the tumour, the perinæum requiring as much support as in a case of labour. He (Mr. Wells) thought it was well understood that fibrous tumours of the uterus frequently disappeared under treatment. He had seen two cases himself, in which they had done so under a course of the Kreuznach waters, and had been told of others by Drs. Simpson and Rigby. He had also seen a case, with Mr. Baker Brown, in which the tumour had diminished very much under the use of the common formula of bichloride of mercury and bark, and Mr. Brown had told him of other similar cases.

Mr. Hulke believed that, if these tumours were left to themselves, they frequently disappeared spontaneously, or, perhaps, as frequently became calcified. In one case he related, what was supposed to be a large vesical calculus was found in a churchyard, but it proved to be a calcified fibrous tumour of the uterus.

Dr. Chasseaud said, that a remedy in popular use in Asia Minor was a sort of calcified sea-weed, which probably owed its virtues to the same principles as the Kreuznach waters, iodine and bromine. At the suggestion of Dr. Cullen, he promised to bring some specimens to the Society for analysis.

Mr. Atkinson then exhibited a

VESICAL CALCULUS OF PECULIAR SHAPE,

which he had recently removed by lithotomy from a Jew, 20 years of age. The annexed cut represents the form and external composition of this stone. No section had

Weight, 18½ drachms; male, aged 21; symptoms or nine years. *a*. Lithic Acid; *b*. Oxalate of ammonia; *c*. Phosphate of ammonia.

been made. The patient had complained of symptoms of stone in the bladder for nine years, which at length became so urgent that he could not stand erect, and he suffered continually from severe pain. A stone was felt on sounding, occupying the prostatic portion of the urethra, and, when the sound passed this, what appeared to be a second stone was felt in the bladder. The stone was found impacted in the prostatic portion of the urethra on three subsequent occasions, and some difference of opinion existed as to there being more than one stone, most of those who examined believing that there was only one. The stone was in the bladder on the day of operation. The ordinary lateral method was that adopted. Nothing unusual occurred during its performance, except that the stone eluded the blades of the forceps, and Mr. Atkinson removed it by using his forefinger as a scoop. The patient has since gone on favourably.

Mr. Holmes Coote, after some remarks on the different modes of performing lithotomy, and on a recent proceeding of Mr. Lloyd's, in which that gentleman cut in the mesial line, at once laying the urethra and rectum open together, a proceeding the results of which Mr. Coote did not speak of as very encouraging, inquired with what kind of knife Mr. Atkinson had cut into the bladder?

Mr. Atkinson replied, with an ordinary sharp-pointed scalpel.

Mr. Spencer Wells said, that many years ago, at St. Thomas's Hospital, Mr. Tyrrell, a most careful and dexterous lithotomist, had cut through the back of the bladder, and the consequent extravasation of urine into the peritoneal cavity had killed the patient. Mr. Tyrrell then observed that this case would teach him never again to cut into the bladder with a sharp-pointed knife, and he never did. The case and remarks made such an impression upon his (Mr. Wells's) mind, that he determined to act with similar caution, and he was more and more convinced every year of its necessity. Only last year a Surgeon of one of the largest of the London Hospitals had made this fatal error twice within the course of a few months; and Mr. Wells contended that, however skilful or experienced a man might be, he was not justified in running a risk which might be avoided by simply changing the knife with which the first incision was made, and the urethra opened with a blunt-pointed one. All danger from sudden, involuntary movement of the patient or assistants, or sudden contraction of the bladder, was thus avoided.

Mr. Hulke said, that the danger of transfixing the bladder depended more on the staff than the knife. If the groove were deep, and the extremity buttoned, the operator could scarcely go wrong. Cheselden, Liston, and Fergusson were all in favour of using a scalpel, and their authority was quite sufficient to outweigh any objections which the practice of careless Surgeons might appear to enforce.

Mr. Eddowes said that Mr. Liston was so strongly impressed with the necessity of keeping the knife firmly pressed in the groove of the staff, that he did so with such force as in one case to break the knife.

Dr. M'Craith showed four specimens of calculi which had been successfully removed by Dr. Wood himself. He did not think the disease very common in Smyrna.

Mr. Holmes Coote then related two cases of superficial malignant disease of the face, and made some remarks upon the relations between

LUPUS AND SUPERFICIAL CANCER.

He had lately treated two cases of serious ulcerative disease of the face in two officers who had been exposed to the severe heat of the sun in the Crimea. The disease was termed *Lupus exedens*, but it presented many of the characteristics of epithelial cancer. In one case, seen at the commencement, there was rapid hypertrophy of the papillæ of the skin of the face near the root of the nose, raising the epidermis into a pimple in a spot which had been sunburnt. Heat and redness extended to the neighbouring part of the nose and cheek, and was followed by the development of fresh pimples or tubercles. Then the epidermis became thin and peeled off, or burst, a small quantity of sero-purulent fluid escaping and drying to a scab, under which ulceration commenced and rapidly destroyed the hypertrophied papillæ, leaving a deep sore, with irregular surface and foul aspect, bounded by a sharp, irregular, undermined edge, which was frequently red and swollen, especially when the disease was spreading. As remedies began to prove effectual, the raised papillæ became shrunken and bloodless; a thick scab formed over a depressed cicatrix, and, in a few days, this part had healed; but when, in a later period, there was deep ulceration, the process of granulation and cicatrization was tedious. In the second case the disease was considerably advanced before the officer fell under Mr. Coote's care. Ulceration had crept over the surface of the entire right cheek, which presented an irregularly depressed reddish cicatrix surrounded by deep unhealthy ulceration, which threatened the eyelid above and the mouth below. No caustics, or any local irritant, were used in either case. In both, arsenic was given combined with bark, and the result was most successful. Mr. Coote referred to cases of a similar nature he had seen in London, among patients who had returned from hot climates, and entered at some length into the question of the relation between such forms of malignant ulceration and cancer, expressing his conviction that there is no form of cell peculiar to cancer, and that the microscope alone is not sufficient for the diagnosis of a cancer cell. He concluded by expressing his opinion that as these cases had proved impracticable in the Crimea and at Constantinople, and had improved immediately after their arrival at Smyrna, the facts should be known in addition to the many others proving the salubrity of the air of a place which had been unjustly abused.

Mr. Spencer Wells inquired of the resident Practitioners present as to the nature of the disease known as the "Aleppo Button." He had seen one case in consultation, in a gentleman returned from Aleppo, which was nothing more than ordinary lupus of the face in the tubercular stage.

Dr. M'Craith said, the few cases he had seen did not resemble lupus. In the first stage a hard subcutaneous swelling, like a boil, formed in various parts of the body, the surrounding cellular tissue being thickened and, constitutional disturbance very slight. This usually went on for about a year, and then ulceration commenced, which, though very obstinate for a time, ended by granulation and cicatrization. In this, and other forms of obstinate superficial ulceration he had found arsenic very useful, more especially if applied locally. He kept a piece of lint on the part, wetted with Fowler's solution, either pure or diluted, until it produced no smarting.

Dr. Chasseaud said, the Aleppo Button was quite a distinct disease. Very few European residents at Aleppo escaped it, and it was attributed to the water of the river which supplied the town. The scab which formed when ulceration commenced, from drying of the exuding pus, resembled that of rupia.

Mr. Holmes Coote said, that these descriptions tallied remarkably with a disease called the "Scinde Boil," which had been very troublesome in Sir Charles Napier's army. He had seen several cases in England, among officers who had returned from that army, and the water of the rivers in Scinde was blamed as the cause of the disease.

Mr. Hulke said, that there was a great tendency to tumours and diseases of the skin among the residents of Smyrna. He had seen several examples of cheloid and of tumours of cicatrices, and others of tubercular lupus, or epithelial cancer. He had treated the latter with great success by the free use of the nitrate of silver locally, without any constitutional treatment.

The Chairman did not consider that Mr. Coote could fairly attribute the recovery of his patients to the salubrious climate of Smyrna. He was disposed rather to conclude that the arsenic should be praised for the cure, and related a case of seven years' standing, in London, in which this mineral had proved successful in his hands, a great variety of other remedies having been previously tried by other Practitioners, and failed.

The subject announced for the next meeting was "On the alleged Insalubrity of Smyrna as a Site for an Hospital of the Army," by Dr. Barclay.

NORTH LONDON MEDICAL SOCIETY.

June 27, 1855.

Dr. Hare in the Chair.

Mr. Sedgwick read a paper on

CONGENITAL MALFORMATIONS AFFECTING THE SKIN AND ITS APPENDAGES.

The author arranged these cases under two heads:—1st, those affecting the skin; and, 2ndly, those affecting its appendages. Among the cases mentioned by Mr. Sedgwick, those affecting the skin, was one of occlusion of the external auditory meatus, accompanied by absence of the external ear of the same side, interesting as an example of deafness resulting probably from mechanical obstruction, which could be removed by an operation. Although there was no evidence in this case of hereditary transmission, yet a distant branch of the family presented two cases of deficiency of the cartilage of the external ear, producing a pendulous condition of its upper part; this, Mr. Sedgwick incidentally remarked, constituted in the domestic rabbit a permanent variety, familiarly known as the lop-eared, and in the human subject possessed a sort of classical celebrity, from having given rise to the Roman cognomen of Flaccus. The author stated, that in the last case of imperforate anus on which he had been consulted, had found on examination, that there was no deficiency of the rectum, but that its lower extremity was closed by a membrane possessing the general appearance of integument; the diagnosis was easy, as impulse could be detected when the child cried; a crucial incision was followed by a discharge of the meconium, and

the patient did well. Some cases were then mentioned of families who had been web-fingered and web-toed for several successive generations, and one in which this peculiarity had disappeared in the fourth generation, but occurred again in the fifth. In describing the congenital malformations affecting the appendages of the skin, Mr. Sedgwick confined himself chiefly to those of the nails, of which he gave 14 cases, involving more or less 74 fingers and toes. The first twelve cases occurred in members of the same family, who presented for five generations complete absence of nails from the little finger and little toes. The following table was intended to show the relative frequency with which the malformation had affected the fingers and corresponding toes :—

	Nail absent.	Nail rudimentary.	Nail duplicate.
Thumb-and corresponding toe	1	1	—
Forefinger ,, ,, ,,	3	1	—
Middle ,, ,, ,,	4	2	—
Ring ,, ,, ,,	4	2	1
Little ,, ,, ,,	50	2	—
	62	8	1

One case presented partial duplication of the ring finger with no abnormal condition of the nail, and the last case was an example of nails (2) being developed on very rudimentary and boneless fingers. After alluding to the fact that Professor Valentin had been able to ascertain the presence of referred sensations in cases of this description, and which he (Mr. Sedgwick) thought, with others, might possibly be due to their having been the result of amputation in utero, he (Mr. Sedgwick) submitted to the notice of the Society the following subjects for their further consideration :—1st. The influence of maternal emotion as a cause of these malformations ; 2nd. Their hereditary transmission ; and, 3rd. The relation between the development of the skin and the parts beneath it. In reference to the first of these subjects, the author remarked that, although in none of the cases related had it been possible to trace their origin to any acknowledged influence of this kind, yet he had reason to believe that, in other cases of congenital malformations, it had been the essential, if not the only cause, and he was therefore disposed to admit the occasional truth of the popular belief on this point, and to acknowledge that some cases of congenital malformations were phrenographs, in which, by some mysterious process, an impression more persistent, perhaps, or deeper than usual, on the mind of the mother, had been transferred to her offspring. In allusion to the alleged frequency of duplication, and other malformations of the nails amongst the Chinese, the author observed that, although he had lived in China, he had had no opportunity of confirming the truth of the statement; but that, if true, it would be a strong argument in favour of the theory; for among a people who regarded the form and length of their finger-nails as an evidence of good-breeding, it might be expected that malformations of such parts would be more common than elsewhere. After discussing at length hereditary transmission, Mr. Sedgwick concluded by drawing attention to the relation existing between the development of the skin and the bone beneath it. In those situations in which the skin was not ordinarily furnished with any peculiar appendages, it was difficult, if not impossible, to determine whether the integument covering those parts was peculiar to the locality or not. But this difficulty was less felt in cases where such appendages of the skin as the hair and nails were involved in the deformity, as these generally afforded a ready means of distinguishing the character of the skin to which they belonged, and their presence or absence at birth usually indicated a corresponding presence or absence of such portions of skin as were specially needed for their development ; whilst the development of the skin itself appeared to be connected in these cases with that of the bones beneath it. This part of the subject was copiously illustrated by cases which tended to prove that absence of the terminal phalangeal bones was accompanied dy absence of nails, and that in like manner the growth of the hairy scalp was dependent on the normal development of the bones of the head. The author drew attention to the fact, that of the 74 fingers and toes he had described as more or less malformed, the development of the nails corresponded with that of the bones in 72 ; and that with reference to the hair of the head it had been observed in some rare cases of congenital absence of the frontal bone, where Nature had made an effort to compensate for the loss by extension forwards of the parietal and squamous portions of the temporal bones ; that a corresponding development of the hairy scalp also occurred, and which, under these circumstances, had been known to reach even to the root of the nose.

MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION, AT YORK.

The Annual Meeting of this Association took place at York, on Wednesday and Thursday last. The assembly, although tolerably numerous, exhibited a deficiency in attendance, as compared with that of previous years, and we missed many of those who were in the habit of attending the annual meetings of the Association, as, for instance, Sir John Forbes, Dr. Conolly, Mr. Martin, of Reigate, and other old members. Sir John Forbes, however, sent a letter, regretting his absence, and suggesting the propriety and necessity of sending Medical men to Parliament. Dr. Conolly, as we understood, was detained by indisposition, and Mr. Martin was prevented from attending by urgent circumstance. The Meetings of the Association were held in the Museum of the Philosophical Society, and the Chair was taken by Dr. Simpson of York, the President of the year. Among the members of the Association present, we noticed Sir Charles Hastings the President of the Council, Dr. Sibson, Dr. Richardson, Dr. Lankester, Dr. Semple, Mr. Propert, Mr. Ancell of London ; Mr. Nunneley, Dr. Heygate, Dr. Lyon, Dr. Laycock, from the provinces.

The morning sitting on Wednesday was occupied chiefly in a discussion regarding the funds of the Society, and the pecuniary management of the Journal; and in receiving and adopting the Report of the Medical Reform Committee. The former subject assumed at one time rather a threatening aspect, and it appeared probable that considerable schism would ensue among the members, one party maintaining that the financial affairs were so obscure as to be incomprehensible, while the other party asserted that they were perfectly clear. The General Committee reported that the Association was seriously in debt, while the Journal Committee, on the other hand, considered that the assets were more than sufficient to meet the deficiency. By the exertions of Sir Charles Hastings, Mr. Ancell, Dr. Lankester, and others, peace was restored, and an equilibrium between expenditure and income was promised by the appointment, on the motion of Dr. Cormack, of auditors in London, whose duty it should be to examine the financial affairs of the Journal up to the present time. The meeting entirely exonerated Dr. Cormack from any mismanagement, and appeared to think that the source of misunderstanding was to be traced to the confusion introduced between the cash accounts and the estimates.

The Report of the Medical Reform Committee gave a gratifying view of the progress of the measure lately introduced into the House of Commons by Mr. Headlam, Mr. Brady, and Mr. Craufurd, and the Meeting pledged itself to use its best exertions to promote the success of the Bill next session. A motion was also carried, to place £50 at the disposal of the Medical Reform Committee, to defray the necessary expenses. Dr. Lankester, in speaking of the subject of Medical Reform, took occasion to warn the Association against the attempts which would probably be made on the part of the Medical Corporations, to obstruct the Bill in its progress through the Legislature. He alluded to the Memorial lately published in this Journal, emanating from the Lecturers of the Middlesex Hospital, and addressed to the Courts of Examiners of the College of Surgeons, and of the Apothecaries' Society, as showing the great defects in Medical education now existing, and which a comprehensive scheme of Medical Reform would tend materially to remove.

The afternoon sitting was chiefly occupied by a discussion on the proposal to change the name of the Association to the "British Medical and Surgical Association ;" but, after a very able and animated series of speeches on both sides of the question, the innovation was negatived by a majority of 50 to 31.

The weather was delightful, and the beautiful remains of ancient architecture in the gardens of the Philosophical Institution appeared to great advantage under the autumnal sun, blended as many of them are with the rich foliage and the other picturesque features of the scenery of the environs of York.

Notwithstanding the diversity of feeling upon some points, the greatest social harmony prevailed among the members, and the local Practitioners exhibited a rivalry of hospitality towards their Professional brethren who had been drawn to the metropolis of Northern England.

In our next number we shall relate the subsequent proceedings of the Association.

A BILL TO PROVIDE FOR THE VACCINATION OF THE PEOPLE IN ENGLAND AND WALES.

Whereas an Act was passed in the fourth year of the reign of Her present Majesty, intituled "An Act to extend the Practice of Vaccination:" and whereas an Act was passed in the fifth year of the same reign, intituled "An Act to amend an Act to extend the Practice of Vaccination:" and whereas an Act was passed in the seventeenth year of the same reign, intituled "An Act further to extend and make compulsory the Practice of Vaccination:" and whereas it is expedient to make further and better provision for the Vaccination of the people at large: Be it therefore enacted by the Queen's most excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:—

I. So much of the above-recited Acts as applies to England and Wales shall remain in force until the 1st day of January, 1856, and no longer.

II. From and after the 1st day of January, 1856, the public Vaccinations in England and Wales shall be placed under the control of the General Board of Health, and shall be under the immediate direction and management of a Medical Superintendent of Public Vaccinations, to be appointed by the Board, at a salary to be arranged with the Treasury.

III. For the performance of various duties hereinafter specified, and others which may be required preparatory to bringing this Act into operation, the said Medical Superintendent of Public Vaccinations shall be appointed by the Board within one month after the passing of this Act.

IV. The General Board of Health shall have the power of appointing Medical Inspectors, whenever the Medical Superintendent shall report to them that it is expedient so to do, for the purpose of ascertaining the state of Vaccination in England and Wales, or in any part thereof, and of carrying out any directions which may be given them by the Medical Superintendent of Public Vaccinations for the more effectual working of this present Act; and the said Inspectors may be also Inspectors for other purposes connected with the General Board of Health, and they shall be paid such salaries as the Board shall direct, together with reasonable travelling expenses.

V. The General Board of Health shall have the power of appointing any legally qualified Medical Practitioner to be a Public Vaccinator; and all Practitioners so appointed shall observe all the regulations respecting Vaccination which may be issued by the General Board of Health, or by the Medical Superintendent of Public Vaccinations in the name of the Board, and in default thereof their appointment may be cancelled.

VI. Any qualified Medical Practitioner who shall, on the 31st day of December, 1855, hold a contract for the performance of Vaccination with the Guardians of any Parish or Union in England and Wales, or with the Overseers of the Poor in any Parish in which relief is not administered by Guardians shall, from the 1st day of January, 1856, be considered to be a Public Vaccinator under the Board of Health without further appointment, but subject to all the regulations of the Board, in the same way as the Public Vaccinators who shall be directly appointed by the Board.

VII. The Medical Superintendent of Public Vaccinations shall make all provisions necessary to facilitate the general Vaccination of the people, and in particular he shall appoint in each Sub-Registrar's District which shall have been duly constituted for the Registry of Births and Deaths under the Act now in force, at least one convenient place or station for the performance of Vaccination and subsequent Inspection thereof, and he shall provide for the attendance of a Public Vaccinator for the purposes aforesaid on specified days and hours at every such appointed station, and within one month from and after the 1st day of January, 1856, and within one month from the 1st day of January in every subsequent year, and at other times when need be, he shall publish or cause to be published in the District of each Superintendent Registrar in England and Wales a complete list of all the places or stations appointed for Vaccination within the said District, classified in Sub-Districts, with the name of the Public Vaccinator who will attend at each station, and the days and hours at which he will attend for the performance of Vaccination and subsequent inspection thereof.

VIII. Every adult person residing in England and Wales on the 1st day of January, 1856, who shall not already have been successfully vaccinated nor had the Small-pox shall, within three months of the said 1st day of January, 1856, cause himself to be vaccinated by some duly qualified Medical Practitioner or by a Public Vaccinator, and shall, on the eighth day from and including the day on which he has been so vaccinated, cause himself to be inspected by the Medical Practitioner or Public Vaccinator by whom the operation was performed, or by some duly qualified Medical Practitioner acting on his behalf, in order that the result of such operation may be ascertained and registered, and in default thereof he shall be liable to a penalty not exceeding Twenty shillings.

IX. Every adult person who, after the 1st day of January, 1856, shall come to reside in any part of England and Wales, and who shall not already have been successfully vaccinated nor had small-pox shall, within three months of his arrival, cause himself to be vaccinated by some duly qualified Medical Practitioner, or by a Public Vaccinator, and shall, on the eighth day from and including the day on which he has been so vaccinated, cause himself to be inspected by the Medical Practitioner or Public Vaccinator by whom the operation was performed, or by some duly qualified Medical Practitioner acting on his behalf, in order that the result of such operation may be ascertained and registered, and in default thereof he shall be liable to a penalty not exceeding Twenty shillings.

X. The father or mother of every child resident in England and Wales on the 1st day of January, 1856, who shall not already have been successfully vaccinated nor had Small-pox, or in the event of the death, illness, absence, or inability of the father and mother, then the person who shall have the care, nurture, or custody of the said child, shall, within three calendar months from the said 1st day of January, 1856, take or cause to be taken the said child to some duly qualified Medical Practitioner, or to a Public Vaccinator, for the purpose of being vaccinated, and shall, on the eighth day from and including that on which the child has been so vaccinated, again take or cause to be taken the said child for inspection by the Medical Practitioner or Public Vaccinator by whom the operation was performed, or by some duly qualified Medical Practitioner acting on his behalf, in order that the result of such operation may be ascertained and registered, and in default thereof he shall be liable to a penalty not exceeding Twenty shillings.

XI. The father or mother of every child born in England and Wales, after the 1st day of January, 1856, or in the event of the death, illness, absence, or inability of the father and mother, then the person who shall have the care, nurture, or custody of the said child, shall, within three calendar months after the birth of such child, take or cause it to be taken to some duly qualified Medical Practitioner or to a Public Vaccinator, for the purpose of being vaccinated, and shall, on the eighth day from and including that on which the child has been so vaccinated, again take or cause to be taken the said child for inspection by the Medical Practitioner or Public Vaccinator by whom the operation was performed, or by some duly qualified Medical Practitioner acting on his behalf, in order that the result of such operation may be ascertained and registered, and in default thereof he shall be liable to a penalty not exceeding Twenty shillings; and the Sub-Registrar of every District in England and Wales is hereby required, at the time of registering the birth of any child, to deliver to the person attending to register the said birth a notice under his hand, according to the Form of Schedule hereinafter inserted marked A, that it is the duty of the father or mother, or person having the care, nurture, or custody of the said child, to have the child vaccinated, in conformity with this Act, and that in default thereof they will be liable to the penalties of the Act; and to deliver at the same time, according to the Form in the above-named Schedule, a list of the days, hours, and places within the District at which the

Public Vaccinator will attend for the performance of Vaccination and subsequent inspection thereof: provided, that the non-receipt of such notice from the Sub-Registrar cannot be pleaded as a defence in any prosecution for penalties under this Act.

XII. The father or mother of every child who shall, after the 1st day of January, 1856, come to reside in any part of England and Wales, or in the event of the death, illness, absence, or inability of the father and mother, then the person who shall have the care, nurture, or custody of the said child shall, if the child has not already been successfully vaccinated nor had the Small-pox, within three months of his arrival, take or cause it to be taken to some duly qualified Medical Practitioner or to a Public Vaccinator, for the purpose of being vaccinated, and shall, on the eighth day from and including that on which the child has been so vaccinated, again take or cause to be taken the said child for inspection by the Medical Practitioner or Public Vaccinator by whom the operation was performed, or by some duly qualified Medical Practitioner acting on his behalf, in order that the result of such operation may be ascertained and registered, and in default thereof he shall be liable to a penalty not exceeding Twenty shillings.

XIII. If a Medical Practitioner or Public Vaccinator who shall have vaccinated any person or child as hereinbefore directed shall ascertain, on inspection on the eighth day, that the said Vaccination has not been successful, he shall thereupon, or as soon after as possible, proceed to vaccinate again the said person or child; and if the said person shall refuse or neglect to be so vaccinated again, and to be inspected on the eighth day, or if the father or mother of the said child, or person having the care, nurture, or custody of the child, shall refuse or neglect to have the said child so vaccinated again, and inspected on the eighth day, and so on as often as need be until the said person or child shall have been successfully vaccinated, they shall be liable to the penalties hereinbefore declared: Provided only, that in the event of a Medical Practitioner or Public Vaccinator being of opinion, from repeated Vaccination, that a person or child is insusceptible of the Vaccine Disease, the said person, or the father or mother of the said child, or person having the care, nurture, or custody of the child, a Certificate under his own hand according to the form of Schedule hereinafter inserted marked (B); and neither the said person, nor the father nor mother of the said child, nor person having the care, nurture, or custody of the said child, shall be liable to any penalties under this Act.

XIV. If a Medical Practitioner or Public Vaccinator shall be of opinion that any person or child presented to him for Vaccination is not then in a fit state of health to be vaccinated, he shall direct the operation to be postponed for such period as he shall deem necessary: he shall thereupon deliver to the said person, or to the father or mother of the said child, or to the person having the care, nurture, or custody of the child, a Certificate under his own hand, according to the Schedule hereinafter inserted marked (C.); and neither the said person, nor the father nor mother of the said child, nor person having the care, nurture, or custody of the child, shall be liable to any penalty under this Act for the period for which such postponement shall have been directed: Provided always, that the said person shall attend, or the said father or mother, or person having the care, nurture, or custody of the said child, shall bring it or cause it to be brought to the Medical Practitioner or Public Vaccinator, at or before the expiration of the period, or to some other Medical Practitioner or Public Vaccinator, that the Vaccination may be performed, or a further postponement allowed, according to the judgment of the said Medical Practitioner or Public Vaccinator.

XV. Any person, or the father or mother of any child, or the person having the care, nurture, or custody of any child, who, after the 1st day of January, 1856, shall have been successfully vaccinated, shall be entitled to receive a certificate of the same from the Medical Practitioner or Public Vaccinator by whom the operation was performed, upon payment of a fee of Sixpence.

XVI. Every Public Vaccinator shall keep a book, to be supplied to him by the Medical Superintendent of Public Vaccinations, in which he shall enter, according to a form to be drawn up by the said Medical Superintendent, the name of every person or child vaccinated by him, with its age, place of abode, place of birth, the date of Vaccination, date of inspection, result of the operation, and such other things as the Medical Superintendent shall direct; and the Medical Superintendent is hereby required to draw up such forms and to prepare such books immediately on his appointment, and to issue them ready for use on the 1st day of January, 1856; and such books or registers shall be considered Public Registers, and shall be carefully preserved according to regulations to be issued by the Board.

XVII. Every Public Vaccinator shall also keep a book, to be supplied to him by the Medical Superintendent of Public Vaccinations, in which he shall enter, according to a form to be drawn up by the said Medical Superintendent, the name of every person or child presented to him for Vaccination, but whose Vaccination he has deemed it necessary to postpone, together with the age, place of abode, place of birth, date, reasons of postponement, and the period for which the Vaccination is postponed; and the Medical Superintendent is hereby required to draw up such forms and to prepare such books immediately on his appointment, and to issue them ready for use on the 1st day of January, 1856; and such books or registers shall be considered public registers, and shall be carefully preserved according to regulations to be issued by the Board.

XVIII. Every Public Vaccinator shall, on the 1st day of February, 1856, and on the 1st day of every subsequent month, make a return to the Medical Superintendent of Public Vaccinations of the number of persons or children vaccinated by him during the preceding month, and of the number who have been successfully vaccinated, and of the number in whom Vaccination has been postponed; and every Sub-Registrar in England and Wales shall, on the 1st day of February, 1856, and on the 1st day of every subsequent month, make to the said Superintendent of Public Vaccinations a return of the number of births registered by him during the preceding month.

XIX. Every Medical Practitioner who shall not be a Public Vaccinator, but who shall have vaccinated any person or child on or after the 1st day of January, 1856, or shall have directed the postponement of the Vaccination of any person or child who has applied to him or been presented to him for the purpose of being vaccinated, shall, between the 1st and 4th days of February, 1856, and between the 1st and 4th days of every subsequent month, transmit to the Medical Superintendent of Public Vaccinations lists certified under his own hand of the persons and children vaccinated by him during the preceding month, specifying the name, age, place of abode, place of birth, date, reasons of postponement, and period for which the Vaccination is postponed, according to forms to be supplied to him by the Medical Superintendent of public Vaccination, and he shall be entitled to be remunerated for such lists as hereinafter provided.

XX. In consideration of the fulfilment of the duties required by this Act, all Public Vaccinators shall be entitled to a fee of Two shillings and sixpence for every child vaccinated by them whose successful Vaccination shall have been ascertained by inspection, provided the Vaccination have been performed at the residence of the Public Vaccinator, or within two miles thereof by the nearest public road, and to a fee of Three shillings and sixpence for every child vaccinated by them whose successful Vaccination shall have been ascertained upon inspection, provided the Vaccination have been performed at any place more than two miles distant from such residence; and every Medical Practitioner, not a Public Vaccinator, who shall have transmitted to the Medical Superintendent of Public Vaccinations certified lists according to the provisions in Section Nineteen, shall be remunerated for the said lists at the rate of One shilling for every child respecting whom a complete entry shall have been made according to the requirements of the said Section.

XXI. Whenever it shall appear to the Medical Superintendent of Public Vaccinations that Vaccination is not properly carried out in any District, he shall immediately institute an inquiry, either by himself or by one of the Medical Inspectors of the Board of Health duly appointed for the purpose, as provided in Clause 4, into the causes thereof; and for the purposes of this inquiry he shall be entitled to require of the Sub-Registrar of the District a list of the names and places of abode of all children whose births have been registered within a period to be by him specified; and whenever he shall deem it necessary he is hereby empowered and required to proceed for the recovery of penalties against any

person offending against the provisions of this Act, before any two justices of the peace for the county, city, borough, or place where the offence may have been committed, and no proceeding for penalties under this Act shall be instituted against any person but by the said Medical Superintendent of Public Vaccinations, or by an Inspector or other person duly authorized to act on his behalf; and any penalties recovered under this Act shall be applied to ———

XXII. The Medical Superintendent of Public Vaccinations is required immediately on the passing of this Act to draw up all forms and books as hereinbefore provided, and to do all other things which may be necessary to bringing this Act into effectual operation by the 1st day of January, 1856, and especially he is required to compile from the best authorities, and to issue, with the consent of the General Board of Health, by the 1st day of January, 1856, and thereafter from time to time as need be, regulations regarding the best mode of performing the operation of Vaccination, the precautions to be observed in the selection of lymph, and all other things which may be required to render Vaccination the most effectual safeguard against Small-pox; and he is also required, once in every year, to present a written report to the General Board of Health of all things done by him under this Act, to be laid before the Houses of Parliament.

XXIII. All expenses incurred under this Act shall be defrayed out of such monies as may be provided by Parliament for the purpose.

XXIV. And whereas by the 3rd and 4th Victoria, c. xxix, it is enacted that any person who shall produce, or attempt to produce, in any person by inoculation with variolous matter, or by wilful exposure to variolous matter, or to any matter, article, or thing impregnated with variolous matter, or wilfully by any other means whatsoever produce the disease of Small-pox in England or Wales, shall be liable to be proceeded against and convicted summarily before any two justices of the peace in Petty Sessions assembled, and for every such offence shall, upon conviction, be imprisoned in the common gaol or house of correction for any term not exceeding One month. The said provision is hereby confirmed and re-enacted; and it is hereby further provided, that on any information being given to the Medical Superintendent of Public Vaccinations of any alleged offence against this provision, he shall immediately institute an inquiry into the same, and if he shall deem that there exist sufficient grounds for further proceedings shall at once proceed to prosecute the person or persons offending.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS, Tuesday, August 14.

The Royal Assent was given by Commission to the Metropolis Local Management Bill, the Diseases Prevention Bill, the Public Health Act Bill, and the Burials Bill.

HOUSE OF COMMONS, Saturday, August 11.

SANITARY CONDITION OF THE ARMY IN THE CRIMEA.

Lord Hotham asked whether the Government had any objection to lay upon the table the evidence which had been taken in the Crimea by Sir J. M'Neill and Colonel Tulloch on the sanitary condition of the army.

Lord Palmerston said, the Government had no objection to produce the report, excluding only such portions as might be confidential.

The Lords' amendments to the Public Health (No. 2) Bill, and the Burials Bill were severally considered and agreed to.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 9, 1855:—

Andrew, Edwyn, St. Anstett, Cornwall.
Cranswick, William Noad, Beaumont-street, Oxford.
Earnshaw, Wm. A., Hemsworth, Pontefract, Yorkshire.
Mitchell, Robert N., Manor House, New Cross-road.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 3rd inst.:—Messrs.

Crane, Samuel Leonard, Nova Scotia.
Dick, Henry, Foreign Legion.
Douglas, David Morton, Cardiganshire.
Fergusson, Archibald, Peterculter, Aberdeenshire.
Jeans, Joseph Henry, Army.
Lambert, James, Northwich.
Massey, Christopher Joseph, Liverpool.
Nolan, William, Castle Island, county Kerry.
Roberts, James, Hitchin, Herts.
Sleeman, John, Southwark-bridge-road.

The following gentlemen were admitted members on the 6th inst., it being the last meeting of the Court this session:—Messrs.

Alexander, Finlow, Exeter.
Allen, James Whinyates George, Brompton.
Coster, William Tyeth, Witheridge.
Gillies, Josiah Dashwood, Madras.
Hawthorne, James Stuart, Liverpool.
Heard, Robert Lynn, Belfast.
M'Nicoll, Thomas, Liverpool.
Moore, Arthur William, Toronto.

Exeter.—The Lord Chancellor, in making an addition to the magistracy of this city, has nominated, among others, Dr. Samuel Budd and Dr. Thomas Shapter. The *Western Times* says:—Dr. Budd has been hitherto absorbed in the pursuit of his arduous profession. We believe that he was totally ignorant of the compliment which his education and standing had secured to him. Few families have turned out more distinguished members, in one generation, than that which clustered round the table of his honoured father. Their university experience and individual position prove this, and we congratulate the city on the addition of a member to the Bench, who will adorn it by his talents not less than his high principle and character. Dr. Shapter, as a leading physician, a man of science and culture, will do honour to the Magistracy.

British Association for the Advancement of Science.—The approaching Meeting of the British Association in Glasgow promises to be eminently successful. A Lecture will be delivered by Dr. Carpenter. The absorbing subject of food adulteration will likewise, in all probability, be introduced in the chemical section.

Kent County Ophthalmic Hospital, Maidstone.—At the monthly meeting of the Board of Management, on Monday, the 30th ult., the Earl of Romney in the chair, the legacies of £50 from the late Thomas Charles, Esq., of Maidstone, and £50 from the Rev. John Riché Coombe, of Rolvenden, were ordered to be invested in the funds. The Secretary reported that the legacy of £100 from the late Samuel Morris, Esq., of Maidstone, and a donation of £100 from the Rev. — Penny, of Great Mongeham, also received this year, had been invested. Several other donations had been given, but had not been invested, as the income of the Hospital amounts only to about £640 a year, and the sum required for the maintenance of the Institution is £750 per annum—so that these donations, and many more, will be required to keep the charity out of debt. After the ordinary business of the meeting, Mr. Woolcott, the Surgeon to the Hospital, drew the attention of the Board to the great increase in the number of the patients. The official report of the Institution shows, that during the six months from the 1st of January, 1855, to the 30th of June, 1855, 103 in-patients, and 1,052 out-patients, have been admitted to its benefit. Upwards of 100 patients are frequently seen and prescribed for in a single day. The Committee earnestly appeal to the inhabitants of the county of Kent for means to carry on the Kent County Ophthalmic Hospital in an efficient state, and we are requested to state that a copy of the last Annual Report, showing the progressive usefulness of the Institution, will be forwarded to any one applying to the Secretary (Mr. Pearson), at the Hospital.

The Queen's College, Birmingham.—The Right Hon. Lord Leigh has presented the liberal donation of £105 towards rebuilding the Museums of this Institution. Donations have also been recived from Earl Spencer and the Earl of Dart-

mouth, Lords Northwick and Middleton, General Lygon, Sir G. Nicholls, and other friends, for the same purpose.

Assistant-Surgeon E. L. Lundy is returned as having been slightly wounded on the 28th ult.

Mr. James Wilkinson Elliott was brought to the Devon County Gaol, at Exeter, on Friday, from Plymouth, where he was landed, to undergo a sentence of two years' imprisonment without hard labour for alleged neglect of duty and unfeeling conduct in the Crimea.

The Duke of Somerset, K.G., died on Wednesday morning. He was the author of several scientific treatises, was for some years President of the Royal Institution, Vice-President of University College, a Fellow of the Royal Society, (elected in 1797,) a Member of the Royal Asiatic Society, and of the Linnæan Society, and a D.C.L.

Tobacco and its Adulterations.—A return moved for by Mr. Henry Gore Langton, M.P., gives a list of the seizures made, and of prosecutions for breach of the tobacco laws in the years 1852, 1853, and 1854, with a list of the offenders. It appears that about sixty-nine persons or firms were so prosecuted in England, and thirty-one in Ireland, during the said period. The offences included the hawking of tobacco and cigars, and having adulterated or smuggled tobacco in possession, hawking spurious tobacco, etc. The cases of adulterated tobacco are very numerous, and the materials for adulterating it consisted of sugar, alum, lime, flour of meal, rhubarb leaves, saltpetre, fullers' earth, starch, malt commings, chromate of lead, peat moss, treacle, common burdock leaves, common salt, endive leaves, lampblack, gum, and red dye, and black dye, composed of vegetable red, iron, and liquorice.

Towns which Pollute the Thames.—Year after year the once translucent and beautiful river has become more and more impure; in fact, it has been converted into a gigantic and foul ditch, into which, besides that of London, the drainage of many places is passed. For example, as this fact should not be forgotten, Cirencester, with a population of 6096; Cricklade, with 35,505; Fairford, 1859; Farringdon, 3122; Lechlade, 1373; Oxford, 27,843; Wallingford, 2819; Thame, 2869; Reading, 21,456; Henley, 3733; High Wycombe, 7179; Amersham, 2093; Maidenhead, 3607; Guildford, 6740; Windsor, 9596; Uxbridge, 2236; Watford, 3800; Rickmansworth, 4851; Staines, 2430; Chertsey, 2743; Kingston, with 6279 persons; and many other places, saying nothing of the 8000 persons who, according to the last returns, sleep on the river; all contribute to the result we are now deploring. At Kingston, by the way, to which point some of the water companies have resorted for their supply, operations are goin on to render it a most unfit spot for such a purpose.

A Cause of Health.—A New York Physician says, that the city is at present unusually healthy, "the dearness of all kinds of provisions having operated to check overfeeding."

The Yellow Fever is raging to a great extent in New Orleans.

M. Claudet, the eminent Photographist, has received a Royal Warrant appointing him Photographist to Her Majesty.

Officers in the Navy.—Some returns moved for by Mr. Scobell, M.P., show that there are 308 Surgeons and 259 Assistant-Surgeons fit for service, and 259 Surgeons and 36 Assistant-Surgeons unfit for service.

Medical Practitioners in Germany.—The following numbers are given in *Casper's Journal* for July, this year:—

	Inhabitants.	Doctors.
Bavaria	4,559,452	1365 or 1 to 3340
Wurtemberg	1,733,172	439 ,, ,, 3948
Nassau	429,341	122 ,, ,, 3519
Brunswick	271,208	184 ,, ,, 1474
Prussia	16,923,721	6203 ,, ,, 2728
Baden	1,356,943	538 ,, ,, 2522

Medical Statistics of Bavaria.—There are in Bavaria 1223 civil Doctors of Medicine, and 148 military Doctors who may practise wherever their regiments happen to be stationed. As among the former there are 287 juridical Practitioners, and 145 hold other official positions or pensions, the actually practising Doctors amount to 791. These, in a population of 4,559,452 souls, furnish about one Doctor to every 1305 inhabitants of towns, and one to 6057 inhabitants of rural districts. If we add to these, 1141 "Half-doctors" (*i.e.* 559 senior Barber-surgeons, 25 *magistri chirurgiæ*, 116 provincial Practitioners, and 441 *chirurgi*,) then there are but 920 inhabitants of towns, and 2463 in the country to each Practitioner. Moreover, there are still 858 junior Barber-surgeons, 3798 Midwives, 22 Dentists, and 503 Apothecaries. Upon an average, there is one establishment for the dispensing of medicines to every 8700 inhabitants, and one for the reception of the sick for every 12,000. During the last five years (1849-54) 216 Bavarians have received the Doctor's degree at the three Universities, Munich, Würzburg, and Erlangen, *i. e.* an average of 43 per annum.

Mortality Notabilia.—The returns of the metropolitan Registrars are still of a satisfactory character, and show that if the public health is not so good in London as in districts that are subject to more favourable conditions, it is in a better state than is usual at this season of the year. In the week that ended last Saturday the total number of deaths registered was 993, of which 482 were those of males, and 511 those of femals. In the corresponding weeks of 1849 and 1854, when so many lives were attacked by cholera, the deaths rose to nearly double that number, to 1909 in the former year, and and to 1832 in the latter; and in the other corresponding weeks of the series of years 1845-54 the number in four instances considerably exceeded 1000. The deaths of last week occurred in an increased population, and the present rate of mortality is therefore comparatively low. The returns announce only 5 cases of cholera for last week, 3 of which were "choleraic diarrhœa," or "cholera infantum." Two of the cases, apparently of a worse type, occured one in Streatham, the other in Spitalfields. The diarrhœa so prevalent in August and September, and fatal principally to infants, was shown in last report to be increasing.

Births.—The births of 833 boys and 750 girls, 1583 children, were registered; average 1387.

Meteorology.—The mean height of the barometer in the week was 29·825 in. The mean temperature of the week was 61°, which is 0·7° below the average of the same week in 38 years. The highest temperature occurred on Tuesday, and was 75°; the lowest, which occurred on Friday, was 47·6°. The highest reading of a thermometer in the sun was 97° on Tuesday. The mean dew point temperature of the week was 53·8°, and the difference between this and the mean temperature of the air was 7·2°. The temperature of the water of the Thames was 66·1°. The wind southwest. Rain 0·79 in. Horizontal movement of air, 410 miles. Electricity generally positive.

Deaths in Public Institutions for the Week ending August 11:—

	Males.	Females.	Total.
Workhouses	36	49	85
Prisons	..	..	..
Military and Naval Asylums	3	..	3
General Hospitals	27	16	43
Hospitals for Special Diseases	3	5	8
Lying-in Hospitals	1	..	1
Military and Naval Hospitals	4	..	4
Hospitals for Foreigners, etc.	1	2	3
Lunatic Asylums	5	5	10
Total	80	77	157

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	1	..	..	4	21	2
North	490,396	3	..	8	9	37	8
Central	393,256	2	4	5	8	23	7
East	485,522	1	6	10	2	36	8
South	616,635	2	..	10	6	29	23
Total	2,362,236	9	10	33	29	146	48

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, August* 11, 1855.

Causes of Death.	In the Week ending Saturday, August 11, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	61·0						62·7
All Causes	993	551	145	120	146	31	1200·1
Specified Causes	990	548	145	120	146	31	1194·6
Diseases:—							
1. Zymotic Class	314	258	31	6	16	3	486·0
2. Dropsy, Cancer, and others of uncertain seat	50	7	7	16	18	2	42·2
3. Tubercular Class	157	58	62	27	10	..	190·0
4. Of Brain, Nerves, etc. ..	105	44	10	21	25	5	115·2
5. Of Heart, etc.	34	6	4	9	15	..	31·2
6. Of Respiratory Organs ..	81	43	8	13	14	3	79·3
7. Of Digestive Organs ..	72	32	8	13	16	3	72·7
8. Of Kidneys, etc.	9	..	3	3	3	..	11·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	..	3	4	..	..	7·2
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	2	2	1	1	..	7·9
11. Of Skin, etc.	1	..	1	..	..	..	2·0
12. Malformations	3	3	..	..	..	..	2·9
13. Debility from Premature Birth, etc.	29	29	..	..	..	..	30·1
14. Atrophy	56	44	..	2	9	1	36·4
15. Age	31	..	..	..	17	14	37·5
16. Sudden	4	3	..	..	1	..	7·9
17. Violence, Privation, etc...	31	19	6	5	1	..	35·3
Causes not specified.. ..	3	3	..	..	..	..	5·5

BOOKS RECEIVED.

Gross on the Urinary Organs. Second Edition. Philadelphia. 1855.
Seventh Report on the District, Criminal, and Private Lunatic Asylums in Ireland. 1855.
Journal of the Statistical Society. September. 1855.

TO CORRESPONDENTS.

T. E. A.—The list was published in our Number of July 28, page 102.

A Union Officer, in a letter which the press of other matters prevents us from inserting at length, strongly urges the necessity of "union" among the Poor-law Medical Officers for the redress of the grievances under which they have so long been labouring. He recommends that a general meeting of Poor-law Surgeons should be held in some central place, for the purpose of arranging some definite and united plan of operation. From the numerous letters we receive from this class of Medical officers, complaining of the treatment to which they are subjected, we cannot but think that they are excessively ill-used under the present system, and that their condition deserves the earnest attention of the Legislature.

A Name Stealer.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—The James Oswald reported in the *Times* of yesterday, as charged at the Mansion-house with stealing some coats, trowsers, etc., from Moses', and stated to be a Medical man, does not belong to the Profession. At one time he was a Medical Student, and latterly kept an advertising druggist's shop at Hartlepool. His circular appeared in the *Medical Times and Gazette* about a year ago, as a sample of quackery.

July 21. 1855. I am, etc. M.D.

Mr. Cumney's letter is not on a matter of sufficient general interest to warrant insertion. It is evident that Mr. C. has the reason of the matter on his side The opinion he has arrived at regarding the "editorial acumen," etc. recently displayed by our contemporary, is too nearly that of the Profession at large to require expression.

A. S., Worthing.—The Medical Reform Bill is expected to be brought forward in an early part of the next session of Parliament, but it is impossible to state the exact time.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—You will greatly oblige by informing me where I may procure the Porcelain Artificial Teeth. Chapin A. Harris gives, in his "Dental Surgery," the names of the American manufacturers only. I am, etc.,

Oldbury, Worcestershire, July 21st, 1855. An Old Subscriber.

[We believe that Messrs. Ash and Sons, Broad-street, Golden-square, supply the Porcelain teeth referred to.—Ed. *M. T. & G.*]

Mr. Eubulus Williams.—The report has been safely received. Thanks for your note.

Mr. Balding, Middlesex Hospital.—Received, with thanks. The case is deferred to next week.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Can you give any information regarding the Medical Staff of the Turkish Contingent? In a letter from a Surgeon in that Army, he states that the Government have behaved ill towards the Medical men, having deprived them of all their extras, such as rations, and that many will return to England again as soon as possible, being annoyed by such treatment. I am, etc. No Nation.

[As yet we have heard only rumours, and are unable to give positive information on the subject.—Ed. *Med. T. and G.*]

Mr. T. P. Teale.—The cases have been received, and shall appear in an early number.

Medicus, Cork.—Thanks for the hint.

A Poor Sufferer.—We do not prescribe. If you cannot afford a fee, there are in Bristol two excellent Hospitals where your case would receive gratuitously every attention.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I enclose a queer-looking advertisement from the *Times* of Wednesday last. If it is honest, it is strange that the Medical officer should conceal his name, and he will probably thank you for the hint; and if a Joseph-Adyism, which I suspect, you would do a service to the public and an act of justice to our Profession by exposing it. I am, etc.

Augnst 12, 1855. T. E. A.

"Appeal.—The Medical officer of a large and populous district in Ireland implores the aid of the Christian public on behalf of the sick poor of his parish. He is anxious to establish a small Fever Hospital for the reception of those who, when struck down by this disease, have no means of procuring the commonest necessaries of life. Last week he visited a house in which lay seven fever patients—four in one bed; and this is no uncommon case. Those who are able and willing to give of their abundance for the above object are requested to send their contributions to Medicus, Post-office, Londonderry."

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In your article of Saturday last, on the difficulties of Homœopathy, an error occurs, which I hope, in justice to this Hospital, you will allow me to correct. The case of cholera to which you refer was not admitted to this Hospital, neither was it treated by any of the officers of the Medical staff here. The mistake has very naturally arisen from the whole of the cases enumerated in the Return moved for and obtained by Lord Robert Grosvenor having been assigned to this Hospital, whereas the only cases for which the Medical officers here are responsible are those given at Pp. 8—18 and 23—31.

It is not my province to advert to any of the other statements and opinions contained in the article, as they do not apply to this Hospital nor to any of the gentlemen connected with it. I am, etc.

R. Buchan, Hon. Secretary.

London Homœopathic Hospital, 32, Golden-square, Aug. 14, 1855.

A Student.—You will find no difficulty in visiting the Paris Hospitals. No introductions are requisite; but by all means take as many as you can have conveniently, they are always useful. At nearly all the Hospitals the Medical officers commence their visits about half-past seven in the morning and end about ten. At any time during the visit you will, without any obstruction, obtain access to the wards, and be permitted to go round with the class. The Session is now concluded, but Clinical Lectures are still given occasionally.

Etiquette, Bath.—The fee usual under such circumstances is one guinea. Resist by all means the temptations to undercharge. The system is in the end equally injurious both to the Profession and the public.

Salubrity of Smyrna.—Dr. Barclay's letter to us on this subject, to which allusion has already been made in the *Times*, shall be inserted in our next impression. It is unavoidably postponed.

COMMUNICATIONS have been received from—

Mr. Brady, M.P.; Dr. Gream; Enquirer; The Secretary of the Kent County Ophthalmic Hospital; A. S.; Dr. Alfred Taylor; Dr. Falconer; Mr. Thomas Hunt; J. D.; Mr. Spencer Wells; Mr. Tatum; Mr. C. Williams, Bradford, Yorkshire; Dr. M'William; A Private Practitioner; Mr. Garstang; A Union Medical Officer; Dr. Seaton; A Union Officer; Mr. Richards; Mr. Bindley, Kent and Canterbury Hospital; Mr. Sloane, Leicester; Mr. Erichsen; Mr. Lambert, Hull; Mr. Stanwell, St. Bartholomew's Hospital; Mr. Best, St. Bartholomew's Hospital; Mr. Smith, St. Mary's Hospital; Dr. Roulston, Leeds; Mr. Holmes, St. George's Hospital; J. D.; Mr. H. Haynes, Walton; Mr. Balding, Middlesex Hospital; Mr. Harris, Mildenhall; Mr. Brown; Etiquette; Medicus; Mr. Teale; A Student; The Secretary of the Epidemiological Society.

APPOINTMENTS FOR THE WEEK.

August.	Miscellaneous Register.
18. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
20. Monday	
21. Tuesday	Operations at Guy's, 1 p.m.
22. Wednesday	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
23. Thursday	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
24. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture III.

(Concluded from page 158.)

ANATOMY OF THE CRANIAL REGION—(*Continued.*)

I pass on now to the brain and its investing membranes, the visceral arachnoid and the pia-mater, which we find lying in the cavity of the cranium.

The visceral arachnoid and the pia-mater, connected with each other by means of a filamentous cellular tissue, both invest the brain, but in a very different way. The pia-mater, a delicate, web-like membrane, made up of cellular tissue, in which are contained all the minute, arterial, and venous ramifications belonging to the brain, invests this organ closely, so closely indeed, that it fits itself to every eminence, and every depression, on its most irregular surface. The arachnoid, serous in its character, and but scantily, if at all, supplied with vessels, merely slides over the convolutions, without dipping between their sulci; and, at the base, stretching from one prominence to another, it leaves large spaces where the two membranes are widely separated from each other. Of these spaces, called sub-arachnoidean, there are two principal ones, an anterior, and a posterior. The former, situated at the central part of the base of the brain, corresponds to the medulla oblongata and the pons Varolii, and stretches as far as the forepart of the commissure of the optic nerves, extending laterally into the fissure of Sylvius. The posterior sub-arachnoidean space, much smaller, lies at the back part of the medulla oblongata, between it and the cerebellum.

In their course, these membranes, meeting with the cerebral nerves and vessels, invest them also, in the same way as they did the brain—the pia-mater very closely, the arachnoid but loosely. The tubular sheaths thus formed proceed as far as the points at which the nerves and vessels come into contact with the dura-mater. Here the pia-mater and the arachnoid quit each other; the former becomes intimately blended with the neurilemma, but the latter reflects itself on to the dura-mater, and becomes continuous with its epithelial lining.

Most of the tubular sheaths of the nerves do not demand any especial attention on the part of the Surgeon. There is one, however, which has, of late years, been made to play so prominent a part in fractures of the base, that I must direct your attention to it.

Differing from most of the cerebral nerves, the seventh pair runs some distance in a bony canal, before the nerves reach the foramina, through which they are to pass to their destination. This bony canal, or meatus internus, varies very much in size in different heads, and even on the two sides of the same head; in some skulls it is very small, a mere chink, and very shallow; whereas, in others, it is of a large size and deep, so that a greater or a lesser space is left between the nerves and the canal. Into this canal, a tubular sheath of the cerebral membranes accompanies these nerves, the pia-mater, blended with the neurilemma, the arachnoid forming a large, loose, funnel-like process, extending some distance down the canal, when it reflects itself on to the dura-mater, so as to join the parietal arachnoid.

In fact, as far as the arachnoid is concerned, we have here exactly the same disposition as that which exists about the spinal chord, where the true nature of the tubular sheath may be much better seen, as the parts are on a much larger scale.

If we make a transverse section of the chord and its membranes, we find the dura-mater lined by its serous layer, then the cavity of the arachnoid, then the visceral arachnoid and a large sub-arachnoidean space between it and the pia-mater, which membrane closely invests the chord. If we trace the arachnoid lengthwise, that is, down the spinal canal, we find it loosely investing the chord in its whole length, and then, at the end of the canal, reflecting itself on to the dura-mater, so as to become continuous with its epithelial lining.

Such are the dispositions, only on a very small scale, of the tubular sheath of the arachnoid, which accompanies the seventh pair of nerves into the meatus internus.

Which of these two membranes of the brain secretes the cerebro-spinal fluid, the arachnoid or the pia-mater? At one time it was universally taught that, as a serous membrane, the arachnoid threw out the fluid. Of late years, however, this doctrine has been much opposed, and the secretion of the fluid is now attributed to the pia-mater. From whichever membrane the fluid proceeds, there is no longer any doubt as to the situation which it occupies: it is always found between the arachnoid and the pia-mater. Of what use could this fluid have been, had it been placed within the arachnoid? Lying above a membrane tightly stretched over the eminences of the brain, could this fluid have adapted itself to the numerous fissures and large irregular spaces existing over the whole surface of the cerebral mass? Could it have afforded to the brain that general and diffused pressure, which is the principal function of this fluid? Evidently it could not.

Is there, then, no fluid within the arachnoid? In the normal state, there is merely a slight exhalation, just sufficient to lubricate the surfaces of the membrane. Oftentimes, in examinations after death, we find a small quantity of fluid in the cavity of the arachnoid. This may be the result of a transudation of the cerebro-spinal fluid; and how frequently does it not happen, in opening the skull, that the visceral arachnoid is punctured, so that the sub-arachnoid fluid gets into the cavity of this membrane. Whenever fluid, in any quantity, is found within the arachnoid, it is that this membrane is no longer in its natural condition.

The cerebro-spinal fluid being then between the arachnoid and the pia-mater, fills up every space, every nook and cranny existing between the membranes, not only over the whole surface, and between the sulci, of the brain, but also along the loose tubular sheaths accompanying the nerves. This fluid always exists, but it varies much in quantity, both at different periods of life, as well as in different conditions of the parts contained within the cranium. It is naturally in largest quantity where the greatest spaces are to be filled up, and hence it is always found accumulated at the base of the brain in the large arachnoid spaces.

The exact situation which these reservoirs occupy in relation to the different parts of the base of the skull should never be lost sight of by the Surgeon, as a fracture running across this region may lead to a laceration of the membranes, and consequently to an escape of the cerebro-spinal fluid through the opening in the bone, should one exist.

Fractures of the petrous portion of the temporal bone, for instance, may give rise to an escape of the cerebro-spinal fluid which accompanies the tubular sheath of the arachnoid around the seventh pair of nerves into the meatus internus. Under such circumstances, there is a direct communication established between the external ear and the sub-arachnoid space. This I have no doubt, from my own dissections, is the source of the watery fluid which escapes from the ear in some cases of fracture of the base. Does the fluid ever come from the cavity of the arachnoid? It might do so, under certain circumstances, but let us recollect that the surfaces of this membrane are scarcely even damp.

Other sources have been assigned to this watery discharge from the ear, a consideration of which would, for the present, lead me too far from my subject.

Let me, however, impress upon your minds that investigations as to the source of this fluid demand the greatest care; they demand, too, a thorough knowledge of the anatomy of all the parts which may be involved in a fracture or a supposed injury of the petrous bone, to which must be added a chemical analysis of the fluid itself.

An injury involving the body of the sphenoid may give rise to a profuse watery discharge from the nostril; here we also find a ready explanation in the large quantity of cerebro-spinal fluid accumulated in the sub-arachnoid space lying over this bone.

But in fractures of the upper part of the cranium, that is of the vault, a discharge of watery fluid has been known to take place;—recollect that here too we have the cerebro-spinal fluid, in less quantity it is true, but still present nevertheless.

Extravasations of blood, after accidents, are of frequent occurrence, both in the cavity of the arachnoid and in the pia-mater. The enormous number of vessels distributed in the pia-mater, and the large size of the veins at the upper surface of the hemispheres, readily account for all appearances of this kind.

The peculiarities in the anatomical disposition of the arachnoid investing the brain naturally lead to some very great peculiarities in its pathological conditions, a knowledge of which will tend to confirm the statement which I have already made with regard to the situation of the fluid connected with this membrane. The fluid, it has been stated, is on the outside of the arachnoid—so, too, are the effusions resulting from inflammatory action. Fluid is but rarely found within the sac of the arachnoid—inflammatory effusions, unless under certain circumstances, are also but rarely found in this locality. The circumstances under which the inflammatory effusion is poured into the cavity of the arachnoid are connected, for the most part, with accidents; and even here, in the majority of cases, we can trace the irritation spreading from the bone to the dura-mater, and from thence to the parietal arachnoid. In idiopathic arachnitis, how seldom, very seldom does it happen that the effusion takes place in the cavity of the arachnoid.

It is important, however, that we should bear in mind that matter effused within the arachnoid, may be circumscribed by adhesive lymph, and that a pouch may thus be formed, from which the matter may be let out.

I need scarcely say that the visceral arachnoid, both in its anatomical, in its physiological, and in its pathological conditions, differs widely from all other serous membranes.

Large accumulations of fluid may take place in the cavities, or ventricles, by which the cerebral substance is, in some places, excavated, and so, too, may inflammatory effusions; and these may communicate with similar effusions existing in the sub-arachnoid spaces through the opening at the lower end of the fourth ventricle.

Of the various parts of the brain, the cerebrum, the cerebellum, the pons Varolii, and the medulla oblongata, some are essential to life, and others are not so. Small in size, deep-seated at the base of the cranium, and, as much as possible, out of harm's way, the parts essential to life are all surrounded and protected by the expanded hemispheres of the cerebrum and cerebellum. Considerable portions of the cerebrum may be lost without any apparent inconvenience; the cerebellum, too, may be wounded, partially destroyed, or even altogether absent, and the individual continue to live; but let any injury reach the medulla oblongata, and life is extinguished.

Although many cases of severe injury of the cerebrum have recovered, still such cases are but exceptional ones, and all injuries of the substance of the brain must be looked upon in a most serious light; for, however trifling in appearance, such injuries are but too apt to be followed by extensive and intractable inflammation.

Is the course of the case influenced by the situation of the wound at the front, or at the back of the brain? In answer to this question, we meet with two diametrically opposed opinions, from two Surgeons of the greatest eminence, and of the largest experience.

Sir Benjamin Brodie expressly states, that "he had not been able to discover a single instance of recovery from a wound of the posterior lobes of the cerebrum; and, in a great majority of the cases, in which a cure has taken place, the injury has been confined to the frontal region." Mr. Guthrie, on the other hand,—"that brain is more rarely lost from the fore part with impunity, than from the middle part; and a fracture of the skull, with even lodgment of a foreign body, and a portion of the bone in the brain, may sometimes be borne without any inconvenience at the back part."

Fractures by *contre-coup* occur but rarely, not so injuries of the brain, which often take place on the spot opposite to the seat of the blow; and contusion and laceration of the cerebrum occur much more frequently at the base, than at any other part, and more especially towards the anterior and the middle lobes. Look to the irregularities of the skull in these regions, and you will there find an easy explanation of this fact.

There is no doubt that, in our daily life, the substance of the brain is exposed to shocks of divers kinds, which, if carried beyond a certain extent, may produce what is known under the name of concussion. But can the cerebral substance be compressed?

For a long period, it was held almost without a dissentient voice, that the substance of the brain could actually be compressed; of late years, however, the correctness of this doctrine has been very much questioned. By some Surgeons, it has been thought that the pressure does not act on the nervous structure of the brain, but simply on its blood-vessels. But is it possible, in such instances, thus to separate the vascular from the nervous structures? The brain must be looked upon as a whole. By other Surgeons, the possibility of compression of the brain has been all but denied, and various experiments have, of late years, been resorted to, for the purpose of elucidating this most difficult subject. M. Serres, having trepanned a dog in the neighbourhood of the superior longitudinal sinus, transpierced this vessel with a small knife, and then closed the wound, in order that the blood might be extravasated into the skull. Far from showing any symptoms of compression, the dog ran about as usual; and when the skull was opened, three hours afterwards, large clots of blood were found on the surface of the brain. This experiment was subsequently repeated on several different animals, and always with similar results.

M. Flourens, on the other hand, obtained totally different results, and that simply from not trepanning the skull. Having, in his experiments, selected young pigeons, in which the cranial bones are so thin that the sinus can be readily reached through them, M. Flourens found that extravasations of blood thus produced were followed by symptoms of compression, which were instantaneously relieved by the removal of the skull-cap.

But, as Surgeons, MM. Gama and Malgaigne are the stoutest opponents of the doctrine of compression of the brain, the symptoms of which they refer to irritation, or some lesion, of the cerebral substance. Notwithstanding, however, all the experiments, and all the opinions so strongly urged to the contrary, compression of the cerebral substance is still held to have its share in the production of the symptoms which arise in such cases; and, to the practical Surgeon, the all-important point is, that these symptoms have again and again been altogether, and at once, relieved by the removal of the compressing cause.

Are there any signs by which we can recognize the precise locality of a lesion of the cerebral substance? Are there, in the brain, distinct portions belonging to motion, and to sensation?

MM. Pinel-Grandchamp and Foville thought that the white substance of the brain held motion under its sway; but numerous cases, observed by MM. Calmeil, Bottex, and Parchappe, tend to prove that loss of motion may ensue, even when disease is all but confined to the grey matter. In every part of the brain may be found fibres belonging both to sensation and to motion, and pathology clearly shows that an injury, it matters not of what region of the brain, may interfere either with motion or with sensation.

Again: MM. Foville and Serres are of opinion that motion in the upper extremities is presided over by the thalami optici, and the back part of the hemispheres; and that the corpora striata, and front part of the hemispheres, belong to the lower extremities. But, here again, the validity of this opinion has been altogether disproved. M. Andral, in an analysis of seventy-five cases of hemiplegia, either complete or partial, has shown that a lesion of the corpus striatum, or of the anterior lobe might, in man, be followed by paralysis, either of the arm, or of the leg, or of both at the same time; and that effects precisely similar might also follow an injury of the thalami, or of the posterior lobes of the brain. If such be the case, paralysis of any particular part does not, and cannot, lead to any precise knowledge as to the portion of brain which is affected.

Again, an attempt has been made to localize, as it were, the part of the brain which presides over the organs of speech. M. Bouillaud has placed this power, as well as memory, in the anterior lobes; but MM. Andral, Cruveilhier, and Lallemand have plainly proved that loss of speech may exist without any apparent affection of the anterior lobes, and that this part of the brain may be extensively destroyed, and the speech be perfect.

But, amidst all these assertions and counter-assertions, there is no doubt that affections of one side of the brain produce, in the vast majority of cases, paralysis of the op-

posite side of the body. To this rule but few exceptions exist; indeed, so few are these exceptions, that they cannot be taken into account in a question of sound practice. Thus, in two hundred and fifty-one cases of hemiplegia, Burdach found the paralysis on the same side as the injury in fifteen; and there is no longer any doubt, from recent observations most carefully carried on, that such exceptional cases do now and then occur. Various attempts have been made to explain phenomena so directly opposed to our daily experience. By some, these exceptional cases have been set aside altogether, on the supposition that there must have been some error or other. Admitting the existence of these cases, M. Longet thinks that they may be accounted for by an abnormal distribution of the nerve fibres in the medulla oblongata. The well-known facts, that either injury or disease may occur in the brain without producing any symptom of paralysis at all, and that paralysis may exist without any trace of disease being detected in the cerebral substance after death, have also been made use of to explain the cases in which paralysis and injury have been known to exist on one and the same side. It has been supposed that, in such cases, some undetected disease actually did exist in the hemisphere opposite to the paralysis, and that the disease which was found in the hemisphere on the paralysed side had produced no symptoms. For instance, that, in a case of injury of the right hemisphere of the brain with paralysis of the right side of the body, the paralysis depended upon some unrecognized lesion in the left hemisphere—the diseased condition, actually found in the right hemisphere, having produced no symptoms whatsoever.

In illustration of the difficulties by which this question may be surrounded, let me bring before your notice a case which occurred some years back at St. George's Hospital, and which has been published in Mr. Guthrie's valuable treatise on "Injuries of the Head"(a).

In this man, a patient of Mr. Keate's, both the injury and the paralysis appeared to be on the right side. The paralysis, although well marked, was not so complete as to render the patient quite incapable of moving the right arm and leg, which were frequently convulsed; the convulsions were, however, more marked on the left side. Had this man recovered, the case might have been noticed as one in which the injury and the paralysis were on the same side; but the patient died, and the most serious injury proved to be a fracture of the right parietal and temporal bones, accompanied by a rather large extravasation of blood, which appeared to be sufficient not only to destroy life, but to have caused paralysis of the left side of the body, which it did not do. The paralysis of the right side was, however, explained by another extravasation, rather less in quantity, which was found under the upper and anterior portion of the left parietal bone.

Although terrible effects follow an undue compression of the brain, equally terrible effects may arise if a large portion of the bone and of the dura-mater be suddenly removed. In a case, operated upon by Auguste Bérard, sixteen crowns of trephine having been applied around the basis of a tumour connected with the dura-mater; the corresponding portion of this membrane was cut out along with the diseased mass. No sooner was this done, than the patient was seized with syncope, and violent convulsions of the limbs. A large piece of amadou was immediately applied over the uncovered part of the brain, and gentle pressure kept up by the palm of the hand. The convulsions ceased, and the patient soon came to again. Subsequently a quantity of charpie and a bandage were applied, and no recurrence of the cerebral symptoms took place; but the patient died of inflammation of the membranes.

Ere I close these observations on the anatomy of the cranial region in connexion with Surgery, there is one other point, which I wish to direct your attention to, as it may, in some cases, become of diagnostic value. A deficiency in the bony walls of the cranium shows that certain movements then take place about the brain, and the absence or the presence of the movement serves, in some measure, as an indication of the state of the serous membrane below. When the skull is trephined, these movements are perceptible to the eye, and to the touch, as long as there is nothing between the brain and the dura-mater; but, should any fluid, pus, or blood, lie within the arachnoid, the dura-mater, pushed up into the opening, bulges outwards, and the movements of the brain are no longer perceptible.

(a) Page 51.

ABSTRACT OF CLINICAL LECTURES

DELIVERED AT THE

Hotel Dieu.

By Professor TROUSSEAU.

Lecture IV.

(Concluded from page 128.)

EPILEPSY.

Diagnosis from Hysteria.—I will suppose you observe one young girl the subject of slight vertigo, which scarcely lasts for three seconds, and then another rolling about on the ground in every direction, uttering cries, breaking every object near her, and requiring to be held down by four or five persons—men by preference. It might seem to you that the first had little the matter with her, and that the other was very ill. Not so; the first is the dog that bites without barking, the other the dog that barks without biting.

In hysteria there are usually precursory symptoms. The subjects of it complain of a sense of suffocation, of a fulness about the stomach, an indefinable nervous irritation, and of the sensation of a ball rising into the throat. During the attack the movements are extensive, powerful, and irregular, both sides of the body participating. Considerable change of place results, and much force is required in order to restrain them. There is much noise and little danger; and the scene terminates with a peculiar cough, sobs, tears, and the emission of aqueous urine. The epileptic is a far more quiet patient. Where he is struck down there he remains motionless, and if it should chance to be in the fire he may be burned to ashes. The primary tonic contraction is replaced by clonic contractions, small in extent; there is an amount of insensibility never observed in hysteria, and at the end of the attack peculiarities are noticeable that have already been described.

Diagnosis from Eclampsia.—As to all the phenomena proper to the attack, these are identical; so that we may call eclampsia epilepsy, wanting the relapse; and epilepsy, eclampsia with relapse. This is true only as regards the form of the affections, for between their nature there is as much difference as there is between gout and a swelling of the great toe from a prick. In children, we frequently observe eclampsiform convulsions, and they have been regarded as symptomatic of rubeola, variola, and scarlatina, etc. I think that is somewhat of an error; nevertheless, at the onset of a rubeola, etc., the child has a slight convulsion, preceded by a little cry, and throwing back of the head; and a minute after, he returns to himself, and takes the breast. Such convulsions usually cease of themselves, and if treatment be adopted for them death will usually be the result. If the convulsive state is reproduced, we usually observe what the nurses call "inward convulsions." The infant is panting, closes and reopens its eyes, a slight guttural *râle* is heard, and the child becomes red and goes off to sleep again,—it is an epileptic vertigo.

However much the convulsions observed during the attack of epilepsy and eclampsia may resemble each other, their continuousness in the latter presents a ray of light for the diagnosis. The attack of epilepsy is of short duration, and when the attacks succeed each other so rapidly that there is not time enough for the patient to recover from the stupor of one before another comes on, we still observe that, whenever the earus commences, the muscles cease to be convulsed, and fall into a state of complete resolution. Such cessation is not observed in eclampsia. During one, ten, twenty, or thirty hours, the patient remains with the eyes convulsed, the head thrown back, and the limbs rigid, without any period of earus with resolution manifesting itself; so that we may define eclampsia as, and it is an excellent sign of distinction, a continuous tonic or clonic convulsion. Nevertheless, it does occur, though very exceptionally, that epilepsy assumes this continu-

ous form in children. It then depends upon some cerebral lesion, as, for example, tubercles, which become the cause of a cerebral phlegmasia, amidst which the convulsions assume the character of continuousness characteristic of eclampsia.

The two affections are, indeed, so nearly allied to each other, that we too commonly see eclampsia transformed into epilepsy. Thus, we find children suffering from frequent convulsions during dentition; then, again, on the occurrence of some disease, as rubeola, visceral phlegmasia, etc.; after some years these recur from some insignificant cause, and at last without any cause at all. These children, at first eclamptic, have become epileptic. Moreover, in the families of epileptic patients, convulsions or eclampsia are of frequent occurrence. As a practical rule, when you see convulsions in a child accompanying dentition or an acute affection, do not be needlessly uneasy; but when they occur towards the fifth or sixth year from the slightest cause, and especially without any cause at all, you should entertain the greatest fear that the child is epileptic.

Nature of the disease.—What is epilepsy? This is a question it is very difficult to reply to in a categorical manner. It is ranged among the Neuroses, a class of diseases in which we find affections widely separated from each other as regards their importance and gravity, but which are united together by the common tie that they are dependent upon a special condition of the nervous system, in which pathological anatomy demonstrates nothing or next to nothing. When a woman is suddenly seized with a fit of hysteria, we know well that she has no organic lesion of the encephalon, some congestion being the utmost to be expected. When in the equatorial regions, tetanus carries off children after slight wounds, pathological anatomy discovers nothing. When, after a surgical operation, your patient dies, the subject of delirium tremens, do you suppose minute necroscopic researches will explain to you the cause of that condition? When we observe eclampsia attacking children at the onset of an eruptive fever, we are certain that one hour before the appearance of the convulsion, there was no disturbance, no appreciable lesion of the nervous system; and we are certain that the eclampsia has left no traces after its disappearance. Still there must be something there, but what that something is we know not.

Many of these neuroses are under the dependence of an accidental pathological condition: thus, eclampsia may be dependent upon albuminuria, and the convulsions of children on dentition, etc. In epilepsy there are two kinds of conditions concerned in the production of the attacks, the permanent and the accidental. These latter have really no influence, save in relation to the former, which constitute the diathetic state, and maintain the individual always in such a condition that, with or without occasional cause, he may be seized with a fit of epilepsy. We may often say of two men, in one of whom the skin appears healthy, and in the other the articulations are quite free, that the first is dartrous and the other gouty, because we have known the one suffer from cutaneous eruptions and the other from attacks of gout; and this is correct, for they do not escape from the necessities of the diathesis, because they do not then exhibit its effects. So we term a man an epileptic even when the attacks are absent. The diathesis remains none the less with its character of fatality, whether the manifestation occur on the skin, in the joints, or consist in nervous disorders. The influence of this constitutional condition does not, however, exclude that of local causes, which indeed may provoke manifestations. But it is always the diathetic condition that determines the form of the accidents. Thus, supposing two patients suffer from a syphilitic or tubercular cerebral affection, if one of these possesses the epileptic diathesis, the symptoms will be those of epilepsy, while the other will exhibit the ordinary symptoms of the cerebral affection.

Treatment.—Although the reputation of incurability attaching to this disease is but too generally justified, this is not invariably the case. In endeavouring to relieve it we must, firstly, try to ascertain whether any occasional cause exist, and direct our means against this. Several cases are on record in which epilepsy, induced by tertiary syphilis, has yielded to anti-syphilitic remedies. A case of this kind occurred in M. Trousseau's own practice, in which, after various means of combating the epilepsy had been tried in vain, the existence of severe nocturnal pain on one side of the head, fortunately led to the supposition of the possibility of intra-cranial syphilitic depositions, and to the cure of the patient.

Secondly, when no occasional cause to which we can refer the manifestation of the disease, is discoverable, we must attack the manifestation itself, just as, in neuralgia of unknown origin, we attack the element pain. Valerian, so much praised by Tissot, for this purpose, constantly fails, as do indigo, Prussian blue, etc. The salts of copper have, perhaps, been somewhat more successful. M. Herpin, a very estimable Physician, declares he has obtained good results from the oxide and the valerianate of zinc, but Esquirol had already tried these means without success, and I have been no more fortunate than my master. M. Debreyne, Physician to La Trappe, and M. Bretonneau, undertook, twenty-five years since, in two different parts of France, a series of patient researches into the results furnished by belladonna, already recommended by Storck; and founding their opinion upon some cases which seemed conclusive, proclaimed the superiority of this therapeutical agent; unfortunately, such superiority is only relative. For twelve years I have employed it, having always had under treatment from eight to ten persons. In some of these patients the belladonna has completely failed, in others it has produced some melioration, while, in some cases, these being, it is true, the smallest number, the greatest advantage has been derived from its use. I have so treated 150 patients, and of this number 20 have been cured, if they do not even yet relapse; and M. Blache has employed it during the same period in his large private practice, with a like proportion of success and failures.

The mode of administration plays a great part in this medication, at which we need feel no surprise, as this is the case with the most powerful specifics. Thus Torti declared, with justice, that a pound of bark, administered without method, would not cut short a fever that two ounces, properly given, would cure. Pills are to be formed, composed of extract and of powder of the roots of belladonna āā ½ grain. A pill is to be given every night for a month, and two pills every night during the second month. For the third month, three pills, and for the fourth month, four pills, are required; the entire number, whatever this may be, always being taken as one dose. If we find the patient is very susceptible to the action of belladonna, we must only increase the dose every sixtieth day. During all this time, the family must keep a register, in which are entered the number and nature of the fits or vertigos; and if by the end of a year you have obtained a sensible diminution in the number and duration of attacks, you may reckon with certainty on the cure, providing the medicine be continued from two to four years, the dose not being increased after the physiological action of the drug is sufficiently manifested. We must not be surprised at this lengthened period of treatment, for such is necessary in almost all chronic affections. Before ceasing its administration entirely, and especially if it is borne with difficulty, it may be suspended for two or three, and then for four months, resuming it for a month, and in a diminished dose.

ORIGINAL COMMUNICATIONS.

CASES OF HÆMATEMESIS, WITH REMARKS.

By C. HANDFIELD JONES, M.B., F.R.S.

No. II.

(Continued from page 84.)

PORTAL CIRCULATION OBSTRUCTED.

Case 5.—M. A. L., aged 25, admitted January 19, 1855, single, has been confined once of a still-born child; till this time, now sixteen months ago, her health was good, since then she has never been well. She has suffered with pain in the left side of the abdomen ever since her confinement, and has passed yellow matter on several occasions from the vagina. These discharges of matter occurred about once in fourteen days, not synchronously with the catamenia; they appeared to effect the removal of a tumour, which has existed at various

times in the painful part of the left side, but is not to be felt now; it has dispersed, she says, the last week, and thinks "it will soon gather again." She is jaundiced, the skin of a deepish yellow, eyes lighter. Has had continual vomiting for six days, rejecting everything; if she takes food has no ease till it returns, toast-water is the only thing she can keep down. She has a feeling of appetite sometimes, which disappears when food is brought. Tongue reddish and clammy. Is very thirsty. Skin cool. Pulse quiet. Bowels not open for six days. The matter vomited is deeply yellow and acid, and gives the re-action for bile pigment with nitric acid. Has much pain and tenderness at the lower part of sternum, and over the upper part of abdomen, more especially towards the left lumbo-umbilical region. Liver not enlarged. Stomach not distended. Recti muscles tense. About nine days ago, at the last diminution of the tumour, she was attacked with languor, depression, sickness, and severe headache. Shortly afterwards she became for the first time jaundiced. For about a week the urine has been of the colour of bile. 20th.—Bowels opened by an enema twice, motions rather lumpy and pale; not so much sickness, after taking some beef-tea vomited a watery, not yellow, acid fluid. 22nd.—She refuses to take remedies, though she is quite conscious. 23rd.—Less noisy than yesterday; C. c. nuchæ, morph. acetatis gr. i. After the morphia she became quiet, and passed into a state of stupor, with contracted pupils and slight stertor. At times she was rolling her head about. Passed motions in bed containing yellow bile. Jaundice exceedingly deep. 24th.—Vomited this morning a quart of bright blood, with some dark clots; the hæmatemesis continued all day, in spite of a V. S. ad ʒvi. She remained in the same comatose state till her death in the afternoon. The blood, which had been drawn by cupping, was examined by Dr. Sanderson, who reported that it separated into serum and clot, but that from neither was there any re-action afforded, on the application of Pettenköfer's test, which indicated the presence of the organic acid of the bile. *Post-mortem.*—Body not emaciated. Universal deep jaundice. Blood exuded from the wounds made by the lancet and the scarificator, and also poured in quantity from the anus and the mouth, when they were dependent. Both lungs were healthy, but contained a great deal of blood, which appeared to have passed downwards through the bronchi, and to have formed patches in the parenchyma. Heart healthy. Spleen rather pale, healthy. Liver small, lax, not soft, showing through the capsule numerous spots and patches of deep yellow, with reddish intervals. There was no other observable alteration from the healthy state, except that the ducts in the interior were quite pale, and contained no bile. The gall-bladder was small, its lining membrane much congested, and covered by tenacious greenish mucus. In thin sections, examined under the microscope, the centres of the lobules presented a red spot of congestion, and all the rest was of a marked uniform yellow. The cells were seen to be almost utterly broken up and destroyed, or converted into masses of oily matter; the minute ducts also appeared to be semi-disintegrated. Glissonian sheaths not thickened. In some parts there was more general congestion of the lobules, and the cells were less broken up. There were many free, rather dim nuclei, scattered all about. Reaction to test-paper, in a part freshly cut, acid. A watery extract of the parenchyma was examined for sugar, but none was found. The re-action with nitric acid was the same as that of ordinary bile pigment. A spirituous extract of the liver was made, and Pettenköfer's test employed, but no trace of cholic acid could be detected. Kidneys were healthy. Spots of bloody extravasation were observed under the serous coat of the intestines in some parts. The stomach contained black fluid, (digested blood,) strongly acid, smeared over its mucous surface, which appeared healthy and pale. In the mid-region the tubes, with their epithelium, appeared very healthy; the latter was fatty near the blind ends. There was much mucus on the surface. Splenic region was evidently changed by the action of acid, there were no tubes to be seen, but irregular columns of well-formed, though fatty cells, not enclosed in any limitary membrane. There was no trace of any inter-tubular deposit. Pyloric region, lower part of tubes fatty, otherwise healthy. The mucus lying on the surface of the mid-region was tenacious, sub-greenish, and contained, together with abundance of columnar epithelium, a good many well-formed perfect cells from the tubes. Duodenum perfectly healthy; Brunner's glands most distinct. Pancreas peculiarly lax and soft, of dirty yellowish colour, and showing scarce any of the natural minutely lobulated structure. The gland tissue was reduced to an epithelial detritus, consisting of some cells, nuclei, celloid particles, and very abundant, diffused oily, with some granulous matter. No limitary membrane could be seen. The reaction of the fresh-cut surface was acid. The cause of the hæmatemesis in this case was, I believe, twofold. On the one hand, the altered crasis of the blood clearly made it more prone to extravasation; and, on the other, the condition of the liver must have, to a very great degree, prevented the free transit of the blood conveyed to it by the portal vein. It is a well known law that the freedom of the circulation, in any part, is intimately dependent on the due performance of the function of that part, and that, in case of the latter failing, the passage of the circulating current becomes interfered with. Thus the failure of the pulmonary function causes the congestion of the lungs in apnœa, and, on its restoration, the circulation of blood again proceeds. In several other instances of the disease, which proved fatal in the above case, quoted by Dr. Budd in his work on the liver, hæmatemesis took place, and was, no doubt, produced in the same way. This is not the occasion to remark further upon this interesting case, affording as it does a most marked instance of Rokitansky's acute yellow atrophy of the liver,—a trivial name, but which serves as well as any other to designate a condition, of whose real nature we are utterly ignorant. The entire absence of biliary acids, both from the blood and from the liver, together with the enormous production of bile pigment, are, however, points worth notice. It seems probable that the pancreas was affected by a degenerative change of the same nature as that of the liver. The existence of any such abdominal tumour as the patient described, after the post-mortem investigation, must be regarded as mythical. The patient was under Dr. Chambers's care, who has kindly allowed me to publish the case.

Case 6.—Mrs. C., a young married female, of rather fresh complexion, confined seven months ago; still suckling. Has occasionally hysterical fits. Stays a great deal in the house. Her present attack has been coming on nine days, has been severely ill two days. Is constantly vomiting, even after a tea-spoonful of water, and is now much depressed. Vomited matters are highly acid, of dark, blackish colour (from blood), mingled with mucus. Motions of nearly same appearance, thin, black, watery. Decided epigastric tenderness, not hysterical. Liver not enlarged. Clear breathing in every part of chest. Heart-sounds natural. Eyes quite clear; no trace of jaundice has been observed. Tongue clean. Skin cool. Pulse 100, weak, but distinct. Bowels open four times to-day; has taken calomel gr. ij. twice. I saw her in the evening, and ordered her calomel gr. vi. c. aloes gr. i. statim, et 4tis vel 5tis horis, with lumps of ice to stay the sickness. The next evening, after three or four doses of calomel and aloes in the interval, I found there had been much nausea and retching, and that much pain was complained of on taking anything into the stomach. The vomited matter was now mere mucus, not discoloured. There was less epigastric tenderness, but flatulent distension of the stomach. Bowels open three or four times, the last motions consisting of mucus, almost black. In the night she had some delirium. Rather full doses of calomel were continued at intervals. Two days later she had taken altogether 40 grains of calomel, and the mouth was moderately affected. She felt better, and had much less sickness. The motions consisted of scanty black fluid. Her nights were the worst period; she was restless, and could get no sleep till morning. There was much flatulence. The calomel was now omitted, she had some quinine, and a dose or two of aloes. The next day a greenish motion, more solid. The following day she complained of much pain, referred to the lower part of sternum, increased by taking any food or medicine. The retching had, in great measure, subsided, but there was a great deal of flatulence. A warm water enema brought away much bilious matter, dark, but containing good yellow bile. After this date she gradually proceeded in convalescence, the stomach continuing, however, for some time irritable, and to be the seat of pain. She stated subsequently that she had for several years been subject to attacks of the same kind, even when she took much exercise out of doors, and she thought that no medicine exercised much influence on their duration. The disorder of the liver in this case was strongly marked; it showed itself, not

as in the former instance by excessive formation of bile pigments, which, so to speak, flooded all the tissues, and produced jaundice; but by apparently entire cessation of normal biliary secretion, the matters evacuated being for some time rather altered blood than anything else. This severe hepatic disorder brought to pass congestion of the stomach in the way before described; and it was not until there was some evidence of the bile-secreting function of the liver being restored, that the irritation of the stomach diminished. At first, the congestion of the gastric mucous membrane caused extravasation of blood, which, being acted on by the natural acid, was turned black. After a few doses of calomel, however, the vomited matters no longer contained blood, though blackish mucous fluid was for some time poured out by the intestine. It seems most probable that the extreme irritability of the stomach during the earlier part of the disease was rather the result of irritation of the hepatic nerves, reflected upon the gastric through the solar plexus, than of vascular congestion. At a later period the latter condition was probably concerned in keeping up the irritation, which subsided but slowly. The cause of such attacks as these, which in their milder degrees are common enough, (ordinary bilious attacks,) is quite obscure. Possibly it may consist in a disordered innervation of the hepatic plexus, analogous to neuralgia in other nerves. In spite of the patient's idea that the attacks were not influenced in their duration by medicine, I do entertain no doubt that the free dosing with calomel was desirable; and I do not know of any milder proceeding that would have been equally effectual. I have records of a similar equally severe case, where it was necessary to administer repeated doses of calomel up to the point of affecting the gums before the vomiting could be allayed. The mercury was not given with a view of producing the constitutional action as in inflammation, but in both these cases relief was only obtained when the gums were touched.

Case 7.—Catherine Q., aged 33, married, one child; has been a charwoman lately, since her husband left her; admitted December 22nd, under Dr. Sibson's care, who has kindly allowed me to cite the case; has been poorly three months, taken to bed eight days. She first observed swelling of the abdomen, which afterwards diminished. Legs never swollen. On December 12th was sick, and threw up much dark blood, thick and clotted. Digestion for a long time has been bad; she has been subject since childhood to vomiting and sick-headache, recurring once a month or oftener. Catamenia regular. Countenance very pale, and anæmic. Bowels opened by medicine; fæces contain blood. Pulse 112, sharp but feeble. Urine copious, free, spec. gr. 1012, acid, contains much mucus. Abdomen swollen and tympanitic. Never had ague. Blister to left side of abdomen.—Plumbi acet. gr. iij., ferri ammon. tart. gr. ij., 4tis horis. 24th.—Fæces more natural; a slight diastolic bruit. 26th.—Does not feel so well; has passed blood with her motions, and brought up about 2 ounces. Tongue white and furred. Countenance more pallid. There is no tumour in the abdomen, but the ascending colon is much distended. The pulmonary resonance on the right extends over the front of the chest to the line where the hepatic dulness should commence; but this is replaced by a peculiar tympanitic metallic note, which does not extend beyond the margin of the ribs. Some dulness in the lateral region of the left chest, at the lower part, but no enlargement of spleen to be detected. Heart not enlarged. No epigastric pulsation. Abdomen very lax, dull notably in left flank, resonant in right, from presence of distended colon; fluctuation obscure; is very thirsty; skin cool; no appetite. Ol. terebinth. ♏ xv., ter die. 27th.—Stools contain blood still, none vomited, but much feebly acid muco-watery fluid. 29th.—No more sickness, nor blood in stools; pulse 120, small; skin hot. January 2nd.—Some diarrhœa has occurred, checked by pulv. cret. co. c. opio; no return of hæmorrhage. Some sickness to-day; milk vomited is thoroughly coagulated. Tongue thickly coated in centre. Thirst excessive. The liver appears to be small, its dulness begins abnormally low, Epigastric tenderness. Abdomen much swollen. Ferri et quin. citrat. gr. v., acid. citric. gr. iij., tr. opii ♏ vj., spt. æth. chloric. ♏ xv:, aquæ cinn. ʒj., ter die. Blister to epigastrium. Brandy 2 ounces. From this date she gradually declined to January 31st, when she died. Diarrhœa recurred frequently. Ascites went on increasing. Post-mortem.—Body very emaciated. Large quantity of clear yellow fluid in abdomen; no peritonitis. Heart small, healthy. Lungs healthy. Spleen very large, of rather pale-red colour. Liver very small, and far advanced in cirrhosis, pale, and yellowish. Gall-bladder contained much bile, and there was a good deal in the intestines; it was light-coloured. The portal vein was injected with water, which flowed out by the hepatic veins, but not without a good deal of force being applied to the syringe. In the commencement of the portal vein there was a remarkably firm fibrinous coagulum, almost entirely white, and plugging up the channel. No adhesions on the surface of the liver. On microscopic examination there was found no great quantity of fibroid tissue in the liver; there were no broad septa between the portions of parenchyma. The cells were very fairly healthy, many of them large and containing much oil. There were a few patches in the liver in the deeper parts perfectly circumscribed, of marked yellow tint, contrasting strongly with the pale lobules in the vicinity. The fibroid tissue of the Glissonian sheaths appeared rather coarse, and contained more nuclei than normally. The kidneys were very tolerably healthy; they were examined microscopically. The pancreas was peculiarly firm, hard, and dense; its gland structure was not destroyed, but its epithelium was wasted. Uterus healthy. Stomach much distended, reaching as high in the left side as the sixth rib; internally it was quite pale; the tubes in the splenic region were very healthy, some nuclear formation was taking place at their bases; and in the mid-region the tubes were quite healthy also, except that the epithelium separated in long casts made up of apposed well-formed cells, bounding a distinct central canal; in the pylorie region the tubes were healthy, but contained at their lower parts a quantity of yellow pigment perceptible even to the naked eye; the columnar epithelium of the surface was still *in situ*. Duodenum healthy, except that its mucous membrane was pervaded to a great degree by nuclear formation; Brunner's glands were healthy.

The hæmatemesis in this case was evidently the result of the cirrhotic condition of the liver, by which the portal vein was, it might almost be said, ligatured. The stomach was more than usually healthy, but exhibited in its pyloric region traces of the past hemorrhage in the form of yellow pigment. This, no doubt, was the remains of altered blood, which, having at first been effused between the tubes, had subsequently made its way into them. I have observed the same occurrence in instances where the mucous membrane had been irritated and inflamed. The alterations in the pancreas and the gastric epithelium were probably results of the general impairment of nutrition rather than of any local causes. It is extremely unusual to see the epithelium of the stomach tubes separate in the form of a hollow cylinder as in this case. The cohesion of the cells together must be considerably increased, and their size at the same time diminished. In the healthy state they fill up the tube, and separate when extruded from it, most readily from each other. An atrophy much like this is often observed in Bright's disease, when the renal tubes become, to a great degree, denuded of their epithelium. As far as my experience goes, hæmatemesis generally is one of the earlier secondary results of cirrhosis, ascites replacing it, if it has existed, at a later period. In my work on Morbid Conditions of the Stomach, page 59, a case is mentioned in which death occurred from vomiting of blood, without any history of previous illness extending further back than a week. The treatment of cirrhosis, and of course of its secondary effects, is, at the present day, a sad opprobrium to medicine. The bar, which is set to the free course of blood through the portal vein, impedes, to a great degree, the absorption of any medicines given by the mouth. Diuretics produce no effect, because they never get into the blood, and so never reach the kidneys. Dr. Christison's recommendation of applying fomentations of digitalis infusion to the abdomen, and thus directly arriving at the general circulation, is certainly a promising one; but in one case in which I tried it, it produced no good effect. I cannot but think that the employment of baths of Kreuznach water, now known to be often efficacious in causing the disappearance of fibroid tumours of the uterus, might be tried in cases of cirrhosis with some reasonable hope of benefit. These might be conjoined with frictions of cod-liver oil over the general surface. Surely it would be better to try perseveringly some plan of this kind, rather than the routine treatment of diuretics and purgatives, whose result in most cases is so unsatisfactory, and which at the most aims merely at the removal of a symptom.

ON THE ALLEGED INELIGIBILITY OF SMYRNA AS A SITE FOR A HOSPITAL FOR THE ARMY.

By JOHN BARCLAY, M.D.

Member of the Royal College of Physicians, Physician to the Smyrna Hospital, etc.

The title of my paper is a sufficient indication of the opinion I entertain of the vague and wild assertions which have been going the round of the newspapers,—assertions which have been hastily made are, I believe, easily to be disproved here,—and yet have been reiterated with a vehemence and a pertinacity which have at length induced Government to decline increasing our accommodation here, while I think there is hardly any one of us who, though, perhaps, not going so far as myself, has not been convinced that there is no objection on the ground of salubrity to the site of this Hospital.

In the *Medical Times and Gazette* of July 7th, there is the following paragraph:—"Rumours are getting abroad that it is intended greatly to increase the Hospital accommodation at Smyrna. Overjoyed with the circumstance that, during a few months' trial, there has been no clearing of the wards by plague, nor, indeed, any very violent outbreak of epidemic disease; forgetful of the fact that summer and autumn have yet to be tried; regardless of accumulated experience as to the unhealthiness of the place, the Government, it is asserted, are about to erect a large and expensive establishment, as additional to those already there. There were good reasons for choosing the Smyrna Hospital in the first instance, but there are none for now enlarging it. At the time it was selected, the knowledge possessed by Government respecting suitable sites was not what it now is, (or if it is not, ought to be,) and the necessity for a ready-constructed building, which was then urgent, does not now exist. Smyrna is too far from the seat of war; it is notoriously unhealthy; it is under a civil government so wretched, that it would appear that the greater part of the present Medical Staff have had a narrow escape of being kidnapped. It is to be earnestly hoped, that the intention of extending its Hospital may be forthwith abandoned."

Using this as a text, I will try to maintain the following assertion:—That no true objection can be brought against Smyrna as a site for a Hospital, except that its distance from the seat of war renders it impossible that urgent Surgical cases can be sent to it for operation or relief." It was natural that the ally of the Turk should seek for accommodation for his sick in the second City of the Empire, in the first of the Asiatic Ottoman possessions. The situation of towns is not usually determined by sanitary considerations, but it will generally be found that the choice has not been made altogether without reference to salubrity. And thus Smyrna, founded, it is said, by Alexander the Great, was placed on the hill still crowned by her castle, doubtless for the purposes of defence, and may have crept down the sea-ward side merely for the extension of commerce; but this range which surrounds the town protects it as effectually from fevers now, as its height did formerly from the attacks of an enemy; for it is a well-known fact in this country that an encampment open to the draught from a ravine, is liable to pernicious fevers, while a neighbouring situation, under the lee of a hill, is salubrious. The lower part of the town stands on ground little above the level of the sea, it is true, but the soil is not maiden, and the exhalations from a surface trodden down for centuries, from paved streets and courts, do not produce the effects which, in these climates, usually result from the disturbance of new and unbroken soil. The drainage is defective, but still it is drainage to a certain extent, and I am informed that disease has manifested no affection for those spots where offensive effluvia are most rife. Let not those who think the selection of a site a matter to be judged of by an inquirer, count so confidently on the immunity they expect in other situations. What does the very number of the *Medical Times and Gazette*, from which I have quoted my text, say of the Camp? "Cholera has also attacked Q and Y Batteries of Artillery, recently landed from England. These two batteries are encamped on dry gravelly ridges, between head-quarters and the sea, on ground perfectly clean, till now unoccupied, and far away from the contamination of all old encampments. The sites of both those camps are, to all appearance, unexceptionable, and still cholera has not spared them." Again, at Scutari, did it not fill the people with surprise that, in spite of the admirable situation of the Barrack Hospital and the General Hospital, the fevers there should still be so pernicious and so fatal? Depend upon it, the best advisers in the selection of a site are the inhabitants themselves. Where they find it salubrious to live, we shall not find it otherwise; and if we follow their, perhaps, rude and unreasoning directions, as our guides, we shall find that experience has still the precedence of science, and that, while we cannot yet reduce the elements of disease in a crucible, nor demonstrate them in our microscopes, nor analyze them by chemistry, such investigations will corroborate the testimony of intelligent and educated people resident on the spot, that Smyrna is an eligible site for a Hospital.

The situation of the building itself is very advantageous. It is airy and commodious. It is erected on ground that had already been occupied by buildings: which is an advantage. It has been badly drained, it is true, but who anticipated anything else? The water-closets are badly constructed, but that is not without its remedy. Its ventilation during even the hottest hours of the hottest days, has seemed to me to be always satisfactory; and I would ask any one of the officers if they have not found the Hospital usually cooler than their own apartments. Further, I do not think there can be a doubt that in winter, solid stone walls will show their superiority over wooden huts, both in the resistance to cold and damp, and in the facilities for maintaining an equable temperature within.

The occupation of our ground-floor was almost a necessity, from the pressure for room during the first weeks of the existence of the Hospital, but it was a mistake, and it was felt to be so, and remedied as soon as possible after our Superintendent arrived; and we have in these very rooms ample accommodation for stores and for offices, the uses to which alone ground-floors are usually put in this climate by the inhabitants.

We have the facility, from our proximity to the sea, for landing the patients within a few yards of their beds, an advantage that is of no small importance, whether for those arriving, or for the embarkation of the permanently disabled; and a very small outlay might greatly increase the accommodation thus already existing.

But the chief convenience of our situation close to a large city lies in the question of supplies. We have no market to form, no new slaughter-houses to build, no need to hold out temptations to contractors or others, to bring food to our doors. We are not dependent on the humours of one fishing-boat, nor do we need to send sixteen hours' journey for things which, to English people, are almost necessaries of life, though not included in the stock of the Purveyor. The Commissary does not hesitate to say, that if this be not the very cheapest Hospital in the Levant, it ought so to be. Is the question of meat? M. Soyer would hardly be justified in calling it only third-rate here. There are poultry and fish in abundance; there are vegetables and fruit in profusion. The supply of grain is almost unlimited, and, in the words of an official notice issued the other day, "it can be had at any hour of the day or night." In short, not only every necessary, but every luxury, that a sick man can desire, or which may be considered of use in his treatment, is to be procured. Further, the beauty of the scenery is no element to be despised as a curative means, or as tending to preserve the health of Medical attendants and others by its exhilarating influence, while we are within reach of the pleasing recreations of a varied and hospitable society, and the amenities of European civilization.

The climate, we are told, is "notoriously unhealthy." Johnson defines "notorious" as meaning "publicly known." But the unhealthiness of Smyrna is only a newspaper myth; so far from being publicly known, in Smyrna itself it is vehemently denied with publicity enough. At home it is represented that the plague is endemic, the cholera malignant in the extreme, and the small-pox only varying the scourge. But what are the facts? There has been no plague here since 1837, eighteen years ago. The cholera manifested no peculiar fatality. It commenced with vehemence and intractability, and exhausted itself gradually as elsewhere. There has been no small-pox for several years, and the ravages left on the faces of the inhabitants are certainly not more numerous than in any European city.

Look at the magnificent specimens we have here of the human race. Do the herculean Turkish porters of the Custom House—do the not less handsome Jews, or the slighter figures of the Greeks, look as if they were inhabitants of a place "notoriously unhealthy"? Do even the transplanted Europeans look less healthy than long residents do in any warm climate? The English complexion fades, it is well known, even in Paris or in Rome.

The Autumnal intermittents are what we have to fear but where shall we find a spot less subject to them in the Levant than Smyrna? Go even to Malta—to Naples—to Rome, still the pernicious remittent of the Medditeranean is to be dreaded at the end of summer. It is true that we had fever in the Hospital when the ground-floors were crowded with patients and soldiers; and so self-evident was the cause, that my first remark on entering these wards was, that fever must there be endemic. It is true that this fever spread among the nurses and orderlies, and also attacked one of the ladies and one of the Medical men. But I believe the fever generated by overcrowding and insufficient ventilation, becomes highly contagious, and the nurses whose sleeping-rooms were scattered throughout the building, were, in the first instance, during the pressure for room, exposed to the emanations of fever cases not only when on duty, but during their meals and their sleeping times.

On taking charge of the nurses and washerwomen, 26 in number, on April 6th, there were—

Ill of Fever	6
Admitted with Fever during April . .	1
,, ,, ,, May . . .	1
Total	8

of whom one only died, and the others were cured.

There has been besides these, one case of malignant cholera in the beginning of July, which proved fatal in eleven hours.

In April there were 11 cases of minor ailments, 7 being threats of fever, which were all cut short, except one.

In May there were 13 minor cases, 5 being threats of fever, of which one ran on into fever.

In June there were 5 minor cases, with no fever among them.

In July there have been 9 minor cases, including one of febricular, and two of threatened fever.

I regret that I cannot give accurate particulars of those minor cases, most of which involved no suspension of the performance of the duties of the nurses, as my note-book has been abstracted from the ward, but there were among them several instances of suppressed menstruation; one of hæmorrhage; one of hysteria; one of congested lungs; one of cynanche tonsillaris; several of dyspepsia; a few of diarrhœa; and some of simple debility. And, considering that some of the same individuals figure several times in the different monthly returns, and that I have insisted on prescribing for every ache, or pain, or discomfort, I do not think it at all surprising that, during the four months just passed, I should have been called upon to give advice for 26 people, thus:—

For minor ailments	23
For threats of Fever . . .	15
For Fever	8
For Cholera	1
Total . .	47

Nor, considering the severity of the type of fever, (typhus with cerebral complications,) am I at all surprised that one should have died of it; nor yet that, in the case of cholera, treatment proved unavailing.

The orderlies suffered in large numbers at first—but why? We found them, according to the necessities of the military system, sleeping side by side with cases of fever, and night and day exposed to the contagion. Further, who were the orderlies attacked? Dr. Leared told us that, at the date when he read his paper, (April 30th,) of 47 Chatham orderlies, no fewer than 22 had had fever; while out of 43 Civilian orderlies, only two had been attacked. Now, these Chatham orderlies are mostly men invalided from India and other hot climates, for ague and liability to gastric derangements or disorders of the liver, and one cannot approve the judgment which selects such men to act as nurses; for my short experience points most strongly to the fact, that a man who has once suffered from ague is predisposed in a most marked manner to attacks of the fever which, among us, has assumed the typhoid type.

Of fever cases admitted to Division I. since April 19th, and had had intermittent fever in India or elsewhere, there were—

Chatham Orderly	in Hospital	60 days.
,, ,,	,, ,,	42 ,,
Military Orderly	,, ,,	21 ,,
Serjeant	(not yet discharged)	21 ,,
Military Orderly	,, ,,	5 ,, (died.)

Making an average residence in Hospital, exclusive of the man who died, of 36 days.

While of the Civil Orderlies there were—

Civil Orderly, never had Ague . .	4 days.
,, ,, ,, ,, . .	5 ,,
A Sailor	12 ,,
The Baker	7 ,,
The Cook	12 ,,
One Civil Orderly, who was taken ill immediately on his arrival in March, when sleeping in a ward with 11 fever cases, and had bad sores, and subsequently Pneumonia and Disease of the Bladder	60 ,,

Excluding this case, which, on account of its complications, cannot fairly be reckoned among the rest, we have an average residence in Hospital for each of only 8 days, to contrast with the 36 days of those who had had ague elsewhere.

That, of the ladies coming out here, one should have had fever, is little surprising; that the climate should have affected the health of one other can call for no remark. And so with the Medical men. Taking our staff of 27; considering the little discretion exercised by many of us in matters of diet or exposure to the sun, I think the wonder is only that more have not suffered, and that the climate has proved trying to so few.

But what is the climate? Hot indeed it is; but here is the 30th of July, and who has been inconvenienced as yet? For my own part, I have felt nothing incompatible with comfort and enjoyment; and my family, which I was informed at home I was taking to a hotbed of disease, has, I thank God, not cost me the anxiety of an hour. All this may be put on one side as solitary experience or prejudiced observation, but I would only ask, on the other hand, where are any proofs of the unhealthiness of Smyrna? I have touched upon the principal objections which are urged against Smyrna in the paragraph I quoted, but there is one still remaining: "It would appear that the greater part of the present Medical Staff have had a narrow escape of being kidnapped." Now, we have had no such cause for alarm here, as they have lately had at Renkior from the Bashi-Bazouks. Our ladies have not had to mount and ride eight or nine miles in the dark, nor have any of us been under arms all night in expectation of an attack. It is true that a Medical man was captured, and it is more than probable that the robbers expected to take some one of ourselves; but surely it stands to reason that there is more security in the neighbourhood of a large city like Smyrna than in sequestered spots where, indeed, no robbers have hitherto appeared, simply for the reason that there has been nobody worth taking. There are some who think more might have been done; that Consuls and Pashas are inactive; that the native police are as bad as the robbers themselves; and that a bribe may save a head, if a bribe has been expected to produce one:—but again let me say, We are in Turkey, and where will you find matters better?

I now come to the only real, the only admissible objection to Smyrna—its distance from the seat of war. From Balaklava to Constantinople is 30 hours, and from Constantinople here is the same—60 hours—two days and a-half. Undoubtedly, this is an insuperable objection to sending men severely wounded here, either for operation or for cure. But this applies equally to the new site chosen at Renkior. We are told that the whole coast of the Bosphorus and the Dardanelles was surveyed, and this only spot was found, which combined all the requirements for the huts; and when once a severe surgical case is embarked, it can matter but little whether he be 44 hours or 60 on the passage. It makes our site worse than the best site which could be found by Dr. Parkes only by an arithmetical fraction. But it is not as a surgical Hospital that Smyrna can be recommended, and the proportions of the staff as originally formed were utterly

incompatible with the probable nature of the cases which could be sent to such a distance. We were supposed to be selected for our different posts because we had had a certain amount of experience—the Surgeons of Surgery, the Physicians of Medicine; and, while anxious that Smyrna should be retained as a Hospital, I cannot too strongly insist that it is as a Medical and not as a Surgical one. The cholera, fevers, dysentery, and scurvy were the scourges of the army last year, and their victims were far more numerous than those of the bloody fields of Alma and Inkermann. The frostbitten feet were feet of men already debilitated by disease and privation; and who among us does not remember the miserably wretched appearance of the first inmates of this Hospital, the cachectic bodies, the prostrated powers, the subdued courage, the nervous timidity, when a word of kindness brought a tear into the eye of a Highlander or a Guardsman? Who among us has not rejoiced to see the returning health, the invigorated spirits, and the rapid convalescence of the Medical patients? And all this has been at Smyrna, in spite of its "notorious unhealthiness," "the plague," and "violent outbreaks of epidemic disease."

It is not for ourselves to determine what is the best to be done with the Surgical Staff; though I cannot think Government would turn a deaf ear to a unanimously expressed opinion. If Surgeons want to have primary amputations and the treatment of recently inflicted wounds they must be not at Smyrna, not at Renkior, not at Scutari, not at Balaklava, but in the camp. It is different with Medical cases—cholera must indeed be treated on the spot. If pernicious remittent fever attack a man, he must have his scruple of quinine not at Smyrna, but in the Camp. But if cholera run on into fever—or if fever of another type arise—if dysentery prevail—if diarrhœa prove intractable—if scurvy again break out—let the cases be sent to Smyrna, and the 30 hours' voyage beyond Scutari will be 30 hours to their advantage. If pulmonary complaints accompany the intense cold that produced the frostbites, in Smyrna we have a delicious mild winter that knows no ice, no frost, no keen cutting blasts. It is for such cases that I believe this Hospital to be adapted. We have 520 beds in this building, and we have the Lazaretto, where the men (to be sent more judiciously than hitherto, I allow) may be brought again under the discipline and training which our military friends say the civil system of Hospital treatment undermines and subverts. Let us have a fair chance, and with a Staff adapted to our accommodation. If determined it be that the excellent ground in the vicinity be not turned to advantage, let cases be sent us not weeded of all that might prove interesting; nor yet convalescents for simple change of air—and let the Civil System have a trial. Let us hope that, the only true objection to Smyrna being its distance from the seat of war, and that objection being a positive advantage to it as a Medical Hospital, we may have the opportunity, if this season prove as unhealthy to the army as the last, of showing that the idea of Civil Hospitals was not a mistake, and the selection of ourselves as the pioneers of the way, and the first to carry out the novel experiment, was neither uncalled for nor unwise.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING JULY.

The subjoined report includes as usual the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone Infirmary, and the Hospital for Sick Children.

LITHOTOMY.

Number of cases, 1; recovered, 1.

Case 1.—A boy, aged 2, in fair health, under the care of Mr. Erichsen in University College Hospital. A stone of the shape, and about the size, of a small chesnut was removed. Recovered.

LITHOTRITY.

The patient under Mr. Coulson's care in St. Mary's has been discharged well. Mr. Curling's case in the London remains under treatment.

LITHECTASY AND LITHOTRITY IN THE FEMALE.

A girl, aged 10, in good health, was admitted under Mr. Fergusson's care into University College Hospital. She had had symptoms of stone for two years, and they had been very severe for six months. Three months before she had voided a stone, the size of a filbert. Mr. Fergusson detected a stone of large size, and at two operations, with a week's interval, succeeded in crushing and removing it. No incontinence of urine followed.

HERNIOTOMY.

Number of cases, 9; recovered, 5; under treatment, 1; died, 3.

Case 1.—A man, aged 73, under the care of Mr. Luke, in the London Hospital, on account of inguinal hernia of two years' duration, and strangulated twenty hours. The seat of stricture was easily discovered, and after the division of some bands of fascia crossing it, it was found to consist of the thickened neck of the sac itself. Mr. Luke attempted to thin it down by paring, but not being able to effect this to a sufficient degree to admit of reduction, the sac was opened and the constriction divided from within in the usual way. The old man made a quick and excellent recovery. *Case* 2.—A woman, aged 29, under the care of Mr. Tatum, in St. George's Hospital. Hernia femoral strangulated thirteen hours. The sac was opened, and a small knuckle of gut, healthy in appearance, was returned. Recovered. *Case* 4.—A woman, aged 31, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral, strangulated, 36 hours; sac opened. In the sac was found much bloody serum, and a small knuckle of bowel much inflamed and ecchymosed. The bowel was returned and the patient recovered well. *Case* 5.—A woman, aged 67, under the care of Mr. Simon, in St. Thomas's Hospital, on account of oblique inguinal hernia. Strangulation had existed nineteen hours, and the seat of stricture was the neck of the sac. Sac opened. Recovered, without any ill symptoms. *Case* 6.—A woman, aged 31, under the care of Mr. Ward, in the London Hospital. She had been for eighteen months the subject of hernia, but the strangulation had existed only about twenty hours, the gut having been forced down during an attack of diarrhœa, with vomiting. Her symptoms were most urgent and acute. The taxis having failed, both in the warm bath and when under the influence of chloroform, Mr. Ward at once proceeded to operate. An incision was made over the inner side of the sac, and Gimbernat's ligament and Poupart's ligament were both freely incised. Reduction, however, could not be effected until the sac itself had been opened. The gut was seen to be very much congested, and the sac contained some bloody serum and flakes of lymph. The stricture was formed by the neck of the sac and was very tight. After the operation, opium, in grain doses every three hours, was ordered, and during the two following days the patient was fully under its influence. Notwithstanding this, however, she continued to complain of much pain, and the sickness was still troublesome. On the third and fourth days she was better, and the stomach more quiet. On the fifth day the bowel gave way into the wound, and a free escape of feculent matter took place. Since then the artificial anus has continued open, but she is in other respects progressing favourably. *Case* 7.—A man, aged 50, a wine cooper, of intemperate habits and bad health, was admitted under Mr. Cock's care, into Guy's Hospital, on account of a strangulated inguinal hernia. From the history it appeared probable, that he had had an irreducible omental hernia for eight years past, and that seven days ago a portion of bowel also had been forced into the sac. The symptoms of strangulation (with feculent vomiting) had been severe for 52 hours. Having divided the stricture without opening the sac, Mr. Cock succeeded in diminishing the size of the tumour to a certain extent, but not feeling confident that the gut had returned, he subsequently opened the sac. No intestine was found down, but a large mass of partially adherent and much-injured omentum. A considerable portion of the omentum being deemed irrecoverable, a ligature was applied to its base, and it was cut away; a fold which appeared to have come down more

recently being returned into the abdomen. Previous to his admission into the Hospital the man had taken much purgative medicine. Within an hour after the operation violent diarrhœa commenced, and, in spite of the free use of opium, continued until collapse and ultimately death ensued. Death took place about twenty-four hours after the operation. There had been no pain or vomiting. At the autopsy the man was found to have a fatty liver and diseased kidneys; there was also a small cavity in one lung. In the abdomen was found a knuckle of intestine, which showed the effects of stricture, and was extremely discoloured. Below this portion the bowel was contracted and empty, above it distended and dilated. *Case* 8.—A woman, aged 57, under the care of Mr. Coulson, in St. Mary's Hospital. She had had an irreducible femoral hernia (omental) for twelve years, which had five days ago become suddenly enlarged, since which the symptoms of strangulation had been present. The tumour was as large as an orange. The sac was opened, and found to contain omentum and a knuckle of intestine. Death, with the symptoms of perforation, followed forty-eight hours after the operation. At the autopsy no perforation was, however, found; there were present only the indications of acute peritonitis, a layer of lymph coating both the abdominal wall and the intestines. *Case* 9.—An infant, aged 1 year, under the care of Mr. Cutler, in St. George's Hospital, on account of a large congenital hernia, strangulated about twenty-four hours. The sac was opened, and the bowel found adherent in many places. Death followed.

TREPHINING OF THE SKULL.

The boy under the care of Mr. Lane, in St. Mary's Hospital, whose case was mentioned last month, is doing well.

Case 1.—A man, aged 28, was admitted into St. Mary's Hospital, under the care of Mr. Spencer Smith, on account of a compound fracture of the skull a little to the left of the sagittal suture, near its middle. A portion of bone, of an irregularly circular shape, was found to be depressed, but there were no other symptoms of compression, excepting sluggish pupil. The scalp wound having been enlarged, Hey's saw was used, and, room having been thus obtained, the depressed portion was removed. The dura mater was not torn, but was separated from the bone for a considerable distance round the fracture. The man has done well since the operation.

LIGATURE OF ARTERIES.

In *Case* 2 of last month's report, (ligature of the femoral by Mr. Adams, in the London Hospital,) a good recovery has been made.

Case 1.—A man, aged 34, under Mr. Birkett's care, in Guy's Hospital, who, on May 29, had his knee-joint excised, has since undergone amputation through the thigh. (See "Amputations," *Case* 2.) After the amputation repeated secondary hæmorrhages occurred, and it ultimately became necessary to place a ligature on the femoral artery. This procedure was quite successful, and the man is now convalescent. *Case* 2.—A woman, aged 33, admitted into St. Mary's Hospital, having received a deep wound across the wrist by thrusting her hand through a pane of glass. Mr. Watkins (House-Surgeon) placed ligatures on both ends of the ulnar artery, and also on the superficialis volæ. Recovered.

AMPUTATIONS.

The cases left under treatment by last month's report have all resulted in recovery.

Number of cases 12; recovered 5; under treatment 6.

At the *Hip-joint.*—*Case* 1.—A lad, aged 17, of fair complexion and much emaciated, was admitted into St. George's Hospital, under the care of Mr. Tatum, on account of a large malignant tumour springing from the lower third of the femur. Amputation at the hip-joint was performed, and the boy left the Hospital well at the end of a month. (For details of this case see the *Medical Times and Gazette* for August 18, page 159.)

Of the Thigh.—*Case* 2.—A man, aged 26, under Mr. Watkin's care, in St. Mary's Hospital, on account of diseased knee-joint of nine months' duration. Much improvement in health has taken place since the operation, and the stump is now all but healed. *Case* 3.—A man, aged 34, under Mr. Birkett's care, in Guy's Hospital. Excision of the knee-joint had been performed on May 29. Hospital gangrene had since attacked the wound and destroyed the flap of skin. The man's health was so much reduced, that it was doubtful whether his life could be saved by any measure short of amputation; and even should such be the case, it seemed probable that his limb would be useless. Under these circumstances amputation through the thigh was performed. Secondary hæmorrhages subsequently made ligature of the femoral artery necessary. The man is now convalescent. *Case* 4.—A man, aged 29, admitted into St. George's Hospital, under the care of Mr. Tatum, with a compound fracture of the leg. He was apparently in good health, but extensive Hospital gangrene came on, and it was at length necessary to amputate through the thigh. Under treatment. *Case* 5.—A man, aged 58, of intemperate habits, under the care of Mr. Skey, in St. Bartholomew's Hospital. Two years ago he had sustained a fracture into the knee-joint, from the effects of which the limb had been rendered useless. At his own urgent request amputation through the thigh was performed. A month has now elapsed since the operation, and the stump is nearly healed. *Case* 6.—A man, aged 37, under Mr. Birkett, in Guy's Hospital, on account of disease of the knee-joint. Amputation through the lower third of the thigh. Recovery. *Case* 7.—A man, aged 20, under the care of Mr. Moore, in the Middlesex Hospital, on account of disease of the knee-joint of five months' duration. Amputation through the thigh was performed. Four days after the operation rigors occurred, and death followed on the nineteenth, all the symptoms of pyæmia having been present. At the autopsy, lymph and pus were found in the femoral vein, and purulent deposits also existed in the liver, lungs, and some of the joints.

Of the *Leg.*—*Case* 8.—A man, aged 40, of intemperate habits, was admitted, under the care of Mr. Hawkins, into St. George's Hospital, on account of a severe compound fracture of the leg. Extensive necrosis ensued, and secondary amputation was necessitated. Under treatment. *Case* 9.—A robust man, aged 34, under the care of Mr. Walton, in St. Mary's Hospital, on account of compound comminuted fracture of the fibula, with injury to the tibia, and extension of the fracture into the ankle-joint. Primary amputation was performed at the junction of the upper and middle thirds. Doing well.

Of the *Foot.*—*Case* 10.—A man, aged 55, under the care of Mr. Erichsen, in University College Hospital, on account of carious disease, involving the anterior range of the tarsal bones. Chopart's amputation was performed. Doing well. *Case* 11.—A girl, aged 12, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of disease of the tarsal and metatarsal bones of the right foot. The disease was of four years' standing. Amputation at the ankle-joint was performed. No sloughing followed, and a great part of the stump united very quickly. The patient remains under care. Very extensive disease was found among the tarsal bones on examination of the removed foot.

Of the *Arm.*—*Case* 12.—A delicate-looking lad, admitted under the care of Mr. Coulson, into St. Mary's Hospital, having received from a circular saw extensive injury to the soft parts about the elbow, and to the humerus itself. Primary amputation through the middle of the arm was performed. Recovered.

EXCISION OF BONES AND JOINTS.

Case 1.—A man, aged 57, under the care of Mr. Birkett, on account of disease of the shoulder-joint of two years' duration. Excision of the head of the humerus was performed in the usual manner, and the man has since done remarkably well. The cartilage was found completely removed from the articular surface, and a piece of necrosed bone occupied the head, but at the line of section the bone was healthy. *Case* 2.—A man of middle age, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of disease of the wrist-joint of long standing. Mr. Tyrrell (house-surgeon) examined the joint by an incision over its posterior aspect, and removed, piecemeal, the greater part of the scaphoid and semilunar bones which were carious and softened. The other bones appeared to be sound. The case is doing well.

OPERATION FOR UNUNITED FRACTURE.

Case 1.—A man, aged 60, was admitted into University College Hospital, under the care of Mr. Erichsen, on account of an ununited fracture of the femur in its middle third. It was eighteen months since the injury, and not the least

attempt at union had taken place. There was shortening to the extent of two inches and a half, and complete mobility in all directions. Mr. Erichsen cut down upon the ends of the bone, and put a large ivory peg into each, after the method of Dieffenbach. The bone was found so extremely hard that the ordinary gimlets could not be made to pierce it, and a steel drill was necessary to bore the holes for the pegs. After the operation the limb was confined by splints in a straight position. No constitutional disturbance followed the operation, and the wound has now healed, the pegs being covered in. *Case* 2.—A healthy boy, aged 4, under the care of Mr. Curling, in the London Hospital, on account of an ununited fracture of the tibia and fibula, at the commencement of their lower third. The condition was believed to have existed from birth, and repeated attempts, by means of fixing the limb, had been made to obtain union, but without any success. Mr. Curling made a crucial incision over the ends of the bones, and exposed and excised them. The parts were afterwards brought into apposition, and the case treated as one of compound fracture. No ill symptoms followed. The boy remains in good health, and the wound is much contracting.

REMOVAL OF MALIGNANT TUMOURS.

All the cases left under care by last month's report have resulted in recovery.

Case 1.—A married woman, aged 42, under the care of Mr. Birkett, in Guy's Hospital, on account of scirrhus of the mammary gland. The disease had existed eighteen months. The whole breast was removed. Recovered. *Case* 2.—A man, aged 64, under the care of Mr. Moore, in the Middlesex Hospital, on account of a growth of melanotic cancer by the side of the anus. It was stated to have been slowly increasing for nearly three years, and for the past few months had been ulcerated, and very painful. A lump, about the size of a walnut, presented externally, and one as large as an egg bulged into the cavity of the bowel. Mr. Moore excised the whole. Considerable bleeding occurred, and it was necessary to secure many vessels. The growth presented the characteristics of melanotic cancer. The patient recovered well, and the wound healed soundly. Although a large portion of the sphincter ani had been removed, yet full power in retaining the fæces was preserved. *Case* 3.—A man, aged 62, under the care of Mr. Cock, in Guy's Hospital, on account of epithelial cancer of the lip. It was excised by the V-shaped incision, and the parts united by sutures (no hare-lip pins). Recovered. *Case* 4.—A man, aged 55, under the care of Mr. Hilton, in Guy's Hospital, on account of epithelial cancer of the lip, of four years' duration. Excision. Recovery.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A woman, aged 28, under Mr. Stanley's care, in St. Bartholomew's Hospital, on account of an enlarged and indurated bursa in front of the patella. It was the size of a small apple, and extremely hard. Excision. Recovery. *Case* 2.—A man, aged 30, whose case we have previously had frequent occasion to mention, is now again under Mr. Stanley's care in St. Bartholomew's, on account of a recurrent fibroid tumour on the inner side of the left knee. Seven excisions, at intervals varying from two to five months, have been performed. In May last a ligature was applied to its base, including within it a large extent of surrounding cellular tissue. Before, however, the wound was healed, the growth again appeared. On July 30th Mr. Stanley made another very free incision, dissecting away all the cellular tissue down to the capsular ligament of the joint, to which latter the growth adhered. The wound is healthy. *Case* 3.—A woman, aged 49, under the care of Mr. Cock, in Guy's Hospital, on account of a recurrent tumour in the breast. Four years before she had had a tumour excised from that part; for three years after which she remained well. The present growth commenced about a year ago, and increased very rapidly. When admitted she was emaciated, and extremely feeble. The tumour was somewhat pendulous, of enormous size, presenting an ulcerated, sloughing, and most fœtid surface. Some doubt was felt as to whether the patient would bear the operation, but after consultation it was determined to perform it. Mr. Cock excised the whole. The wound is now healing fast. On microscopic examination the tumour was ascertained not to be cancer. *Case* 4.—A woman, aged 57, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a proliferous cystic tumour of the mammary gland. A growth of similar nature had been removed by Mr. Shaw, in November, 1852, and the present had formed in the cicatrix. It was about the size of a goose's egg, and had been growing for four months. Excision. Recovery. *Case* 5.—A girl, aged 15, under Mr. Hilton's care, in Guy's Hospital, on account of two growths of the tuberous form of cheloid. She was in good health, and no cause could be ascertained for the disease. Two tumours of similar nature had been excised a year and a half ago. Excision. Recovery. *Case* 6.—A boy, aged 11, under Mr. South's care, in St. Thomas's, on account of a small vascular tumour on the side. Excision. Recovery. *Case* 7.—A woman, under the care of Mr Hawkins, in St. George's Hospital, on account of a recurring cystic tumour of the breast, nine times excised. A tenth removal has been performed, and she remains under care. *Case* 8.—A woman, aged 28, under the care of Mr. Prescott Hewett, in St. George's Hospital, on account of a cystic tumour projecting into the nates. It was supposed to be connected only with the external parts, but during the operation it was found to pass into the pelvis through the sacro-ischiatic notch. The excision was accordingly only a partial one. Symptoms of inflammation within the pelvis subsequently came on, and of these the patient died. No autopsy could be obtained. *Cases* 9, 10, 11, and 12.—In these, fatty tumours of considerable size were removed. All the patients are recovered. *Case* 13.—A boy, aged 11, under the care of Mr Fergusson in King's College Hospital, on account of a vascular tumour on the forearm. Excision. Recovery. *Cases* 14 and 15.—A case of warty growth on the lower lip, and one of cystic tumour in the scalp. Both patients recovered. *Case* 16.—An infant, aged 4 months, under Mr. Birkett's care in Guy's Hospital, on account of a tumour in the back. It was entirely confined to the integument, and its exact nature remained doubtful even after excision. Its section yielded no juice, but its microscopic elements were chiefly nuclei, with very little fibre tissue. The infant recovered well.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 29.—Sea-air and Bronchocele.

To the Editor of the Medical Times and Gazette.

Sir,—In connexion with an investigation as to the probability of the iodine theory of Bronchocele and Cretinism, I am very anxious to know whether bronchocele ever prevails endemically on the sea coast. From such inquiries as I have hitherto made, it would appear that the disease very seldom indeed occurs to those habitually exposed to sea air. Many of your readers must, however, have had large opportunities of personal observation on this matter, and I am therefore induced to solicit, through your medium, the results of their experience. If those whose sphere of practice may have put them in possession of any facts, either positive or negative, in relation to this subject, or who may know of any published statements respecting it, would kindly communicate with me, they will greatly oblige, Sir, yours, etc.

Jonathan Hutchinson.

33, Finsbury-circus, August 22.

No. 30.—Mediate Auscultation.

Sir,—Perhaps the following may deserve a place among your Notes, as the earliest mention of "Mediate Auscultation." I am, etc.

J. D.

"The Persians who were sent by Aryandes from Egypt to revenge the quarrel of Pheretima, arriving before Barca laid siege to the city, and by a herald demanded those persons who had been concerned in the death of Arcesilaus; but the inhabitants having universally consented to the fact, refused to hearken to the message. And after the besiegers had been about nine months before the place, carrying on divers mines towards the walls, . . . an artificer in brass discovered their saps in this manner:—He carried a shield of that metal round the city within the wall, and applying it to the ground, heard no noise when the earth was solid, but when he came to the parts that were undermined, the brass rung. Upon

which discovery some of the Barcæans fell to countermining, and killed all the Persians who were employed in the mines." —*Herodotus*, iv. 200.

ANSWERS.

To Query No. 16.—Hare-lip Operations without Pins.

To the Editor of the Medical Times and Gazette.

Information has been forwarded to us from several sources relative to the disuse of pins in the operation for hare-lip. Mr. Harris, of Mildenhall, informs us that about last Christmas he operated with complete success on a single hare-lip, in a child aged 10 months, using sutures and plaster only. He also states, that in several cases of cancer of the lip, requiring excision, he has dispensed with the use of the pin, and been well satisfied with the result. In the latter class of cases, Mr. Cock, in Guy's Hospital, and several other London Surgeons, have long been in the habit of avoiding pins, and in hare-lip their employment is certainly getting much out of favour. Either they are not used at all, or but one is put in where three used to be. Their withdrawal is also made at very much earlier periods than was the old practice. We make this summary of the facts supplied to us in order to avoid the more lengthy occupation of our space, which the printing of the letters themselves would involve.—Editor of *M. T. & G.*

To Query No. 27.—Utility of Fish Oil.

Sir,—As one of your correspondents asks for facts relating to the use of other fish oils besides the cod-liver oil, I may refer him to a letter from myself which appeared in the *Medical Gazette* five or six years since, in which I stated that I had used every kind of lamp oil that was not too rank and unpalatable; whale oil, seal oil, and southern oil I administered then to children suffering under atonic and strumous diseases, with great benefit. But as they are no better than cod-liver oil, and not so nice, I discontinued their use.

London, Aug. 8, 1855. I am, etc. R. Druitt.

Medical Times & Gazette.

SATURDAY, AUGUST 25.

THE LATE MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The Meeting of the Provincial Medical and Surgical Association, held last week at York, presents sufficient points of interest to demand at our hands something more than a passing notice. The proceedings connected with that Meeting may lead to results to which we ourselves can point only as probabilities, but which may nevertheless exercise a most important influence upon the future prospects and the policy of the Profession in the British Empire.

It may, perhaps, be expedient to give a brief sketch of the transactions which preceded and gave rise to the discussions at York, on the 15th and 16th of August, in order to render more comprehensible the nature of the discussions to which the members of the Association arrived upon that occasion.

The Provincial Medical and Surgical Association is now in the twenty-third year of its existence, having been founded by Sir Charles Hastings, and supported by the leading Medical Practitioners in the provinces, some of whom have subsequently become distinguished as Metropolitan Physicians. A provincial city, not of the first magnitude, has long been the head-quarters of the Association, and up to a recent period a fortnightly Journal, emanating from the same locality, reflected the wishes and opinions, and published the contributions, of the members. In the year 1852, however, at a meeting of the Association held at Oxford, it was determined by a small majority that the Journal should be issued weekly, and should be published in London. Since that period, considerable discord has existed in the Association, and the most opposite ideas have prevailed as to the expediency of the new step; the original Provincial party maintaining that the publication of the Journal in London has been unwise and injudicious; while the other party, which we may call the Juvenile or Progressive section, has hailed the appearance of a weekly London organ of the Association as a beacon-light to lead to inestimable advantages, not only to the members of the Association, but to the Profession in general. In connexion with these latter views, the name of the Journal was changed from the *Journal of the Provincial Medical and Surgical Association* to the *Association Journal*; and the *Provincial* character of the Association was still further obscured by the formation of a Metropolitan Branch of considerable magnitude and importance, and by the enrolment of several members from Scotland and Ireland.

The time seemed, therefore, ripe for an extensive development of the scheme of the Association; the name *Provincial* was to be dropped altogether, and that of *British* was to be substituted; not only was the Metropolis to form an important element in the new constitution, but Scotland and Ireland were to swell the numbers, extend the influence, and increase the territory, of the proposed Medical Confederacy; and the wilds of Canada, the broad plains of Australia, the fertile soil of British India, —in short, every region of the habitable globe, where British Medicine and Surgery were known and cultivated,—was to contribute its quota of members to the grand array of Medical Practitioners, who would thus extend their ramifications over every sea, and possess their colleagues and representatives on almost every shore. The tree planted at Worcester would spread its branches into the most distant regions of the earth, and the health of Sir Charles Hastings would be drunk with rapture and gratitude beneath the burning sun of Calcutta, or amidst the verdant pastures of New Zealand.

Such, without exaggeration, were the sentiments expressed, and the hopes entertained, by some of the *Progressive* section, at the late meeting held at York. But, alas!—for the vanity of human wishes! "a frost, a chilling frost," nipped these enthusiastic reveries in the bud, and not only reduced the Association to its pristine dimensions, but even contracted its present sphere of operations. The Metropolitan Branch was treated with the "cold shoulder;" the Scotch and Irish alliance, if not altogether repudiated, was regarded with indifference; and the hypothetical Branch Associations in the Colonies were no more regarded than if they had been among the aborigines of Central Africa, or the inhabitants of the moon.

It was determined, by a decisive majority, that the name *Provincial* should be retained, as being that under which the Association had hitherto flourished, and to which its founders and members were fondly attached, and the name of the *Association Journal* was again changed to its ancient cognomen of the *Journal of the Provincial Medical and Surgical Association*.

Another discussion, of a more personal and private nature, in connexion with the *Association Journal*, occupied the attention of the York meeting. When the business of the Association, and the publication of the Journal, were both conducted at Worcester, the offices of General Secretary and Editor were held by different persons; but last year, when the office of Secretary became vacant, it was considered by some of the members that the general interests of the whole body would be promoted by the concentration of the offices of General Secretary and Editor of the Journal in the hands of one person, as in this way the Editor's salary would be augmented without increasing the liabilities of the Association. Accordingly, at the Annual Meeting, held at Manchester last year, it was determined that the offices should be so united. Without any charge of mismanagement on the part of the gentleman

thus appointed, it appears that this union of offices has in some quarters caused considerable dissatisfaction; and, indeed, the rising jealousy which had been lately perceived between the Worcester Council and the London Executive, has been gaining strength during the last twelvemonth, and finally blazed forth in open opposition at the Annual Meeting last week.

For the abstract of the particulars of this discussion, we refer to our Report of the Meeting, and without offering any opinion as to the justice or the impropriety of the decision, we cannot but regret to observe the seeds of dissension thus spread among a great assembly of our Professional brethren. What may be the results of the York Meeting, we are yet hardly able even to conjecture; whether the recent steps which have been taken will tend to strengthen the Association, to conciliate animosity, and to extend its general usefulness, or whether they will lead to defection and schism, and thus undermine the stability of the whole fabric, which, through evil report and good report, has now lasted three-and-twenty years, must be questions for Time to determine; and to this arbiter of human affairs we leave the issue, with the expression of a hope that the progress of events may not tend to loosen the few ties which now bind us together as a common Profession.

It will be a matter for consideration with the Worcester Council, whether they will think it expedient to continue the expensive experiment of a weekly Medical Journal, or whether, in accordance with the original design of the Association, they will confine themselves to the occasional publication of Transactions, and devote their income to benevolent purposes connected with the Profession, or to the advancement of scientific pursuits.

THE SALUBRITY OF SMYRNA.

When our exhausted soldiers were dying at the rate of some hundreds weekly, in the overcrowded Hospitals of Scutari, and the Government obtained a commodious barrack at Smyrna, every one will allow that it was a wise measure to occupy it. It was occupied in February, and put under the charge of a Civil Medical Staff in March. The question then arose whether this temporary occupation should become permanent, and whether it should become the Head-quarters of the Civil Staff. Very strongly impressed as we were with the conviction that the Civil and Military Hospital systems should be fairly contrasted, and that Government should be taught by the results the necessity for making the Army Medical Department independent of Military control in sanitary matters, we were most unwilling that the great experiment should be tried at such a distance from the Seat of War, as must necessarily convert the Civil Hospital into a mere convalescent station, and on a spot which the writings of Aubert, Floquin, and Bulot, the statements of Mr. Layard and Captain Boldero in the House of Commons, and our own private correspondence from Smyrna, justified us in describing as we did in our number of March 31, (Vol. X. p. 328,) as "a very unfit site for an Hospital." When it was rumoured that this Hospital was to be increased by sending wooden huts out from England, our correspondent urged, on the 7th of April, (Vol X. p. 347,) that they should rather be sent to the Prince's Islands, the banks of the Bosphorus, or to Sinope, and that the Surgical Officers should be detached from Smyrna. Again, on the 28th of April, (Vol. X. p. 415,) we repeated the grounds which induced us to recommend that the Surgical Staff should be transferred to a more healthy spot, nearer the seat of action.

We this day publish a paper read before the Smyrna Hospital Medico-Chirurgical Society by Dr. Barclay, and the discussion to which the paper gave rise, and we invite particular attention to it, because, while objection is taken to our description of Smyrna, as "notoriously unhealthy," and fifteen out of sixteen of the Medical Staff present at the meeting assert that the place is very healthy, it is still fully admitted in this resolution that the site is too far from the Seat of War for the reception of severe Surgical cases, and by Dr. Barclay, for acute Medical cases, and therefore so far our objections, urged in March and April last, are fully justified. The question remains—Is Smyrna a healthy city, or is it not? Here we are at issue with the majority of the Civil Medical Staff, but must say that after carefully reading Dr. Barclay's paper, and the discussion at the Society, we see no reason whatever for altering the opinion we have before expressed; and we believe that Government have done very wisely in determining that if Smyrna Hospital be kept up at all, it shall only be as an Hospital of reserve, or Convalescent station. We may claim some credit for leading the War Office to this decision, as the soldier will be treated nearer the Seat of War, and the Civil Medical and Surgical Staff will have a fairer field for their exertions than they ever could have had in Smyrna.

THE WEEK.

It has turned out that Mr. Bakewell, the Surgeon who wrote a letter in the *Times* about six weeks since, reflecting very strongly upon the Medical arrangements in the Army before Sebastopol, has been summarily dismissed from the Service, without being allowed to substantiate his charges, or being allowed to be heard in his own defence. Although we were among the first to doubt the accuracy of Mr. Bakewell's statements, and to defend the Medical Department of the Army from the charges preferred against it, we cannot approve the step thus taken in dismissing him from the Service, in his absence, and while he was invalided from dysentery. If his statements were inaccurate, as we believe they were, he might have been convicted openly by a Court Martial; but a secret dismissal, though, perhaps, excusable in a Board of Poor-Law Guardians, is unworthy of the honourable character of the British Army. The injustice of the procedure is apparent. Respecting Mr. Bakewell himself, it may be interesting to our readers to state that, although a novice in military affairs, he is a gentleman of excellent Professional education, and who, previous to his joining the Army, had enjoyed large opportunities of knowing how Hospitals ought to be managed. Two years ago he was House-Surgeon at the Middlesex Hospital, and, on leaving it, took the same office at the Staffordshire General Hospital, which latter he only resigned in order to go out to the East. That under present circumstances it is alike the duty and the interest of those in power to institute a second and most rigorous inquiry there can be no doubt. The offer made in the first letter that the name of the writer should be given up to any one wishing to investigate, was characteristic of fearless honesty; and Mr. Bakewell's past conduct in respect to it has been such as further to confirm that impression. Unless he be fairly confuted by evidence in an open inquiry, the public will regard his charges as all but proved.

We last week noticed a case in which a gentleman, now suspected of murder, had been permitted, without a Medical certificate, to register his victim's death, assigning, of course, a false cause. This week an instance has occurred showing yet more strongly the absurdity of the method on which our Death Registration is now conducted. It appears that a man walked into the Registrar's office at Bolton, and there in due form registered the death, and cause of death, of his daughter. The proceeding having been duly completed, he tried to beg, and the suspicions of the Official being excited, he was at-

tended home, when it was found that his whole tale was a fiction. He had, in fact, never had a daughter, and his sole object in obtaining a certificate of death was that he might make use of it in his occupation as a mendicant. The extent to which this kind of imposture is carried on, it is impossible to estimate; but, as it was defeated in the present instance solely by the rare effrontery of the man who attempted to begin his trade with the Official himself, it may reasonably be suspected to be not uncommon. Thus, not only have we false causes of death assigned in the statistical tables put forth by our Registrar-General, but actually some of the deaths thus chronicled are utterly fictitious. Such a state of things is disgraceful, and it is surely time that it were put an end to by the simple measure of compelling the production of a Medical certificate.

The special Parliamentary Committee appointed some little time ago by the British Association for the Advancement of Science has just prepared a Report which is to be presented to the coming meeting of the Society at Glasgow. The Committee, of which Lord Wrottesley has been Chairman, has had for its consideration the question as to whether there exist at present any duties which Government ought to undertake in relation to the promotion of science. The recommendations adopted are neither novel nor startling in their nature. They are nevertheless important, and have the great advantage of easy practicability. That the Natural Sciences should be made to occupy a higher place than they do in the curriculum of study in our national Universities; that lecturers should be employed by Government to teach the Sciences in all large towns; that the salaries given to scientific men in the public service should be made more on an equality with those allotted to like eminence in military, political, or other affairs; and, lastly, that a building should be provided in London for the free use of Scientific Societies, are some of the principal topics. The Association has certainly employed itself very usefully in this inquiry, and we trust it will be able to secure from the Government the attention which its Report deserves.

The letter, published in Wednesday's *Times*, from Dr. Sutherland, the only remaining member of the Crimean Sanitary Commission, will have been read with much interest. From this letter, it would appear that the present state of our Camp and Hospitals are little short of perfection, and that the public at home has been led to entertain very exaggerated notions as to what their past condition has been. Balaklava Harbour is now in a better state of purity than the Thames, and it never was, at any time, worse than the Liverpool Docks are every day. The village of Balaklava itself never was so bad in its sanitary conditions but that it would have well borne comparison with certain English towns with which Dr. Sutherland is acquainted. Our Hospitals are now places in which it is a treat to live, and to which we have nothing in London at all equal. With regard to the present, therefore, we have every reason to congratulate ourselves. The free indulgence given last winter to our prescriptive right to grumble and to investigate, has produced its effect, and the necessary improvements have been made. With regard to our estimate of what the past really was, probably an opinion mid-way between that which prevailed six months ago, and that which our Commissioner would appear to hold, may be near to the truth.

Among the suggestions made by Dr. Sutherland in the letter referred to in the preceding sentences is one that the principles of Hygiene should be made an indispensable part in the education of all Military Officers. The difficulties placed in their way by the ignorance and carelessness of those concerned, has been felt and complained of by all who have ever taken the Sanitary care of our Camps. The wisest and most essential recommendations are treated, not only by the men, but even by Officers, as "Doctor's crotchets," and either neglected altogether or but partially carried out. Against this state of things, by the way, by no means exclusively confined to the Camp, the only remedy is the diffusion of information. There is no need for our Militia men to know much about Military Surgery, but, could our soldiers by any means be indoctrinated with a smattering of Military Hygiene, the advantage to themselves and to the country would be incalculable.

The necessity for further restrictions on the sale of poisons to the public is well exemplified by the painful case of an American gentleman, on whom an inquest was held the other day. The death had been from an overdose of morphia. Whether the poisoning was accidental or suicidal there was no evidence to show. The deceased had been supplied but a few days previously with twenty grains of acetate of morphia, the druggist contenting himself with his customer's statement, "that he well knew how to use it." It is impossible that such a quantity of such a drug could have been required by a non-professional person, excepting for a criminal purpose or a dangerous experiment; and while we regret a state of the law which permits of such sale at all, we cannot on that account acquit the vendor of a carelessness which was gross and culpable.

From a correspondence just published, we learn that a plan is in contemplation to raise a fund in honour of Miss Nightingale, which shall be devoted to the founding of a new Hospital, to be worked on the system of unpaid nursing. Such, it is said, "would be the only form of Testimonial acceptable to Miss Nightingale." The project seems to be, as yet, quite in embryo, and will, we trust, yet undergo material modification. That much good might be done by the devotion of gratuitous services to the nursing of the sick in our Hospitals, and other Institutions, we have no doubt. There is, however, no need whatever to originate a Hospital for the carrying out of the plan, and in the present financial condition of many of those already existing, such a proceeding would produce serious evil.

A newspaper paragraph states that the Ex-President of Mexico has just died on the Atlantic, in the *Tagus*, one of the Peninsular Company's steamers, there being at the time no Surgeon on board. His ailment being a tumour in the neck, he was probably within reach of Surgical aid, and those responsible for the absence of such aid, if the report be true, must feel themselves placed in a most painful, not to say criminal, position. The matter is one demanding public investigation.

MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION AT YORK.

In our last number we briefly recorded the proceedings of the Association on the first day of its meeting. The most important business discussed during the afternoon of the first day and the whole of the second, was the proposed revision of the laws of the Association. Certain alterations were proposed by the Worcester Council, and certain others by a Committee sitting in London. The Worcester party was throughout in a decided preponderance of numbers, and the London alterations were uniformly negatived by large majorities. We have already recorded the fact that the proposition to change the name of the Association to the "British Medical and Surgical Association" was negatived by a majority of

50 to 31, although the change was warmly and eloquently advocated by Dr. Lankester, Dr. Richardson, Mr. Ancell, Dr. Laycock, of York, Dr. Noble, of Manchester, and others. These speakers thought that the proposed change would materially extend the influence and increase the prosperity of the Association, and that it would attract members, not only from Scotland and Ireland, but from every part of the British dominions throughout the globe.

In the evening of the first day, a *soirée* was given to the members of the Association in the Guildhall, the Lord Mayor having kindly granted the use of the building for the purpose. There was a liberal supply of refreshments, and the proceedings of the evening were enlivened by some excellent vocal music, performed by the pupils of the Blind School. The walls of the edifice were hung with engravings, among which some beautiful lithographs of the ecclesiastical structures in Yorkshire were particularly conspicuous, and the tables were covered with microscopes, and with botanical, zoological, and geological specimens, collected and arranged by Mr. Charlesworth, the curator of the Philosophical Institution. There was also a display of Surgical instruments in a separate apartment. The company dispersed at a rather late hour, after a very delightful entertainment.

The next morning the members of the Association partook of a substantial breakfast in the De Grey rooms, and at ten o'clock the tug of war again commenced in the Lecture-room of the Philosophical Institution. The revision of the laws occupied the whole of the day, and much eloquence and ingenuity were expended upon matters of no public interest, thus giving a tedious character to the whole proceedings, a feature which appeared more prominently owing to the bright and fine weather outside, which rather invited to rambles among the monastic ruins and the green shade of the gardens than to the tiresome discussions about technicalities in the close atmosphere of the Lecture-room. But the combatants continued the contest with untiring energy, the London party springing up with fresh vigour after each defeat, and disputing every inch of ground with indomitable perseverance. Mr. Ancell, in particular, deserves infinite credit for the zeal and pertinacity, yet, withal, the good temper, with which he supported a cause that was evidently hopeless from the strong muster of the Worcester party.

The latter section carried a motion changing the present name of the "Association Journal" to the old designation of "Journal of the Provincial Medical and Surgical Association," by which it will hereafter be known.

The most important discussion on the second day was upon the question of separating the offices of Editor of the Journal and of General Secretary of the Association, which were previously combined in the person of Dr. Cormack, who was admitted, on all sides, to have discharged the double duties with great zeal and efficiency. It was urged, however, that the two offices were incompatible with each other, and that the qualifications necessary in an Editor were very different from those required for discharging the onerous routine duties of a Secretary. It soon became evident that this question would become a personal one, and this anticipation was verified by the positive declaration from Sir Charles Hastings, that if the two offices were not disunited, he would forthwith resign the position of President of the Council; and, on the other hand, Dr. Cormack declared with equal solemnity that *his* resignation would follow the proposed separation. He maintained that as the double office had been conferred upon him by a public vote of the Association at Manchester in the previous year, the decision could not be rescinded without a palpable breach of faith; that the office of General Secretary was imposed upon him not so much for the purpose of adding to his labours and responsibilities, as to redeem the promise formerly made to him to increase his salary, if the Journal should prosper; and that it would be impossible for him to discharge effectually the duties of an Editor in London if his actions were controlled by a Council and a Secretary sitting at Worcester.

The question having been put to the vote, it was determined by a large majority that the offices of Editor of the Journal and General Secretary should be separated; upon which Dr. Cormack immediately tendered his resignation of both offices. Being pressed to reconsider his determination so far as regarded the office of Editor, he at last consented to retain his position for one month, at the end of which time he would announce definitively his intentions.

It was now proposed, and carried, that Dr. Williams, of Worcester, should be appointed General Secretary of the Association, with a salary of 100 guineas per annum; and that gentleman accepted the appointment thus conferred upon him.

A numerously-signed requisition was read, from Birmingham, cordially inviting the members, and promising them a hearty reception; and it was unanimously determined, that the next meeting of the Association should be held in that town, in the year 1856. Dr. James Johnstone, of Birmingham, was unanimously appointed President elect, Sir Charles Hastings remarking, that that gentleman was the son of the first President of the Association, and had, therefore, peculiar claims to the distinction.

After a lengthy discussion upon the revision of the laws, of which Dr. Sibson hoped the Association would hear nothing more for the next twenty years, the time began to approach for the termination of the proceedings, and the preparation for the dinner. As yet, no scientific communication whatever had been made to the meeting; the address in Surgery, which was to have been delivered by Mr. Hey, was postponed, owing to the indisposition of that gentleman; the address in Medicine, promised by Dr. Bell Salter, of Ryde, was also postponed, owing to unavoidable causes, which called him away before the termination of the meeting; and a paper by Mr. Braid, which, it was said, would occupy about an hour and a-half, was offered to the Association just before dinner, but jocularly declined. The only gentleman present, who had promised to contribute to the scientific proceedings of the day, was Mr. Bottomley, of Croydon; and, although he was ready to redeem his pledge, he was consideratcly released from the obligation, on the understanding, that his observations would be communicated to the Profession through the medium of the *Journal of the Provincial Medical and Surgical Association*.

Votes of thanks were passed to the Lord Mayor of York, the Very Reverend the Dean, and the Council of the Yorkshire Philosophical Society, for their kindness in providing for the accommodation of the members; to Dr. Simpson, for his courtesy in presiding over the proceedings, and to Sir Charles Hastings, for his long exertions on behalf of the Association.

At half-past six, the members sat down to dinner at the De Grey rooms. Only about fifty persons assembled. Dr. Simpson was in the chair, and Mr. W. Matterson, the Local Secretary, was Vice-Chairman. Among the company present were the members for the city, Sir W. M. E. Milner, Bart., and Colonel Smyth, the Rev. Canon Hey, and other friends of the Association.

It must be confessed that the York Meeting of the Association, in point of numbers and influence, was a failure. The Metropolitan section, against which it is evident that much jealousy exists on the part of the Provincials, exhibited but a scanty attendance, while very many of those who have habitually attended from distant parts of the country, were absent from various causes. The local Practitioners of York did not muster in great numbers, and the hospitalities offered to the Association reflected the greater credit upon those of our brethren who welcomed the strangers to their city, and, at a great sacrifice of time and trouble, exerted themselves to the utmost to contrive amusements to relieve the tedium of the discussions, and to blunt the edge of acrimonious controversy.

REVIEWS.

A Letter to the Right Honourable Sir Benjamin Hall, Bart., President of the General Board of Health. By John Snow, M.D. London. 1855. Pp. 15.

Dr. Snow complains to the President of the Board of Health, that in certain "unpardonable" attacks made by the editors of the Medical Journals, and of the newspaper press, upon his peculiar views as to the salubrity of offensive smells,—those editors "have really expressed the sentiments of the majority of the persons who have paid little attention to the subject." To prove that he has paid much attention to the subject, Dr. Snow quotes the Returns of the Registrar-General, to the effect that those districts on the south side of the Thames, containing the offensive manufactories in Lambeth, had a much lower mortality from Cholera in 1854, than the more "genteel," open, and thinly-peopled districts of Clapham

and Kennington! Dr. Snow further draws a similar comparison in favour of Saffron-hill, over Belgravia. It will be manifest, however, to those of our readers who have examined the statistics of deaths from cholera given by Dr. Snow with reference to the water supply of the several Metropolitan districts, that discrepancy exists between the two statements, or that the author has not sufficiently extended the data whereon to establish the wholesomeness of stenches. We have little doubt but that a decisive improvement could be shown from the same source to have taken place in the duration of life, in all those districts where offensive trades and nuisances have been put down. To this line of research we advise Dr. Snow to apply his talents. He would, probably, find the results more reliable in argument than the single instance, cited from Mr. Lawrence, of the Dissecting-room porter at St. Bartholomew's Hospital, who, with all his family throve and grew fat, amidst the reeking fumes of putrefying bodies, and macerating bones. Surely a paradox of this kind proves too much for Dr. Snow's purpose, and goes far beyond the conclusion intended by Dr. Bancroft, Dr. Watson, and Dr. Chisholm, in whose opinions Dr. Snow thinks he finds support for his own extravagant and one-sided view. If Dr. Snow will permit his judgment to be so warped in the advocacy of his own theories, he must not complain that those who have universal experience on their side should protest, in the name of science and common sense, against his most erroneous inferences.

On Artificial Limbs; their Construction and Application. By Henry Heather Bigg. London: J. Churchill. 1855. Pp. 102.

Mr. H. Heather Bigg is, we believe, the present representative of a firm that has long enjoyed considerable reputation, for the excellence of their workmanship, and for the ingenuity displayed in the construction of mechanical apparatus for the relief of deformity or mutilation of the body. In the pamphlet before us, he describes the various kinds of artificial legs and arms, from the simple wooden leg of the Greenwich Pensioner, or the hook by which a one-armed labourer may lift a wheelbarrow, to the finished limbs, with their apparatus of joints and springs, which almost perfectly imitate the form and gait of the natural. Imitate, do we say? As for artificial hands, our author plainly intimates that many a man who has lost one of his two beefy fists, may derive no small consolation for his loss from the exquisite symmetry which the mechanism can impart to the artificial substitute; although as unfortunately no artificial means have been discovered which can compensate for the softness and warmth of nature, Mr. Bigg naïvely advises that, however pretty the artificial limb may be to the eye, yet that the patient should always "present the natural hand, whenever it is likely to be touched." This is very judicious advice; a squeeze from a false hand would be a damper.

The Surgeon who desires to procure an artificial limb for a patient, may consult Mr. Bigg's pamphlet with advantage.

Outlines of Military Surgery. By Sir George Ballingall, M.D., F.R.S.E. etc. etc. Fifth Edition. Edinburgh: Adam and Charles Black, 1855. Pp. 364.

It is scarcely necessary to do more than announce the appearance of a fifth edition of a work which, like the one before us, has fairly obtained the reputation of being a standard authority on the subject of which it treats. In the present edition, the author tells us that the parts of this work which have undergone most careful revision are those bearing upon the diet, clothing, and lodgment of the troops, and on the equipments for the transport of the sick and wounded. We need scarcely say, that it is subjects such as these—the application of hygiene, and the invention of accommodations for masses of men—which more intimately concern the welfare of armies, than the mere treatment of individual cases of wounds and diseases, in which Surgeons will rarely be deficient. We should have been pleased to see from the pen of the Edinburgh Professor, a manly and open discussion of the chloroform question. We wish that the Professor had either openly sanctioned, the use of the anæsthetic in military practice, or had condemned it, and given his reasons why. As it is, chloroform is barely mentioned, and only in connexion with luxations and tetanus.

A Letter to the Right Honourable the President and Members of the General Board of Health, on the Report lately made to them by the Medical Committee to the Board, on the Treatment of Asiatic Cholera. By Joseph Ayre, M.D. London, 1855. Pp. 16.

Dr. Ayre asks for another Committee, to examine the results of the treatment of cholera by small and repeated doses of calomel, In the two reports already published, this treatment, Dr. Ayre asserts, has not been sufficiently distinguished from the administration of calomel in large doses, or in combination with other medicinal agents. The conclusions therein arrived at, Dr. Ayre therefore declares to be incorrect. In support of this statement, Dr. Ayre adduces a table of 895 cases treated by small and repeated doses of calomel, showing 80 per cent. of recoveries.

On the Influence of the Human Instinct in the Prevention and Cure of Disease, chiefly in reference to Diet. By Thomas Hunt, Esq., F.R.C.S.

Physiology and Chemistry, says our Author, have failed in determining the exact amount or kind of food required by individuals in health,—and, *à fortiori*, in disease,—and Nature having implanted an instinct within us, to guide us as to the quantity and quality of articles of diet, both in health and disease; therefore it is presumptuous in us to lay down rules for, or to restrict our patients in, the indulgence of their appetites.

Such is the gist of Mr. Hunt's remarks. The difficulties that beset such a free and easy regimen are necessarily not unknown to Mr. Hunt, who refers them to morbid conditions of this natural instinct for proper food.

On the Law of the Coroner; and on Medical Evidence in the Preliminary Investigation of Criminal Cases in Scotland. By James Craig, Esq., F.R.C.S.E., etc. Edinburgh. 1855. Pp. 29.

Mr. Craig, in this pamphlet, does not restrict his comments to the Law of Coroner in Scotland, but gives a sketch of its history in England, and briefly compares it with the practice of inquests in Austria, France, Prussia, our Indian possessions, etc. The existing defects are pointed out, and examples thereof are given. The most important defect Mr. Craig shows to be the want of Medical assistance in the determination of the causes of death. The author concludes with a hope that this matter may be brought under the notice of the legislature.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON FORCIBLE FEEDING.

Dr. Szigmondy describes a simple and effectual means of administering fluid nourishment to persons who are unconscious, suffer from trismus, or obstinately refuse food. The patient is laid horizontally on a bed, with the head somewhat raised, and the food is poured by teaspoonfuls through the nostril. Reaching the pharynx, the movement of deglutition is provoked; and as soon as this is perceived, another small portion is poured in. In this way, too, physic can be given to children who resist. He relates a case of severe alcoholic coma, with spasmodic closure of the jaws, which was speedily relieved by the introduction of a solution of tartar emetic. This means is far easier to practise, and causes less irritation than the introduction of the stomach-pump.

Dr. Beer states that by the magnetico-electrical induction apparatus, the mouth can be sufficiently opened to admit of portions of solid food being introduced.

Wien Wochenschrift. No. 19.

ON TRANSMISSSION OF SOUNDS FROM THE ROOT OF THE BRONCHI TO A DISTANT PART OF THE THORAX.

By M. BARTHEZ.

Although in the majority of cases an abnormal sound may be said to indicate lesion of the part of the lung placed under the ear that perceives it, there are some cases in which such

sound is transmitted from a more distant point. It is the object of M. Barthez' memoir to indicate some of the anatomical conditions favourable to such transmission, so as to guard against the diagnostical and therapeutical errors that may arise from ignorance of their existence. He refers to a case in which phthisis was declared to exist, inasmuch as repeated examination had detected cavernous respiration and gargouillement at the apex; but after death no cavity could be found, but only a pleuritic effusion that thoracentisis might perhaps have relieved.

When a solid body replaces a portion of the lung, it may become the conductor of sounds produced in the trachea or the bronchi, providing that it be in contact with the point of the chest opposite to the ear, and also in immediate contact with the large air-tubes. Tubercular bronchial glands, united or not to tubercle or other induration of the lungs, are the most common of these causes, as insisted upon already by the author, and M. Rilliet, in their great work on the Diseases of Children. Another point advanced in the same work is that fluids effused into the pleura may become the means of such transmission. Bronchial respiration is then very frequent, while cavernous respiration, gargouillement, and amphoric respiration are by no means rare, and may deceive the most experienced stethoscopists. As the result of more matured experience, he now wishes to show:—1. That the presence of fluid in the pleura influences these symptoms; their existence and seat varying according to its amount. 2. That the presence of a coexistent solid body is favourable, and perhaps indispensable, to the transmission of the sounds. 3. That nevertheless the sounds so perceived are conducted by the fluid, which may even exaggerate them and impart to them a special *timbre*.

In all the cases in which the author has made an autopsy, there has been coexistence of effusion and a solid body, sometimes a chronic induration of the lung, maintained by partial adhesions, sometimes a pneumonia, at others tubercles or glands united to a mass of tubercular lung, and finally aneurism of the aorta. He is disposed to believe that the sole effect of the foreign body is, usually, the establishment of a continuity of vibrating tissue between the air-tubes and the fluid. Thus, 1. When solid bodies alone transmit tracheal sounds the phenomenon is perceived only at the root of the bronchi, in the supra-spinal fossa, and rarely below the clavicle, *i.e.* over a restricted portion of the chest. When there is pleurisy with effusion, on the other hand, the tracheal sounds may be heard over the whole of the upper part of the chest, frequently in the infra-spinal fossa, and sometimes at the base of the thorax, almost always over a considerable space. 2. When the fluid is absorbed, we may often perceive the rubbing sound at the point where the cavernous or amphoric respiration was at first audible. 3. The autopsy exhibits the fluid at the level of the points where the transmitted sounds were audible, and sometimes where they manifested the greatest intensity. 4. The passage of sonorous waves through the liquid may exaggerate them and modify their *timbre*. A solid body alone never induces that variety of respiratory sounds which resembles the amphoric respiration. But, whatever name may be given to these pleuritic sounds according to their intensity, or rather accordingly as they simulate bronchial, cavernous, or amphoric respiration, they possess a special *timbre*, which a little habit prevents our confounding with sounds produced immediately under the ear. The difference is analogous to that prevailing between bronchophony and ægophony; and for all such sounds M. Barthez proposes the term *hydrie*, as indicative of their having traversed a liquid. It is in auscultation what the special sound indicated by Skoda (and which often exists at the apex of the chest in pleurisy) is in percussion. This comparison between these two sounds is quite justified by their frequent coincidence. In a considerable number of patients the two have arisen, progressed, and disappeared, almost simultaneously, and, therefore, they probably depend upon the same anatomical conditions. The transmission of the sounds is easiest in a small and narrow thorax, with thin and dry parietes, and during exaggerated respiration.—*L'Union Médicale.* 1855. No. 67.

EXCERPTA MINORA.

The effects of Astringents upon Absorption.—As a result of a series of experiments, performed with various astringent substances, as tannin, alum, acetate of lead, etc., M. Lagneau concludes:—1. Examination by the microscope shows that the application of such substances does not induce any adstriction of the superficial vessels. 2. Experiments with the endosmometer show that strong solutions of them, applied to a portion of carefully dissected valvo-vaginal mucous membrane are absorbed, and therefore they cannot prevent absorption. 3. They are, therefore, uselessly employed as prophylactics for the prevention of the absorption of venereal virus.

Gazette Médicale. No. 23.

Glycerine as a substitute for Cod-Liver Oil.—Dr. Crawcour, of New Orleans, draws attention to the advantages resulting from substituting glycerine whenever cod-liver oil is indicated. It is quite as efficacious, is much less disagreeable, does not disorder the digestion, and may be combined with any other remedy. Besides exhibiting great anti-strumous power, it materially aids in the assimilation of salts of iron, especially the iodide. Quinine is soluble in it without the aid of sulphuric acid, and becomes divested of some of its bitterness. He gives from 1 to 3 drachms in an ounce of water daily. For it to be successful it is essential that it shall be quite pure; and both for this reason and its cheapness Dr. Crawcour recommends Dr. Morfitt's process of decomposing oil or lard with hydrate of lime.—*Ibid.* p. 309.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, August 18th, 1855.

RESIGNATION OF DR. ALISON.

THE great event in Medical circles here is the resignation of Dr. Alison. He retires from public life with as few enemies as a man can have, universally respected, and universally regretted. I send you a detailed report of the proceedings which took place in the Town Council when his resignation was read, embodying as they do a just tribute to the many excellences of one who has so long been a pillar and support to the University:—

Bailie Morrison said that, before proceeding with the ordinary business, he had a matter of some importance to lay before the Council. He had had that morning put into his hands the resignation by Professor Alison of his Chair in the University—an announcement which would be received with profound regret by every gentleman present. (Hear, hear.) He (the Bailie) might mention that early in July he had a letter from the Professor, stating that his health was very precarious, the likelihood of his not being able to resume his duties in the ensuing winter; and requesting that, in the first instance, he should lay the letter before the College Committee before bringing it under the notice of the Council. He thought it his duty to show the communication to the Lord Provost as chief magistrate; but as they were both on the eve of starting for London about the Natural History Chair, nothing further could be done in the matter until their return. To enable the Council to understand, it would be well to read that part of the Professor's letter relating to this matter:—

"What occurs to me as the proper line of conduct in these somewhat difficult circumstances is to make known to the patrons of the University frankly and openly the state of my health and my feeling as to the performance of my duty, and my willingness to resign my office, if it shall appear to them that it is necessary for the due performance of the duty next winter that this step should be taken now; and at the same time to intimate to them that, if it shall be their pleasure to reappoint me to the office, with another Professor, on whom the whole duty and the whole emoluments shall devolve immediately on my death or entire disability, I shall feel greatly relieved by the responsibility of the chair being thus taken off, and shall be willing and anxious, if I shall feel able for it, to undertake a part of the duty, especially of the lectures in the College, and the examination of candidates for the degree in future years, under such arrangements as to the emoluments as may be sanctioned by the honourable patrons, in the event of such divisions of the duties being necessary."

Now the College Committee saw innumerable difficulties to the appointment of a joint Professor, and he was requested to

write to Dr. Alison, intimating their views, and expressing a hope that the state of his health might enable him to go on next winter with the same satisfaction to the patrons and the public as last year. In answer to that communication, the Professor stated that that was very unlikely, though, at the same time, if it were the wish of the Committee, he would try what could be done with that view. The Committee thought, however, that under all the circumstances, it would be more beneficial to the Professor's own health that he should be relieved entirely from the duties of the chair. He (Bailie M.) was requested by the Committee to call upon Dr. Alison; accordingly, he saw the Professor yesterday afternoon, and had some conversation with him. He candidly admitted the unsatisfactory state of his health, and that in duty to the patrons and the chair, he was willing to resign his office at once; and, accordingly, he (Bailie M.) received the following letter that morning from the Professor resigning the chair:—

"Woodville, Colinton, Aug. 13, 1855.

"Dear Sir,—Referring to your kind letter of the 7th and 31st ultimo, and to our conversation this morning, and keeping in mind that the attack of my complaint, by which I was confined to the house all last week, has been the most severe of any that I have suffered during the last eight years, I am fully convinced that it would be wrong to trust to the state of my health being such, during next winter, as to enable me to undertake the responsibilities of my class with such an amount of assistance as I had last session.

"Referring, however, to the opinion you express as to my case being one to which a retiring allowance from the fund recently set apart for that purpose is fitted, I beg to say that if the members of the Town Council on receiving my resignation—which you are now authorized to lay before them—shall think it right to confer on me the title of Emeritus Professor of the Practice of Medicine, I shall feel myself more highly honoured than by any other possible appointment; and if they shall think fit to recommend me to the Senatus Academicus (whose concurrence in voting a retiring allowance I understand to be necessary), I have no doubt that I shall soon be able to make such an arrangement with the person they fix on as my successor, as shall leave the entire emoluments of the chair, *i.e.* of the systematic course of the Clinical Lectures, and of the Graduations, at his disposal.

"I beg leave again to return you my best thanks to yourself and the other members of the College Committee, for the very kind and flattering terms in which you have expressed yourselves in reference to my services in the University.

"I am, etc.

"A. Morrison, Esq. "W. P. Alison."

The Committee stated to Dr. Alison that, if it was any object to him to retain the status of a Professor, the Committee would be happy to appoint him *Emeritus* Professor; they also stated, if the Senatus Academicus were disposed, as they had done in former cases, to grant a retiring allowance, the Council would go in with such an arrangement very cordially, as it was a slight recognition of the services of a gentleman who, both as a private individual of great benevolence, and as a Lecturer and Practitioner of Medicine in this city, had long enjoyed a high reputation. He thought the Council should hold this letter as an unconditional resignation, and remit to the College Committee to advertise the vacancy. This was now the middle of August, and there would be very little time for men to come forward as candidates who would be ready to start when the University opened in November. Perhaps, therefore, the Council would fix the day of election now.

The Lord Provost: I am sure I express the sentiments of every one here, of the constituency of this city, of the Senatus Academicus, and of that honourable branch of the Profession to which Dr. Alison belongs, when I say that the intimation now made will be received with profound sorrow and regret. Dr. Alison has now been connected with the University of Edinburgh for no less a period than thirty-seven years. In the year 1818, he was appointed assistant to Dr. Gregory. In the year 1820, he had conferred upon him the office of Professor of Medical Jurisprudence, and in 1821 he was appointed joint Professor of the Institutes of Medicine. When the chair of the Practice of Medicine became vacant in 1842, by the resignation of Dr. Home, I find that such was the high appreciation in which his talents were held that this Council unanimously agreed to offer Dr. Alison the appointment of the chair which was then vacant; and that Dr. Alison, having agreed to fill the chair, he was then unanimously appointed. Whether in the walks of private life, or while discharging the important duties of the office which he held in the University, Dr. Alison was conspicuous for his talents, for his benevolence, and for his attention to the duties of his chair. And I cannot help saying that this Council by electing him to the office of *Emeritus* Professor will do credit to themselves, and perform an act for which I am sure they will receive the gratitude and approval of every member of the community. It has been said by a gentleman on my right hand, that it is not usual to recommend a retiring allowance immediately on accepting a resignation. But, gentlemen, we are not here called upon to act under ordinary circumstances. The great length of time he has held office, and the high position Dr. Alison occupies in the esteem and affection of the people of this city, may amply justify us in departing from the ordinary course. In this case, therefore, I trust we shall at once unanimously proceed to recommend to the Senatus Academicus of the University, to adopt that part of their funds at their disposal for the purpose, towards an object in every respect so praiseworthy, and which will, I am sure, receive the cordial approbation of every one whose attention may be called to the subject. (Applause.)

Mr. Forrester perfectly concurred with all that had fallen from the Lord Provost, more especially with his remarks as to a retiring allowance, as any sum the Council could propose would never be equal to the private charity the Professor had given out of his own pocket. They all knew the celebrity Dr. Alison had conferred on the University, and it would ill become the patrons to do him scrimp justice in this matter.

The following motion of Bailie Morrison, as finally amended, was adopted as the unanimous deliverance of the Council:—"That the Council express their deep sympathy with Dr. Alison in his affliction, and their profound regret that the state of his health should have rendered his resignation necessary; Resolve, that his resignation be accepted, and that he be appointed *Emeritus* Professor of the Practice of Medicine, and that it be recommended to the Senatus Academicus to confer a suitable retiring allowance upon one whose services have reflected so much lustre on the University: And that the Council proceed to fill up the vacancy caused by his resignation, on the first Council day in October, and remit to the College Committee to communicate with the Senatus on the subject, and to give the necessary notice of the vacancy in the public newspapers; and to report to the Council."

The Lord Provost remarked that this had been a very delicate matter, requiring a good deal of negotiation before it had reached the stage at which it had now arrived. The letters of Dr. Alison just breathed the spirit they would have expected from such a man. It was evident that Dr. Alison had been met in the same spirit by Bailie Morison, to whom the Council were so indebted for the trouble he had taken in the matter. He therefore proposed that the most agreeable course now to follow, both for the Council and Dr. Alison, would be for Bailie Morrison to communicate the resolution of the Council to the Doctor—(cries of "Agreed, agreed").

CANDIDATES FOR THE VACANT CHAIR.

A considerable number of candidates have already been announced, and it is not improbable that more may offer. However, the emoluments of the Chair are not of themselves a great temptation, and persons coming from a distance, have not generally succeeded in obtaining much practice in Edinburgh, even when connected with it, of which the late Sir C. Bell was a memorable instance, so that it is not likely that any very eminent men from a distance will offer themselves. This, however, remains to be seen; meanwhile it would be premature to hazard any conjecture, either as to who will ultimately stand, or who is likely to be successful. There is every appearance of a hard struggle. The election is fixed for the 2nd of October.

MEETING OF THE BRITISH ASSOCIATION IN GLASGOW.

Every day adds to the prospect of a brilliant and successful meeting of this great scientific body in Glasgow next month. We are now in a position to be able to announce the names of some of the distinguished *savans* who have intimated their intention to be present. In the first place, the geologists will muster in force. The President of the Geological Section is Sir Roderick Impey Murchison, the author of the celebrated

work on the Silurian System, of which an interesting abridgment, entitled "Siluria," has lately been published. Sir Roderick, in company with M. De Verneuil, extended his researches to Russia, when he was honoured with special attention by the late Emperor Nicholas; and he was lately appointed to succeed Sir Henry de la Beche as Director-General of the Geological Survey of Great Britain. Professor Sedgwick of Cambridge, Sir Charles Lyell, and Professor Philips (the General Secretary), authors of well-known works; Lord Dunraven, Colonel Portlock, Mr. Robert Hutton, Mr. Robert Chambers, Mr. Smith of Jordanhill, Professor Nicol of Aberdeen, and Dr. Hugh Miller of Edinburgh. There will also be a number of the men whose names are familiar to the public in connexion with Arctic adventure—Sir John Richardson, who gallantly undertook in advanced life an overland journey in search of his lost and lamented friend Franklin; Colonel Sabine, the companion of the late Sir Edward Parry; the Rev. Dr. Scoresby; Sir John Ross; Captain Collinson of the *Enterprise;* Rear-Admiral Frederick William Beechey, President of the Royal Geographical Society; and probably also Captain M'Clure, the discoverer of the North-West passage. His Imperial Higness Charles Lucien Bonaparte, the Prince of Canino, has announced his intention of being present, along with two daughters; and probably Prince Louis Lucien Bonaparte will also be among the visitors. The Natural History and Physiological Section will be attended by Retzius, the celebrated anatomist of Stockholm; Dr. Kölliker, Professor of Anatomy at Wurtzburgh; Dr. Steetz of Hamburg; Sir William Jardine, the ornithologist; the veteran naturalist, Dr. Fleming of Edinburgh; Professor Henslow of Cambridge; Professor Syme of Edinburgh; Dr. Inglis, President Royal College of Surgeons, Edinburgh; Mr. W. J. Burchell, the botanical traveller, who himself collected in Africa and Brazil 15,000 species of plants; Mr. John Gould of London, author of the splendid works on Australian birds; Mr. N. B. Ward, inventor of Wardian cases; Mr. C. C. Babington, author of the British Flora; Dr. Balfour of Edinburgh; Dr. Dickinson, Liverpool; Mr. R. Patterson, Belfast, author of the delightful School Zoology; Dr. Dickie of Belfast; Dr. Lankester and Dr. Carpenter of London, both well-known authors; and last, not least, the distinguished French naturalist, Dr. Milne Edwards.

In Statistics we can already enumerate the Earl of Harrowby, Mr. Thomas Tooke, Colonel Sykes, Mr. Frost of Hull, Mr. Newmarch, and Mr. Cheshire of London.

A great number of eminent chemists have intimated their intention of being present,—among others, the celebrated Baron Liebig; Professor Faraday; Mr. Thomas Graham, Master of the Mint; Professor Daubeny, Oxford; Professor W. A. Miller, London; Dr. Lyon Playfair; Professor Gregory, Edinburgh; Dr. George Wilson, Edinburgh; Professor Frankland Manchester; Dr. Stenhouse, London; Dr. R. D. Thomson, London: Messrs. Gladstone, Ronalds, Warrington, Muspratt, Connell, Calvert, Gilbert; and M. Persoz, author of the celebrated work on calico printing. It is also hoped that Messrs, Dumas, Pelouze, Regnault, and other chemists of note, will honour the meeting with their presence. To these names we are also enabled to add those of Rogers of Philadelphia; Barnard, University of Mississippi; Grabau, Director of Mines, Piedmont; Professors More, Pillans, Kelland, of Edinburgh; Colonel Rawlinson, the decipherer of Assyrian inscriptions; Sir David Brewster, and the Earl of Eglinton.

The Rev. Dr. Scoresby has announced four papers, one of which is on the Magnetism of Iron Ships, a subject of vital importance. The titles of numerous other papers are being sent into the Secretaries, and Dr. Playfair, the President of the Chemical Section, has proposed to devote a day to each of the following subjects, viz.:—1. Manufacturing Chemistry; 2. Agricultural Chemistry; 3. Recent Views in Theoretical Chemistry regarding constitutions. The subject of the Adulteration of food and medicines is likewise expected to be discussed.

The Peninsular Company's Boats.—The ex-President of Mexico lately died on board the *Tagus*, on his way to Paris for advice, he having for some time suffered from tumour. A morning paper, in recording the circumstance, says:—"Strange to say, the Peninsular Company had placed no Medical man on board the *Tagus*."

GENERAL CORRESPONDENCE.

THE LIVERPOOL MEDICAL INSTITUTION, AND THE HOMŒOPATHS.

[To the Editor of the Medical Times and Gazette.]

Sir,—A letter in your last, from a Member of the Council of the Liverpool Medical Institution, insinuates that the Physicians and Surgeons of Liverpool "countenance and encourage" Homœopathy. No facts are stated in support of this implied accusation, but "appearances" are said to favour it, because the Medical Institution has done certain things which it ought not to have done, and has not done certain others which it ought to have done.

As regards the Physicians and Surgeons of Liverpool, as a body, I will only say that, if "evil-tongued rumour" has reported that they countenance and encourage Homœopathy, its report is false.

With regard to the Medical Institution, I hope I may be permitted to reply more at length to the vague and rambling indictment of a Member of the Council.

The Institution is charged with—1st. Admitting Homœopaths as members. The laws were framed many years since, and before Homœopathy had, here at least, become prominent, and they contained, therefore, no prohibitory clauses. There is now one member only who practises Homœopathy, among about eighty who practise rational medicine, and he is a member of very long standing. The candidates for admission are ballotted for by the Council, and if a Homœopath is not admitted by them even as a subscriber to the library (as was the case in the instance of rejection referred to by your correspondent), it is hardly probable that the same body would admit any such Practitioner to full Membership.

2nd. The Institution is said to be "regularly supplied with the periodical literature of the pseudo-science," which, interpreted, is simply this—that some one sends us gratuitously the "Quarterly Journal of Homœopathy," and we keep it. Some even dare to look into it and find that this homœopathic dose of "the literature of the pseudo-science" has a decided tendency (I suppose on the principle *similia similibus curantur*) to prevent the susceptibilities to the infection to Hahnemannia.

3rd. The Institution is said to have "gone the length," etc. etc., of permitting Homœopathic papers to be read and discussed. It is, I think, a pity that your correspondent did not "go the length" of stating that it is about four or five years since any Homœopathic paper was read, and that the one on the Cure of Cancer, to which he refers, was proposed for reading about two years since, and withdrawn by the author, without any compromise; and further, that to prevent the recurrence of discussions as to what was worth discussing, the four Vice-Presidents were appointed a Committee to decide on any paper whose admissibility might be doubtful. Since that time no Homœopathic paper has been brought forward.

4th. We are presented with two "extracts from the Minutes of an Annual Meeting of the Members." The proposition and the amendment are quoted correctly, but the Minute-Book does not state that the amendment was "carried," it simply says, that the proposition, as quoted by your correspondent, was moved and seconded, and the amendment moved and seconded, and then that "the previous question" was moved and carried.

Whether it is usual or desirable for a member of any Council to publish extracts from minutes of proceedings, on his own responsibility and unknown to his colleagues, may be doubtful, but there can be no doubt that any extract should be correctly given.

These, then, are the data on which your correspondent has concluded that we are in a bad way evidently, but "not hopeless." No, there may yet be distant editorial rods in pickle, whose "gentle" and "wholesome" stimulus may "rouse our dormant energies;" and there are yet "some" who have at heart the interests of science and the Liverpool Medical Institution. Among this little band of heroes your correspondent doubtless takes his stand, but would it not have been more to the interests of the Institution had he first pointed out to his colleagues and fellow-members that "obloquy" which his prophetic eye sees lowering over our Institution, and had he shown us the dangerous proximity

of those hydra heads which now quack, instead of roaring; for though we have not made any public statement that we had "no connexion with the hydra-headed monster Quackery," yet that we should individually and collectively cut him, and instinctively shrink even from the touch of so unpleasant an animal.

In conclusion, I have only to say that I alone am responsible for my statements. I am, etc.

F. D. Fletcher.

Secretary to the Council of the Medical Institution.

1, Mornington-terrace, August 23, 1855.

REDUCTION OF COMMINUTED FRACTURE.

[To the Editor of the Medical Times and Gazette.]

Dear Sir,—Will you, should you deem it worthy of insertion, oblige me by publishing this case? I am, etc.

J. P. Hill, House-Surgeon.

London Hospital, August 20, 1855.

H. L., a stout, muscular man, aged 23, was admitted into this Hospital on the evening of the 18th ult., having been severely injured by the wheels of a wagon passing over him. He had sustained a comminuted fracture of the right leg, and the left femur was dislocated on to the ischiatic notch. Having seen it mentioned in your paper, a few weeks since, that Mr. E. Cock, of Guy's, had succeeded in reduction by flexion on the pubis, rotation outwards, etc.—thus making the head of the bone describe the segment of a circle—when other means had failed; I determined on having recourse to it primarily in this instance; and, my opinion having been confirmed by that of my colleague, Mr. Corner, put it in practice with complete success.

Chloroform was not administered; the time occupied was about a minute; and the patient complained of but little pain.

It struck me as being admirably adapted for such a case as this, where the other injury (slung at the time of manipulation in Mr. Luke's apparatus, and in no way disturbed,) was so severe.

"CARRIES AN EXPERIENCED SURGEON."

[To the Editor of the Medical Times and Gazette.]

Sir,—The public are often gulled by attending to advertisements, but they seldom lose more than their time or money. The case I am about to give you, and upon which I trust you will make your own comments in your next valuable publication, is a much more important matter, as they might lose their lives as well. A ship of nearly 2000 tons is advertised in London to proceed to the East Indies; "has every accommodation for cabin passengers, and carries an experienced Surgeon.' On arriving at the port she again advertises for passengers to London, and states that she carries a Surgeon. Several sick officers returning to Europe for the benefit of their health, seeing this, immediately engage their passages, but find out, when too late, that the individual called a Surgeon is only a pretender, without any qualification whatever! in fact, a raw Medical Student. I am aware that there is a law to punish such impostors; but how is it to be done? I am, etc.

August 17, 1855. A Sufferer.

VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Number for August 11th, there is a communication from Mr. Griffin, who complains about the trouble the present Vaccination Act gives to Practitioners, now, perhaps, he will take a hint from me. I call at a house where there is a child who is not vaccinated, inform the parents, or whoever is taking charge of the child, what my business is, and offer at once to perform the operation. If they refuse, I say, "Well, if you bring the child to my Surgery in a week or ten days' time, I'll vaccinate it, if you do not, I shall at once inform the Registrar, who will take measures to enforce the fine." I find this generally answers, and that the child is brought to be vaccinated. If it be not, then the Registrar takes notice of it, and the fine is enforced; and if a fine is enforced, the neighbours are all particularly anxious to have their children vaccinated when I call on them. I am, etc.

August 20th, 1855. A Public Vaccinator.

HOMŒOPATHY.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am in large general practice, and therefore have patients to treat in squares as well as lanes and alleys; I hear much of Homœopathy in the former, and see much of Gonorrhœa in the latter. Now, I see by this week's Number, in your Notice to Correspondents, a letter from R. Buchan, Esq., Hon. Sec., therefore I suppose that some of the persons who believe in homœopathic notions may possibly see your next impression. If any of them do, will they kindly give the particulars of a globule likely to cure "an old-standing clap." If they will but do so, I will faithfully try the article recommended, having free access to half-a-dozen chests at least, belonging to homœopathic Lady Bountifuls; and I promise, on the honour of a gentleman, faithfully to report the results I may arrive at, and joyfully too, if I am fortunate enough to arrive at a cure by such means. I mean this in sober earnestness, therefore get me obliged if you can.

I am, etc.

London, August 20, 1855. ἡ κορώνη.

REPORTS OF SOCIETIES.

SMYRNA HOSPITAL MEDICO-CHIRURGICAL SOCIETY.

Monday, July 30, 1855.

Mr. Holmes Coote, in the Chair.

Dr. Barclay read an interesting paper on the alleged ineligibility of

SMYRNA AS A SITE FOR AN HOSPITAL FOR THE ARMY,

which was very warmly received, and will be found in another part of this Number as an Original Communication.

Mr. Spencer Wells said, that the salubrity of Smyrna was but one element in the general question of its eligibility as a site for an Hospital for the Army. Dr. Barclay having fully admitted the great objections against fixing such an establishment at so great a distance from the seat of war, he (Mr. Wells) would not enlarge further upon that point than to contend, that we should only go to such a distance to obtain some extraordinary advantages; whereas in Smyrna we were met by every possible disadvantage, with the exception of an excellent building and abundant supplies. Very strong opinions were entertained in favour of the salubrity of the town, and we constantly heard very warm assertions to this effect, but very little evidence founded on fact could be adduced in support of such opinions or assertions. No statistics could be obtained to show the proportional mortality of the inhabitants generally, or of the average age at death of European residents. Individual instances of persons who had attained a great age could be cited, but nothing more. It was true that the Eagle Insurance Company insured lives at the same rates as in England, but they had only done so for two years, and could not decide how far the experiment had answered. It was also true that the English and Foreign had lately determined to follow the example of the Eagle, and with his (Mr. Wells's) concurrence, he being one of the Medical officers of the Company. But it must be remembered that there was great competition among insurance companies; the rates were calculated to afford a large margin of profit to the officers; that the Medical referees here were instructed to be especially careful in the selection of lives: and, above all, that it was yet to be proved whether the speculation would prove profitable. Opposed to the assertions and opinions of those who look upon Smyrna as healthy, was a great array of facts. All the recent labours of our Registrar-General, all modern research in hygiene, vital statistics, or what is termed sanitary science, have tended to establish beyond all dispute that an elevated, dry, clean, and thinly-inhabited spot is more healthy than a low, moist, dirty, and crowded one—that the salubrity of a town varies very much with the perfection of its drainage, the accumulations in or upon its soil of decomposing dead bodies, excrementitious matter, or fetid offal,—and that a temperate climate is more favourable to Europeans than a

hot one. On all these points Smyrna is most unfavourably situated. The Hospital and the greater part of the town are nearly on the sea level. The soil is so moist that water may be obtained in any part of the town at from 4 to 10 feet from the surface. The town is extraordinarily filthy. It is very densely populated. Many parts are undrained. Where drains exist, they are either open gutters, running along the centre of the narrow streets, and when covered, very imperfectly so, and entirely untrapped. The privies are mere cesspools, separated by only a few feet of porous soil from the wells, upon which the inhabitants are partially dependent, though only partially, for their supply of water. Although the Turks and Jews are buried just outside the town on the hills, yet the Greeks, Armenians, and Franks, bury their dead within the town, in the soil which Dr. Barclay had so truly said was not *maiden*, for it is made up of strata of the decomposing bodies of the dead, and the fetid excreta of the living. The water of the bay is tideless, often nearly stagnant, so dirty that we go a long way from the shore before venturing to bathe, and, when stirred up by a breeze, often exhaling most offensive effluvia. All this would, *à priori*, lead to the conclusion that Smyrna was a most unfit site for an Hospital. Mr. Wells contended that experience established the justice of this conclusion. Dr. Barclay had said, very truly, that the Turks and Jews were a fine race, but Smyrna Hospital was established not for Turks and Jews, but for Europeans; and it must be admitted that the appearance of the European residents did anything but credit to the place. With few exceptions, they rather resembled chlorotic girls, than healthy men. Then, as to the prevalence of fever: it was very rare to meet with a European who had been three years in Smyrna and had escaped fever: it was notorious that it prevailed, to a greater or less degree, in different years, every spring and autumn. Some of the houses near town were known to be uninhabitable at those seasons. Sleeping on the ground floor, as in all malarious districts, was known to be dangerous. Dr. Barclay himself had seen the necessity of closing the wards in the ground floor of this Hospital, as was afterwards done, by advice of Dr. Sutherland. The danger of sleeping with open windows at night, was early impressed upon all by the resident Medical men, and several cases had occurred which had led the Medical Council to recommend that the windows of the rooms occupied by the Hospital attendants should be closed at night. Cases had occurred in the wards where fever certainly followed neglect of this precaution. A situation, then, where a whole story must be abandoned as pestilential, and where ventilation at night was dangerous, certainly could not be considered a fit site for an Hospital. It was admitted that in certain seasons, the fever assumed very rebellious and pernicious forms; and when epidemics occurred they were as fatal as the sanitary condition of the place would lead one to expect. At the last plague, in 1837, out of a population of 102,000, the Turks alone lost 8000, or 17 per cent.; 6 per cent. dying of the Armenian population, 2 per cent. among the Greeks, and only 8 per cent. among the Franks. The comparative immunity of the Franks and Greeks depended upon a variety of causes, but one should be especially noticed, namely, the fact that these classes fled for refuge in great numbers to neighbouring healthy villages. Then, as to the results of experience since the establishment of the Hospital, Mr. Wells observed that, of 25 Medical officers who had been from four to five months only in Smyrna, 2 had been dangerously ill, and that the chances of recovery were still small in one of their number. At least five others had suffered from slighter ailments, which had rendered them temporarily unable to perform their duties. Of four Dispensers who had arrived, only one had escaped illness entirely; one had died, one had recovered, after a very severe attack of fever; and the third from a slighter attack. Of 17 lady nurses, none had died, but there had been one very severe, and 2 slighter cases of fever, several cases of temporary indisposition, and 2 ladies had gone home, principally on account of ill-health. Of 23 female paid nurses, 2 had died, and 9 had been severely ill; 15 others had been threatened with fever, and 23 had been treated for minor ailments, as Dr. Barclay stated. Now 8 per cent. of deaths, and 39 per cent. of severe illness, in the short space of from four to five months, was more than was to be expected in a well-situated Hospital. Then as to the patients in Hospital: excluding re-admissions, there had been 1167 patients in Hospital, from its establishment, on the 15th of February, to the 27th of July. Of these, 148 had died, or 12·68 per cent. It was true tht 9·61 per cent. of this mortality occurred during the month from the 15th February to the 15th March, at which latter date the Civil Medical Staff took charge; leaving only 3 per cent. and a fraction for the remaining four months. But it must be remembered that all the worst cases arrived at first; the men were generally in a state of extreme exhaustion, from long-continued privation; 800 were crowded into a building only capable of accommodating 500; there were but 6 Medical officers to attend them, and unskilled soldier attendants were the only nurses and cooks. A large mortality was, therefore, not surprising; nor was the diminished mortality afterwards, when the worst cases were either dead or convalescent, and an energetic protest had been made against crowding sick soldiers into any building when they had less breathing space than 1000 cubic feet. He (Mr. Wells) thought that, if the Civil Staff could show no other claim than this to the gratitude of the soldier, they should secure it; for the rule they established has since been acted on, and we are never likely to see the deplorable results of Hospital overcrowding of the past winter repeated. Of the total number of patients, 1088 were soldiers from the seat of war. Of these, 148 had died, or 13·04 per cent.; 163 had been sent invalided to England, or 14·95 per cent.; and 616, or 56·61 per cent. had returned to their duty in the Crimea, the remainder being either convalescent or in Hospital. Not knowing what results had been obtained in other Hospitals, Mr. Wells found it difficult to say whether a return of 56 per cent. of men to duty, in four or five months, was more or less than might be expected; but he thought that, as one in 8 had died, the proportion of one in 7 invalided was larger than would have occurred had Smyrna been a favourable site for an Hospital. With the patients, 45 soldiers were sent down as duty men; some of them to act as orderlies, others for sentry duty, etc. Of these, 4 had died, or 8·88 per cent.; 7 had been invalided, or 15·55 per cent.; and 29, or 64·44 per cent. had been admitted into Hospital as patients. Such an amount of sickness in so short a time could scarcely have been expected in a fit site for an Hospital. There had also been sent, to attend on the sick, 47 Chatham orderlies. One of these men died, 4 were invalided, and 37, or 80·43 per cent. had been patients in Hospital. Many of these men were not in a good state of health on arrival, but the proportion of sickness among them was surely enormous. Then of Civil orderlies, wardmasters, cooks, mechanics, etc., 57 had arrived from England in March. One of these men had died; one had been invalided; and 22, or 38.59 per cent. had been patients in Hospital. Mr. Wells could not conceive it at all probable that such an amount of sickness would have occurred among healthy men from England in a salubrious town. Taking all these facts into consideration, and taking for granted, as Dr. Barclay had fully admitted, that the distance of Smyrna from the seat of war must render it quite unfit for the site of a large Hospital establishment, to which men severely wounded, or acute Medical cases, could be sent; and, on the other hand, that, as supplies are abundant and cheap, and the building is good, it would be unwise to give it up altogether. He came to the conclusion, that it would be advisable to maintain it simply as an Hospital of reserve, to be occupied if others, so much better situated on the Bosphorus, and near the Crimea, should become full.

Dr. M'Craith, of Smyrna, said that the feeling which had become prevalent against Smyrna might be traced to the visit of a travelling Member of Parliament, Mr. Layard, who had, no doubt, judged of this place by the impression made upon his olfactory nerves. No doubt his sense of smell would be offended in the streets, but Dr. M'Craith asserted that, notwithstanding all these effluvia, Smyrna was a very healthy place. The most noxious effluvia are far less injurious than the inodorous malaria of fever; indeed, their unpleasantness was a wise provision of Nature to make us avoid them. Uncovered drains were preferable to those covered; for in the one case the emanations were diffused and diluted, in the other concentrated. Trapping drains had merely the result of saving one's-self at the risk of poisoning one's neighbour. The streets in Smyrna, where the drains are open, are not less healthy than the others, and, in some of the khans and narrow lanes, where those who believe in the ill effects of offensive odours from drains and cesspools, would say fever should be always present, it was, on the contrary, scarcely ever met with. Smyrna does not suffer from malaria. He

(Dr. M'Craith) during a long experience in a surveying vessel in the Levant, had found that he could foretell with certainty where malaria was prevalent, and teach the boat's crews to avoid it. It prevailed where vegetation was abundant, ravines and their mouths being especially unhealthy, whereas spots near, protected by one of the hills bounding the ravine from the malaria within it, were perfectly safe. Smyrna was well situated in this respect, being protected by a high hill from the malaria prevailing in the neigbouring valley of St. Ann. In that valley no one can live in May and June, but the houses in the bottom are more healthy than others at some elevation; not near the top of the hill, but along a belt where a mist may be seen from above and below in the morning and evening. The fever which had been so fatal in the Hospital was not the fever of Smyrna. It was a distinct disease, clearly imported from the Crimea, and would have prevailed equally in any other place. The true line of argument to take was one to show that the mortality at Scutari or elsewhere had been, or would be, less than that at Smyrna. This had not been attempted. Statistics were certainly wanting to prove the healthiness of the place, but they were also wanting to prove its unhealthiness. Still he could state a few facts of some importance. In the Hospital for British Seamen here, Dr. Wood had informed him that during the last two years there had been 350 patients, only 5 of whom had died, and 3 of these were from some accidents or phthisis. If the place were unhealthy, sailors, who commit all kinds of excess, were certainly the men to suffer, yet the mortality among them had been very low, although the Hospital was notoriously badly situated, badly drained, and surrounded by burial grounds, its ground floor being under water in wet weather. In the Greek Hospital, for some time past, the deaths were in the proportion of about 10 per cent. to admissions. He could not give the exact number, but this was about the proportion, which he did not consider high, as many were taken in only to die. As to the mortality of the population generally, accounts kept of the deaths of the Frank and Greek population at the quarantine establishment, gave from 30, the least, to 60, the greatest, mortality per month. But these accounts were very imperfectly kept, and perhaps 100 per month would be the extreme. An equal mortality might be assigned to the Turkish and Jewish population, but upon no data. A monthly mortality of 200 in a population of 130,000 was not large, but Dr. M'Craith admitted that these calculations were too loose to be worth much. But the strong argument for the salubrity of Smyrna was the establishment in it of Insurance Offices on the same terms as in England, and the office to which Mr. Wells himself was attached had established an agency here. As to the unhealthiness of ground floors, that was admitted, but it was equally the case in other countries where there was no suspicion of malaria. Even at Malta it was found necessary to empty the ground floors of the barracks. The fatality of plague was no argument against the place, as it was equally fatal wherever it prevailed, especially in a Turkish population, whose fatalist doctrines prevented them from taking precautions against it. The objection of distance would apply equally to the Dardanelles, as eighteen hours' voyage made no difference in the propriety of sending acute cases. A sandy beach, open to every wind, was a far more unfavourable site for an Hospital than a large town, not only because there was a protection from winds bearing malaria, but from the cold winds which prevailed in winter. He ventured to predict that the site chosen by Dr. Parkes, at Rangin, would prove a far less salubrious site for an Hospital than Smyrna.

Mr. Eddowes inquired of Dr. M'Craith whether the objection to open windows at night applied to the shores of the Mediterranean generally?

Dr. M'Craith replied that it did, and that the practice was dangerous, not so much from the effects of malaria, but from the draughts of cold air falling upon the body at a time when it is perspiring and partly uncovered.

The Chairman said, that the objection to the dense population of Smyrna and intramural sepulture would apply to Guy's and St. Bartholomew's Hospitals in London. They were built in old burial-grounds, and surrounded by densely populated districts. It was urged that the site of the Smyrna Hospital was low, and that the building was in the proximity of a poor population; the same might be said of Guy's and St. Thomas's Hospitals; and yet the admirable condition in which these London Institutions were kept, and their exemption from epidemic disease, were proverbial. He thought that there were many advantages in an old, well-constructed building over a new one, rapidly built up. Many diseases, such as Hospital gangrene, seemed to show a preference for new edifices until they had become seasoned. He likewise felt that the well-trodden soil of a town was preferable for such purposes to virgin soil turned up for the first time, and loaded with vegetable matter. The advantages which Smyrna offered in regard to supplies needed no comment: there was an abundance of every necessary and comfort. He did not pretend to affirm that Smyrna was so happily circumstanced as to be exempt from disease; he knew of no place which enjoyed such a privilege; but he affirmed that there was no evidence to prove that it was specially unhealthy; indeed, all the facts connected with the place seemed to bear towards an opposite conclusion. An attempt had been made to prove that fever was remarkably common in Smyrna, and that the form of disease which prevailed some time ago among the soldiers in the British Civil Hospital was indigenous to the place. He believed that all his colleagues would unite with himself in giving to that statement the flattest contradiction. The fever was the result of the hardships and the privations which the soldiers had undergone during a winter campaign in the Crimea, and it was imported into the Smyrna Hospital. Though highly contagious, it never spread further than the members of the Medical Staff and the attendants, and was unknown to the native Practitioners. When he (Mr. Coote) landed at Smyrna on March 15th, he was in charge of the body of female attendants, who were divided into two classes—those called lady-nurses and the paid attendants. The former, eighteen in number, together with two couriers and three servants, were put into a house (where they remained between one and two months), now pronounced infinitely too small, badly drained, and quite unsuited for such a party. However, it was the best which could be obtained at the moment It is true that there was considerable discontent at odours and stenches to which the ladies were not then accustomed, but there was no outbreak of disease; no case of fever, except one, which could be clearly traced to imprudent conduct on the part of the lady herself, who, in her enthusiasm, exposed herself in the Hospital most rashly to the chances of contagion from patients suffering from the disease in its very worst form. The paid attendants, on the other hand, twenty-two in number, were put into rooms, leading from the fever galleries (for the disease in the Hospital), six persons occupying each apartment. Of the first six, two had fever (the fourth has since died of cholera). Of the second party of six, four suffered from fever, of whom one died, two became ailing, and unfit for duty. Of the third party of six, two had fever; one became generally indisposed. Three more of the nurses became ailing and unfit for duty. One laundry-maid had a severe attack of fever. Now, what is proved by these facts? Had the disease been indigenous to Smyrna could it have been expected that the ladies should have escaped? Impossible. The same applies to the Medical Officers, of whom one only has caught fever, and that obviously from the wards. There has, then, been no epidemic disease of any kind in Smyrna, except mild diarrhœa (which has specially attacked the poor population) since the arrival of the Medical Staff. Mr. Coote still believed that it was unwise to sleep with the windows open during that part of the year when the dew falls. The wind frequently changed during the night, and blew from the land, when malaria might be carried into the sleeper's chamber. Throughout this part of the world, and all round the coast of the Black Sea, these vapours were known to produce remittent fevers of very severe type. It should not be forgotten that Smyrna, protected by its hills, is, in a vary great measure, but not entirely, exempt from this very great calamity. Mr. Coote could not view without regret the existence of so strong a prejudice against the Smyrna Hospital. Its work was at the present moment in great part suspended. He acknowledged that its distance from the seat of war constituted an objection to its becoming a great Surgical Institution, but it was well fitted for Medical Cases, and was admirably adapted for convalescents.

Dr. Wilkinson distinctly attributed his own attack of fever to attendance upon an orderly, and not to any local influence. Both before and after the attack, he had enjoyed better health than in England.

Mr. Eddowes said that 12 per cent. of deaths to admissions

in the early period of the Hospital, under the most disadvantageous circumstances, was not an unusual mortality when compared with that in English, Irish, or Scotch Hospitals. In the second quarter of this Hospital's existence, it had been below 3 per cent. In Mr. Wells's division, it might be called miraculously low, as that gentleman had arrived early, and had treated a great many severe cases, yet only one man had died under his immediate care. This, of itself, was enough to show that proper care was all that was wanted in a place which he thought had been very unjustly abused.

Mr. Hulke alluded to the unhealthy aspect of the European inhabitants, and attributed it to their manner of life, which he thought less suitable to the climate than that of the Turkish inhabitants. He had always slept with his windows open, simply taking the precaution to avoid currents of air, and had never felt the slightest inconvenience from the practice. He had seen about 110 poor patients, chiefly Jews and Turks, and Mr. Holthouse, Mr. Atkinson, and Dr. Cullen, about the same number, making some 500 in all, and their conclusion was, that the prevailing complaints were not at all peculiar to the locality. They had had some large operations, and a great many smaller ones, principally over the eye, and had found that wounds heal for the most by the first intention, and without inflammation.

Dr. Ranke exhibited specimens illustrative of the geological constitution of Mount Pague, on the foot of which the Hospital is situated, and of the more immediate ground on which the Hospital stands. He showed that Mount Pague is formed of granite, containing a great amount of hornblende, and of clay, where the granite is not exposed to view. The Hospital itself stands on a layer of débris, of about two or three feet in depth, underneath of which lies a stratum of clay. Dr. Ranke expressed the opinion that this constitution of the ground, though unfavourable without drainage, admits of very essential improvements, and that, by easy means, drainage could be carried out, so that no water at all might be stagnant between the surface of the ground and the impervious layer of clay underneath.

Dr. Cullen agreed with Mr. Hulke, that the prevailing diseases among the poor natives were preventible, and not depending upon injurious influences of the locality. He thought, also, that there was not such an amount of active disease as might be expected in an unhealthy town. He had kept careful meteorological observations, and found that the range of temperature was only about 10° daily. The greatest range of last month was 34°. Contagious diseases seem, from his inquiries, to be extremely rare.

Dr. Barclay, in reply, said that he thought Mr. Wells's advising an Insurance Office to take even carefully-selected lives at the same rates as in England, was a sufficient answer to many of his arguments. He (Dr. Barclay) repeated that he thought a made soil in these climates less likely to be pernicious than a new one. The European men here were thinner and paler than at home, but the same thing might be observed in transplanted people at Naples, Vienna, or any European city. The cases of illness among the Medical Staff were not fairly attributable to climate, but, for the most part, to errors in diet, or some such imprudence. Such illness among the nurses as was not owing to contagion, was of a very slight nature, and not in a greater proportion than among female domestic servants in England. He concluded by moving the following resolution, which was seconded by Mr. Eddowes, and carried with one dissentient:—

"That in the opinion of this meeting, (at which sixteen members of the Medical Staff, and one Physician, resident in Smyrna, are present,) there is no objection to Smyrna as a site for an Hospital for the Army, except that its distance from the seat of war renders it unavailable for surgical cases."

THE BRITISH ARMY IN THE CRIMEA.

SUMMARY OF HEALTH REPORTS FOR THE WEEK ENDING 7TH AUGUST.

The Inspector-General of Hospitals reports, "In transmitting the weekly return of sick and wounded to the 4th instant, I regret to say that the fears I expressed in my last Report regarding Cholera have been realized; and the disease has appeared in the Royal Artillery, in the 1st and Light Divisions, and seriously in the Land Transport Corps; but the 2nd, 3rd, 4th, and Cavalry Divisions have been nearly free from it as yet; and, as a favourable change has taken place in the weather within the last eight and forty hours, I trust they will continue to be so.

The Cholera, on this, as well as on almost all former occasions, has attacked the newly-arrived, and followed either exposure or fatigue.

In the Artillery belonging to the Right Siege Train, it was confined chiefly to the companies recently arrived from England, and in the 72nd Highlanders, a draft of recruits suffered most; the Land Transport Corps are all new comers, and have suffered more in proportion than any of the regiments, though they have no night duty, and are not exposed, like the troops in the trenches, to the want of sleep, fatigue, and exposure to damp and cold, as has been the case with the soldiers since the rain commenced.

The number of gun-shot injuries has been nearly one-third greater this week than it was last, but the mortality is nearly the same, so that the wounds, in a number of instances, have been of a slighter kind.

The following abstract, when contrasted with that of the week preceding, will give a better idea than words of the frequency and fatality of the leading diseases which have been admitted into Hospital during the present week:—

	Week ended 7th Aug.		Previous week.	
	Admitted.	Died.	Admitted.	Died.
Fevers	630	25	782	30
Diarrhœa	725	10	731	8
Cholera	158	78	54	33
Dysentery	167	4	205	5
Other diseases	528	5	480	6
Wounds	379	27	274	25
	2587	149	2526	107

The ratio of admissions to strength this week has been 6·03 per cent., and the deaths to strength 0·35 per cent.

During the previous week they were 5·97 and 0·25 per cent. respectively.

MEDICAL SERVICES IN THE ATTACK UPON THE REDAN.

Army and Ordnance Medical Department,
August 21, 1855.

Dr. Smith presents his compliments to the Editor of the *Medical Times*, and would feel obliged by his giving insertion to the enclosed Letters.

(Copy.)

Horse Guards, 10th August, 1855.

Sir,—I have the honour to transmit to you the enclosed copy of a letter from Colonel Lord West, 21st Fusiliers, representing that Assistant-Surgeons Brady and Phelps, of the 57th Regiment, were coolly and zealously attending to the wounded, under the enemy's fire, in the advanced trench on the 18th of June last, to the great relief of the men who were struck down, and that Assistant-Surgeon Greer, 21st foot, and Assistant-Surgeon Wrench, 34th Regiment, were also treating the wounded under a very heavy fire further to the rear; and I am directed by the General Commanding-in-Chief to draw your attention to the admirable conduct of these Medical officers under the circumstances therein stated.

I am, etc.

(Signed) C. Yorke.

The Director-General, etc. etc. etc.
Army Medical Department.

(Copy.)

Camp before Sebastopol, 19th June, 1855.

Sir,—I beg you will bring to the notice of the Lieutenant-General Commanding an omission in the Report I had the honour to forward yesterday.

I forgot to mention the names of Assistant-Surgeons Brady and Phelps, of the 57th Regiment.

I particularly noticed these two officers in the advanced trench, coolly and zealously attending to the wounded, and dressing them under the enemy's fire, which poured over the trench in which they were.

The wounded were then carried to the rear for further treatment, but I was particularly struck with their conduct, and the forward position they took up; to the great relief of the men who were struck down in the advanced trench.

I beg also to mention Assistant-Surgeon Greer, of the 21st Fusiliers, and Assistant-Surgeon Wrench, of the 34th Regiment, some of whom got mixed up with our Division.

These officers were further to the rear, but under a very heavy fire, treating the wounded that were brought to them.

I venture to hope that the names of these Medical officers may be brought under the notice of Lord Raglan, as well as of Dr. Hall. I am, etc.

(Signed) West, Lieutenant-Colonel,
Commanding 21st Fusileers.

The Assistant Adjutant-General, etc. etc. etc.
4th Division.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 16, 1855:—

Bott, Thomas Bridge, Bury, Lancashire.
Ferguson, Frederick Stuart, Bolton, Lancashire.

DEATHS.

Blatch.—On Tuesday, August 14, Henry Blatch, Esq., aged 77. Mr. Blatch was long known as the active and indefatigable Secretary and Registrar of the Court of Examiners of the Society of Apothecaries. His mild and amiable manners made him a general favourite with all with whom he came in contact, and it may with truth be said of him that he never made an enemy. Without possessing great or striking talents, Mr. Blatch enjoyed, at one time, considerable practice, and led a life of unobtrusive usefulness. He was a *laudator temporis acti*, profoundly versed in the Medical details relating to the Apothecaries' Society, and deeply attached to that Institution. The Society and its Court of Examiners have lost in him a warm and attached friend, and a most valuable public servant. M.R.C.S., Eng., 1801; Mem. Soc. of Apothecaries, 1801; Secretary to the Court of Examiners.

Thompson.—Aug. 5, at the Hospital, Kululee, Constantinople, James Bowen Thompson, Esq., M.D., in the 42nd year of his age, of malignant typhoid fever.

University of Edinburgh.—Dr. Alison having resigned the Chair of the Practice of Physic, from ill-health, several candidates are already in the field for the vacant post. Among them are Dr. Bennett, Dr. Alexander Wood, and Dr. Gairdner, of Edinburgh, and Dr. Laycock, of York. A rumour has existed that Dr. Jenner, of London, was also a candidate, but this report is entirely without foundation.

Royal Medical Benevolent College.—A special general meeting of the Governors was held at the Hanover-square Rooms, on Monday, the 20th instant, James Wm. Freshfield, Esq., M.P., Vice-President, took the chair in the absence of the President, the Earl Manvers; the object of the meeting being to consider the propriety of admitting a greater number of Exhibitioners than was originally contemplated. From the statements made by the Treasurer, Mr. Propert, and other gentlemen, it appears that the number of candidates for admission as Exhibitioners considerably exceed 75, the number specified in law 28; and, as great interest is felt by many members of the Profession in this important department of the Institution, the Council were of opinion that if the number of Exhibitioners were increased from 75 to 125, the benefits of the College being more diffused, would not only be a great boon to the Profession, but would prove of corresponding advantage to the Institution. The Architect's opinion as to the capability of the College to accommodate the proposed increase being favourable, the Council resolved to submit the subject for the consideration of the Governors. A Resolution, giving authority to the Council to admit the whole of the Candidates, 125 in number, was agreed to. The first 70 on the list will be admitted on the 1st of October, and the remainder on the 1st of November next. The hope was expressed that, ere long, the school would be still further increased. Thanks having been voted to the Chairman, the Meeting separated.

Medical Society of London.—Gentlemen wishing to read papers at this Society during the ensuing session are requested to communicate immediately with Dr. E. Smith, the Honorary Secretary.

Scottish National Museum.—The Board of Trade having demanded possession of the site, and buildings situated thereon, behind the University, purchased by Government for the erection of a National Museum of Natural History and Science, the inmates of the Trades' Maiden Hospital have last week removed to the new Hospital fitted up for them to the south of the Meadows, and the congregation of the Independent Chapel in Argyle-square will also require immediately to remove. We believe it is probable that the old Hospital will, meantime, and till the building of the southern half of the new Museum is considerably advanced, be used for the collection of specimens for an Economic Museum under the care of Dr. George Wilson, the Professor of Technicology. The Hospital has five or six pretty large halls, formerly used as class-rooms, dining-room, and wards, in which sufficient room will be temporarily given for the collection and arrangement of specimens in Dr. Wilson's department. We understand that Dr. Allman, the new Professor of Natural History, etc., and Regius Keeper of the Museum, has arrived in Edinburgh, although it is not likely that his induction into the chair will take place till October or November.

Stamp Duties on Degrees at Oxford.—An Act of Parliament was passed in the late Session, by which the Stamp Duties on Matriculation and Degrees at Oxford were repealed from and after the 31st of May last.

The State of Sebastopol.—A letter from St. Petersburg in the *Schlesische Zeitung* says:—As far back as the middle of July, the state of health in Sebastopol must have become materially worse. In one week of June the daily increase of sick is given as 100; in July as "60 and more." This has only reference to the naval force, whose strength, since the beginning of the siege, has dwindled to at least one-half, which would give about 15 per cent. of sickness in a month. Cholera and typhus prevail to a great extent.

Miss Nightingale.—Mrs. Sidney Herbert having been requested to say what kind of testimonial would be acceptable to Miss Nightingale, replies,—"There is but one testimonial which would be acceptable to Miss Nightingale. The one wish of her heart has long been to found a Hospital in London, and to work it on her own system of unpaid nursing."

Liverpool Royal Infirmary School of Medicine.—At the Annual Examination of the Students in this School, on Monday last, the following gentlemen obtained Prizes for proficiency in the several branches of Medical study:—Gold Medal and Royal Infirmary Scholarship, for superiority in the Special Examination in all the branches collectively of Medical science taught in the School—Mr. Robert Fryer. *Surgery*—Mr. Fryer, Silver Medal; Mr. G. D. Kerman, Certificate of Honour. *Practice of Medicine*—Mr. G. D. Kerman, Silver Medal; Messrs. John Bride and R. Fryer, Certificates of Honour. *Midwifery*—Mr. G. D. Kerman, Silver Medal. *Chemistry*—Mr. Daniel Mackinlay, Silver Medal; Mr. J. Bride, Certificate of Honour. *Materia Medica*—Mr. Alexander Thomson, Silver Medal; Mr. D. Mackinaly, Certificate of Honour. *Medical Jurisprudence and Toxicology*—Mr. R. Fryer, First Prize Book; Mr. J. Bride, Certificate of Honour. *Botany*—Mr. Arthur Sanderson, First Prize Book; Mr. Charles Frederick Oldham, Certificate of Honour. *Ophthalmic Surgery*—Mr. R. Fryer, First Prize Book; Messrs. J. Bride and J. Robinson, Certificates of Honour. *Anatomy and Physiology*—Mr. J. Bride, Certificate of Honour. *Junior Anatomy*—Mr. Flynn, First Prize Book.

Child Poisoning—Amateur Doctoring.—On Wednesday, August 15th, an inquest was held at the Cemetery Tavern, Woodhouse, upon the body of Elizabeth Waite, aged nine weeks, daughter of Joseph Waite, cloth dresser, New Huddersfield, Woodhouse. The deceased, on Thursday last, was suffering from a cough, when her mother went to the shop of a woman named Ann Richardson, a kind of amateur druggist and infants' doctress, who gave the parent a liquid in a phial, directing that half a teaspoonful should be administered. The mother administered a quarter of a teaspoonful in two tablespoonsful of water and sugar. Very soon afterwards, she remarked a great alteration in the child, and it was subsequently seized with convulsions. Mr. Scarth, pupil of Mr. Morley, surgeon, attended, but the child died about eleven o'clock on the following morning. The parents

had the deceased interred in Woodhouse Cemetery; but the facts becoming known to the Coroner, he caused the body to be exhumed, and a post-mortem examination was made by Mr. W. N. Price, surgeon, who ascertained that death had arisen from a narcotic poison. Mrs. Richardson, who supplied the medicine, stated to the Coroner that it consisted of three or four drachms of syrup of squills and a few drops of laudanum—she could not tell how many, but she supposed about eight. She had no idea of the strength of the laudanum, which she made herself. The Coroner, in very strong terms, condemned the practice of persons dealing in articles of this dangerous character, and even prescribing them, although they were totally ignorant of their qualities. The jury concurred in the observations of the Coroner, and returned a verdict of "Died from an overdose of laudanum, incautiously and injudiciously administered."—*Leeds Mercury.*

Keeping Poisons without Label—On Wednesday, the 8th inst., Miss Falconer, about 16 years of age, an inmate of a boarding-school at Kinross, took, by mistake, in place of "Gregory's Mixture," a powder somewhat resembling it, from a square bottle, which turned out to be a depilatory powder-mixture (for destroying or checking the growth of hair). Death ensued about three o'clock on the following morning.

Leprosy.—Dr. R. Stewart, of the Calcutta Leper Asylum, is said to have been wonderfully successful in treating the very worst cases of leprosy with a native nut called chaowl mogree.

Cholera.—So great has been the mortality in some of the prisons at Florence, that the Tuscan government has been compelled to set some of the prisoners free.

Locusts.—The district of Ponalba, in Piedmont, has been ravaged by locusts. After devouring the crops, they perished by millions in the wells and streams, poisoning the water so that many of the inhabitants died from drinking it.

The Crimea.—It is remarked that every time the wind blows from Sebastopol, the number of sick in the camp augments considerably, and the mortality in proportion. The inference is that the city must be a focus of infection.

State of the Camp.—A very interesting letter from Dr. Sutherland, the Chief Sanatory Commissioner in the Crimea, to Lord Shaftesbury, has been published. He attributes nearly the whole of the unhealthiness of the Camp to the marshy position to which the troops are tied by the exigencies of the service. He says:—"It speaks volumes for the care and attention of the authorities that the loss from disease has been so little during the summer, because, do what they can, our troops are exposed to the exhalations from the foul encampment of the other armies, which have suffered far more from disease than our men have. I have myself gone among the men and asked about their provision and clothing, etc. I have never been able to elicit a single complaint, except one, namely, that they were not in Sebastopol; they have always told me they had nothing in the world else to complain of. Our Hospitals are the one point I am proud of; we have first-rate men, and everything clean and beautifully ordered. We have nothing in London to compare to them in their sanatory relations. It is a perfect treat to walk through them. The air is as pure inside as out. Our sanatory work comes out well there. Some points still require improvement, and the work is going on. The change in three months is incredible. The water question may be summed up as follows:—With proper care there is enough; without proper care it will require much labour to obtain a proper supply; after the dry weather is over there will be water enough for any purpose. In regard to the burial of the dead, in our camp it appears to be properly done, judging, at least, from any instances I have seen of interments. There are, however, plenty of unburied carcases about; they are not ours, but belong to the other armies. It will assist you further to estimate our sanatory condition if I compare it with things at home familiar to you. Balaklava harbour is much sweeter than the Thames, and the town is cleaner than nine-tenths of the lower districts of London, Manchester, or Liverpool. Liverpool dock basins smell worse every day than Balakiava harbour did at the worst. When the town itself was held up to the reprobation of the civilized world from its unburied carcases and filth, it was not worse than entire villages I could name in our own country, and it was about on a par with the district where knackers' yards, private slaughter-houses, and unwholesome trades exist in the Borough, and where cholera was so fatal last year. I think it right to mention this comparison, in order that the truth should be known. The same may be said about the sanatory condition of the camp; putting out of sight the local malaria, the camp is in a very much better state than the towns and villages at home out of which the men have come. It is also very satisfactory to state that almost every practicable improvement we have advised for the camp we have found already in operation in some part of it. We have only wished the worst practices to be avoided, and the best systematically adopted. But in doing this all depends on the commanding officers of the regiments, and hence different regiments show different degrees of improvement. We have also found the Medical Officers thoroughly alive to the nature of the changes required; representing them to the authorities, but without power to carry them out."

Mortality Notabilia.—The deaths registered in London rose from 993 in the previous week, to 1095 in that which ended last Saturday. Though the present return shows an increase, the mortality is much less than it was on an average in the corresponding weeks of the years 1845-54. In the corresponding week of 1849 cholera raised the deaths from all causes to 2230, and in that of last year the same epidemic raised them to 1833. The deaths from cholera in those periods were respectively 1230 and 729. In seasons like the present, when this disease is not extending its ravages, the deaths from it have averaged 16 in the middle of August. Last week 12 were registered, of which 6 were caused by "choleraic diarrhœa," 2 by "cholera infantum," one was from "English cholera," and 3 are returned simply as caused by cholera. Diarrhœa was fatal in 154 cases, of which 108 occurred to infants less than one year old, and 23 to those between one and two years of age. The increase of this complaint is seen in the fatal cases of the last six weeks; namely, 45, 67, 93, 110, 146, and 154. The average number in ten corresponding weeks, corrected for increase of population, is 159. Last week attention was drawn to the fact that more than the just proportion of deaths from diarrhœa occurred in the North districts; and it will be seen that the present returns still more remarkably support the same observation. Last week the fatal cases of diarrhœa were 24 in the West districts, 30 in the Central, the same number in the East, 25 (the least number relatively to population) on the South side of the river, and 45 in the North districts.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	1	2	6	24	7
North	490,396	2	..	5	7	45	9
Central ..	393,256	4	2	5	6	30	11
East.....	485,522	6	6	9	6	30	5
South	616,635	3	..	13	14	25	19
Total..	2,362,236	15	9	34	39	154	51

Deaths in Public Institutions for the Week ending August 18:—

	Males.	Females.	Total.
Workhouses	41	74	115
Prisons	..	..	..
Military and Naval Asylums ..	6	..	6
General Hospitals	26	13	39
Hospitals for Special Diseases ..	5	..	5
Lying-in Hospitals	..	1	1
Military and Naval Hospitals ..	8	..	8
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	2	5	7
Total	89	93	182

Births.—The births of 872 boys and 825 girls, 1697 children, were registered. Average 1384.

Meteorology.—The mean height of the barometer in the week was 30·099 in. The mean daily reading was above 30 in. on every day except Saturday. The mean temperature of the week was 62·5°, which is 1·2° above the average of the same week in 38 years. The *highest* temperature occurred on Thursday, and was 77°; the *lowest* occurred on Tuesday, and

was 47·3°. The mean dew-point temperature was 54·5°, and the difference between this and the mean temperature of the air was 8°. The temperature of the water of the Thames was 65·9°. Wind north till Saturday, when it changed to south-east. Rain 0·02 in. Horizontal movement of air, 520 miles. Electricity positive, with variable tension.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, August* 18, 1855.

Causes of Death.	In the Week ending Saturday, August 18, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	62·5						60·7
All Causes	1095	623	144	132	159	37	1203·1
Specified Causes	1095	623	144	132	159	37	1196·9
Diseases:—							
1. Zymotic Class	344	269	29	21	24	1	527·3
2. Dropsy, Cancer, and others of uncertain seat	41	9	5	12	13	2	42·6
3. Tubercular Class	186	91	60	29	6	..	179·9
4. Of Brain, Nerves, etc. ..	125	59	13	20	31	2	109·9
5. Of Heart, etc.	31	4	5	11	10	1	28·3
6. Of Respiratory Organs ..	101	53	10	9	23	6	77·8
7. Of Digestive Organs ..	74	36	9	17	12	..	69·2
8. Of Kidneys, etc.	9	..	1	3	5	..	11·1
9. Of Uterns; viz. — Puerperal Disease, etc. ..	9	..	5	3	1	..	7·1
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	3	1	2	3	..	7·6
11. Of Skin, etc.	6	1	..	1	4	..	1·5
12. Malformations	2	2	..	..	..	..	2·5
13. Debility from Premature Birth, etc.	36	36	..	..	..	..	24·5
14. Atrophy	48	41	..	1	5	1	35·6
15. Age	41	..	..	..	19	22	37·3
16. Sudden	5	3	1	1	..	..	4·5
17. Violence, Privation, etc...	28	16	5	2	3	2	30·2
Causes not specified.. ..	..	..	..	..	..	..	6·2

BOOKS RECEIVED.

The Cyclopædia of Anatomy and Physiology. Edited by Dr. Todd. Part XLVII.

Report on the Laws and Ordonnances in Force in France for the Regulation of Noxious Trades and Occupations. By Dr. Waller Lewis, Medical Officer to the General Post-office. London. 1855.

Meteorological Essays. By Francis Arago. With an Introduction by Baron Alexander von Humboldt. Translated under the superintendence of Colonel Sabine, R.A. London: Longman and Co. 1855.

Annual Report of the Grant Medical College, Bombay. Ninth Year. Bombay. 1855.

Chemistry, Theoretical, Practical, and Analytical, as applied and relating to the Arts and Manufactures. By Dr. Muspratt. Part XVII. Glasgow: Mackenzie.

Dr. Churchill on the Theory and Practice of Midwifery. London: Renshaw. Dublin: Fannin and Co. Third Edition. 1855.

Surgical and Pathological Observations. By E. Canton. London: Highley. 1855.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

We beg to remind our readers that, under the New Newspaper Stamp Act, which came into operation June 30, the following particulars are important to be observed:—

Stamped Copies can only be transmitted by Post within Fifteen Days from the date of publication.

When posted they must be so folded that the Stamp is fully exposed to view.

A Student, Co. Antrim.—The Student's Number will be published early in September.

Dr. W. Wilson.—We beg to acknowledge the receipt of several numbers of the *Gazzetta Medica Italiana Toscana*. It is not, however, our practice to exchange journals, except under special circumstances.

Mr. William Roberts.—The symptoms are not described with sufficient accuracy to enable us to form an opinion upon the case. Our correspondent should consult some respectable Medical man.

Cede Magnis, in answer to a *Hoax-hater*, who asks a question in our Notes and Queries upon the efficacy of a new farina called "Axtra Mankaz," refers him to a list of testimonials published by the proprietor of the patent. One of these testimonials is from the Medical Officer of a Hydro-Homœopathic Dispensary, and another from a Mr. Lillie, who states that this famous farina is capable of curing almost every known disease, from plenal (?) affections to those of the generative system, and that its effects on the latter are truly astonishing. In justice, however, to Mr. Lillie, we should mention that, in alluding to the generative system, he observes that "it may appear indelicate, but the public health must not be sacrificed to overweening modesty in a Professional man." With such recommendations in its favour, and coming from such quarters, our readers will be able to draw their own conclusions as to the efficacy of the Axtra Mankaz.

One who desires to learn calls our attention to a letter inserted in the *Times* of last Saturday from a Dr. Kidd, calling attention to chloroform as a specific in hydrophobia. The letter concludes thus: "There is too much reason to fear, indeed, if a patient recovered from unequivocal hydrophobia, it would be soon after to die of something like the consecutive fear of cholera, caused by the entire destruction and poisoning of the vital current. Our only chance is to burn it, as just hinted." Our correspondent wishes to know whether the author burns the hydrophobia or the vital current? and what is to be understood by the destruction and poisoning of the vital current? We really are unable to answer these questions.

Charcoal.—We had noticed the statement to which you refer. The instance given is an interesting and fairly conclusive one, but the point which it proves is one which no one doubted. That charcoal will effectually decompose and render innocent almost all the fetid and noxious gases is now undoubted, but to assert that it will destroy the atmospheric *materies morbi* of a specific disease is quite a different matter. No one ever hinted that it would prevent the spread of measles, small-pox, or cholera. The use of the term "disinfectant," as applied to it, has indeed been wanting in strict accuracy. Perhaps, as suggested by Dr. Sutherland, it might be of advantage to disuse it altogether, and employ only the word deodorizer and its equivalents.

Studens, Leeds.—We believe that the dresserships, etc., at St. Bartholomew's will still be purchasable. The fees, etc. will be stated in our Student's Number. With yourself we had hoped that before this these valuable appointments would have ceased to be procurable by payment, and would have been transferred to the arena of competition, to be obtained only as the rewards of industrious application. Nothing, however, has reached us the effect that such a reform is contemplated. St. Bartholomew's is now the only Hospital where they are paid for.

Dr. Stokes's Lectures, which have been delayed in consequence of the ill-health of that distinguished Physician, will shortly be resumed.

COMMUNICATIONS have been received from—

The Medical Society of London; Mr. A. Waters, Liverpool; Dr. Waller Lewis; Dr. Pitt; A Sufferer; Dr. Wilson, Florence; ἡ κορώνη; Dr. Stokes; Incognitus; Mr. J. P. Hill; Dr. McWilliam; Dr. Andrew Smith; A Student; The Royal Medical Benevolent College; Cede Magnis; One who desires to learn; Mr. A. T. H. Waters, Liverpool Royal Infirmary (with enclosure); Mr. Hanbury, York (with enclosure); Mr. White, Nottingham; Dr. Sloane; Mr. Athol Johnson; Mr. Jowers, St. Bartholomew's Hospital; Mr. Sibley, the Middlesex Hospital; Mr. Birkett; Mr. Morris, St. Bartholomew's Hospital; A Public Vaccinator; Mr. F. D. Fletcher; Dr. Nevins; Charcoal; Studens, Leeds.

APPOINTMENTS FOR THE WEEK.

August.	Miscellaneous Register.
25. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
27. Monday.....	
28. Tuesday	Operations at Guy's, 1 p.m.
29. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
30. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
31. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic 1½ p.m.

ORIGINAL LECTURES.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture IV.

I proceed now to the surgery of the cranial region, beginning first with the wounds of the scalp, to which I have added contusion of the bones, as it will be found impossible, in our daily practice, to separate these injuries from each other.

A scalp wound! how simple its appearance; how terrible, sometimes, in its consequences.

Daily observation, and the records of Surgery, prove but too truly that a scalp wound, even of the most trifling nature, is not unfrequently followed by most alarming symptoms, ending, sometimes, even in death itself.

And, if this be true, of this the simplest form of injury of the head, how much truer will it be found, when we take into consideration the state of the bone—its denudation—its contusion—which so commonly accompanies wounds of the scalp.

And if to the state of the bone, we add a consideration of the general state of the patient, then we may, perhaps, obtain some clue to the fatal effects which but too frequently attend upon injuries apparently of the simplest kind.

The general state of the patient! what a vast, what an important subject of inquiry! and yet, how little attention is paid to it by Surgeons in general, and how little is it, in our daily practice, taken into consideration, even by the best among us.

Due inquiry is made by every practical Surgeon as to the kind of life which the patient has led, and drunkenness, and dissolute habits are carefully weighed in the plan of treatment which is to be laid down. But how little does the Surgeon think of carrying on his investigations, as to the patient's general condition, unless some symptom, too obvious to escape notice, be present. And yet, what an influence must not a damaged condition of some of the viscera, exercise in many cases of injury, and in all the so-called purely surgical cases.

The baneful influence which is exercised over the whole system, by a diseased state of the kidneys, for instance, is but too little thought of by Surgeons. Operations are undertaken, and statistics of the more or less fatal effects of this or that mode of operating are drawn up; and all this, without even the slightest reference to these important organs.

In operations which cannot be dispensed with, this neglect of valuable information does not cause any very serious mischief; but in slight operations, in operations which are not absolutely necessary, cases in which the life of the patient, notwithstanding his diseased condition, might have been spared for a few years, had not some such strain been put upon him; all this negligence of knowledge, so easily obtained in the present day, assuredly entails upon the Surgeon a fearful responsibility.

Sir Benjamin Brodie, already some years back, called the attention of the Profession to the startling effects of diseased kidneys in operations even of the most trivial nature; but the warning has all but passed unheeded; for we still find the majority of Surgeons proceeding much in the same course as in former years.

Surprising as is this negligence in general surgery, still more surprising will it be found, when we enter upon a consideration of the injuries of the head. So well known are the effects often produced upon the brain by Bright's kidney, that it may, at first sight, seem superfluous to mention them; and yet, how seldom do we find a passing allusion to them made in our best authors, even in those who have but lately written on injuries of the head. How seldom is it that the practical Surgeon takes into account the possibility of many of the symptoms in these injuries being connected with an albuminous state of the urine; and how rarely do we find him ever thinking of the inflammations, which but too often are closely allied with this state of things.

In albuminuria will be found the key-note to many of the fatal effects which, suddenly making their appearance, baffle all our efforts, even in the simplest scalp wound. To albuminuria, which, it is well known, renders patients peculiarly liable to inflammations of a low character, may be traced many of the diffused inflammations observed in various injuries of the head; and to albuminuria, I doubt not, further and more careful observation will be able to link some of the perplexing symptoms, which, in these injuries, so often puzzle the Surgeon.

Placed under the circumstances in which I find myself, with an audience composed of Surgeons engaged, for the greater part, in civil practice, I have thought it advisable, in these Lectures, to confine my attention principally to those injuries of the cranium which we are most likely to meet with in our every-day life.

Wounds produced by heavy blows, or those in which flaps have been detached from the subjacent parts, are the wounds most commonly met with in civil life.

Such wounds are generally accompanied by a greater or a lesser bruising of the soft parts; but it not unfrequently happens that these bruised wounds of the scalp look so much like clean cuts, that it is difficult to believe that the injury was not inflicted by some sharp instrument.

Wounds of this kind are to be treated like common incised wounds, and, in many instances, they heal just as readily, and just as kindly. Simple in their appearance, there are, however, no injuries which require a greater watchfulness on the part of the Surgeon.

Flap wounds are more common about the scalp than they are in any other part of the body. It is in this region, too, that the most extensive wounds of this kind are generally met with. How common are such wounds in our London Hospitals, and how frightful their appearance, stretching as they do, in many instances, over the whole surface of the skull, and implicating even the ears! The poor sufferer may in truth be said to have been scalped.

Flap wounds, even of the largest size, are not unfrequently healed within a few days. J. L. Petit mentions several cases in which the scalp, extensively stripped from the bones, was firmly united again within twenty-four hours; and every Hospital Surgeon could, doubtless, bring forward similar cases. Occurring, as most of these flaps do, by the giving way of the loose cellular tissue under the occipito-frontalis, they carry with them a rich supply of blood vessels. Hence the reason why these flaps seldom slough; hence too, the reason why they so readily heal. If in these extensive wounds the greater part of the lips unite so readily by first intention, it must be borne in mind that only a limited portion of the wound, in fact that which was the immediate seat of the injury, presents a bruised appearance; the remaining portion is really a rent, as a piece of paper may be torn.

All the discussions as to the necessity of removing these flaps, all the various dressings so commonly made use of but a few years back, are now matters of history only. There is in the present day no question as to what is to be done with these wounds: however extensive the flap, it is to be replaced, and treated as simply as possible. Too much care cannot, however, be bestowed on the close examination of both surfaces in all scalp wounds, for it is surprising to see how frequently foreign substances, and that too of large size, are left in these wounds. Not long ago, a man, having fallen from a height, came to St. George's Hospital with a scalp wound, which had been carefully plastered up by a Surgeon. A foreign body was detected in the wound, and this, on further examination, proved to be the corner of a

brick, which had been driven into the skull, and broken off on a level with the bones.

Strips of plaister, compresses, and a suitable bandage will, in the vast majority of cases, even of large flap wounds, answer all purposes. But it every now and then happens that these means are not sufficient; and, however carefully applied, they do not maintain the flap in its proper position. Under these circumstances, the Surgeon should not hesitate to make use of sutures, which, I think, are in this country too absolutely condemned in scalp wounds. Foreign Surgeons, more commonly than we do, resort to sutures, which I have made use of with great advantage, and without a drawback. Sutures should, however, never be used in these wounds unless when imperatively necessary; great care should always be taken not to include any part of the occipito-frontalis muscle within the sutures; and they should, at all times, be removed as soon as possible.

Even under the best management these wounds, if extensive, may not heal in every part; when suppuration occurs at different points, the small abscesses thus formed are to be opened at once, but all interference with the other parts of the wound should, if possible, be avoided.

Such is the all but universal plan of treatment laid down in the present day, and such, too, is the course which ought to be pursued, even when the bones are extensively exposed. Hospital practice teaches us that wounds of this kind, notwithstanding that the periosteum has been extensively stripped from the bones, may do remarkably well, especially in young subjects. Healing by first intention, these cases are often cured without a single bad symptom, and such wounds, even under circumstances apparently almost hopeless, may heal by first intention. The following case of Desault's is a remarkable instance of this kind. A shoemaker was one night struck in a brawl, on the right side of the head, with an iron candlestick, the rim of which produced a scalp wound, with profuse bleeding. The blood was stanched by stuffing a pocket-handkerchief into the wound. Having suffered greatly during the night, the patient came next morning to Desault, who, on removing the handkerchief, found it all covered with snuff, and the bone exposed. The parts were nevertheless cleansed, the flap was replaced, and the wound, notwithstanding the lapse of twelve hours, and the other unfavourable circumstances, healed by first intention, save at its margin, where some slight suppuration occurred.

Should the wound not heal by first intention, suppuration takes place; but even then the flap is not to be disturbed—all may yet go on well. Under these circumstances, either the exposed bone will soon show signs of increased vascularity, little red spots appearing all over its surface, from which granulations soon spring up; or else, thin, almost imperceptible, scales of bone may separate, leaving a surface covered with granulations; and then union by second intention follows.

Hæmorrhage in wounds about the scalp is seldom very troublesome. The French Surgeons recommend pressure, even in the case of the main arteries, at some distance from the wound; but I have never found any difficulty in tying the divided vessel, both ends of which imperatively demand a ligature.

One of the most frequent complications, in Hospital practice at any rate, supervening on wounds of the scalp, is inflammation, which may occur in different forms, present different appearances, and require very different plans of treatment.

The inflammation may either be simple erysipelas, affecting the skin only; or it may be that form, a much more common one, which attacks the cellular tissue under the occipito-frontalis muscle. Both of these forms are, however, not unfrequently combined.

Various, it is well known, and widely different are the plans of treatment recommended in these two kinds of inflammation. Depletion on the one hand, tonics on the other, have each their warm partisans in the present day. I shall first examine the question of the local means to be adopted in these cases, and then pass on to the general treatment.

Local blood-letting, either by leeches or other means, will, I think, seldom, very seldom, be found necessary in erysipelas of the scalp, and I certainly am no advocate for the plan of treatment so strongly recommended by Sir R. Dobson. The repeated puncturing entails great suffering, and it does not, I believe, lessen the duration of the disease.

An old naval Surgeon, a great admirer of Sir R. Dobson's plan of treatment, having been attacked with erysipelas, to which he had been subject in former years, urgently requested that the scalp might be freely punctured, and this I was called upon to carry into effect. He bore the first puncturing very well, winced at the second, remonstrated at the third, and fairly rebelled at the fourth, exclaiming that he had no idea it was so intensely painful. The plan of treatment was, however, fairly carried out; but the disease ran the course which it usually did with him. After this, this Surgeon's treatment of erysipelas in others became very much modified.

In civil Hospitals, where wounds of the scalp are generally more or less bruised, and where, in the majority of instances, the loose cellular tissue under the occipito-frontalis muscle is involved in the injury, inflammation most commonly shows itself in this loose cellular structure, to which it is at first confined. This diffuse inflammation attacks scalp wounds of all kinds, but it is said to be more apt to follow punctured wounds. Of this, however, I have had no means of judging, simple punctured wounds of the scalp not being common in London practice.

In the immediate neighbourhood of the wound, a slight puffiness, pitting upon pressure, and without any redness of the skin, is the first local indication. If not actually present, general symptoms, rigors and feverishness, soon make their appearance. Unheeded, these warnings put on a more formidable aspect, the whole cellular tissue becoming rapidly involved. The effusion of serum is followed by that of lymph, which, in some instances, is so great that the occipito-frontalis muscle is raised an inch, and an inch-and-a-half, from the pericranium. Stretched, and rendered tense by this enormous effusion of lymph in a confined space, the parts no longer yield upon pressure. At this stage, I have known even firm pressure produce little or no effect. Suppuration sets in; extensive sloughing of the cellular tissue ensues, and the tendinous expansion of the muscle, and the periosteum, may ultimately become affected; but the skin, unless under peculiar circumstances, seldom participates in the general destruction. Sometimes, one of the large vessels of the scalp gives way, and to the general disorder is added an alarming hæmorrhage. Of this I have known several examples.

Ever watchful in all wounds of the scalp, the Surgeon should, on the first appearance of any puffiness, at once break up the adhesions which have taken place. The extent to which the adhesions are to be destroyed must depend upon the extent of the mischief; but in large flap wounds it is seldom if ever necessary to destroy all the adhesions; even where the effusion is wide-spread, frequently all that is necessary is to detach the parts here and there, and a warm poultice or fomentations should then be applied. By this simple proceeding, if adopted without hesitation, all threatening appearances may, in many instances, be soon subdued. Should this not be sufficient to relieve the tension, the system of free puncturing (a) may here be adopted with great advantage. But, whenever the disease is spreading rapidly, whenever the effusion is extensive, further mischief must, if possible, be prevented. In instances such as these, incisions, and incisions only, present us with the best means of carrying this into effect. Resorted to at an early period, incisions will often stay the impending evil. But for these incisions to be really effective, they should be made before matter has begun to collect; and, whatever the thickness of the parts, the knife must be carried freely down to the bone. After many years of sad experience in these cases, I prefer limited incisions, made at different points, to those extensive scarifications, running the whole length of the skull, which one used to see occasionally in bygone days.

Limited incisions not only answer all purposes perfectly well, but they diminish the chances of hæmorrhage, which, if unattended to, entails, I am firmly convinced, notwithstanding the opinion of some eminent Surgeons, very great danger. In such cases as these, occurring, as they do, for the most part, in persons of dissolute habits and broken-down constitutions, it is of vital importance to husband as much as possible the strength of the patient; for suppuration, and that, too, of a most wasting character, must ensue; and fifteen or twenty ounces of blood, more or less, will often at this time turn the nicely-poised scale.

(a) Sir R. Dobson, Med. Chir. Trans. Vol. XIV.: Sir B. Brodie, Lect. on Path., p. 301.

And, whenever arises the question of the loss of blood in diffuse cellular inflammation of the scalp, so strongly advocated by some Surgeons, and just as strongly condemned by others, the possibility of the patient being affected with Bright's disease should never be lost sight of; for it is well known that these patients cannot bear to lose even small quantities of blood.

Dr. Bright demonstrated, some years back, the intimate connexion which frequently exists between local inflammation of various kinds, and diseased kidneys. These researches, as well as those of Dr. Taylor and other eminent pathologists, had reference principally to inflammations of the serous membranes; but the connexion which has been so clearly traced in these valuable contributions to Medical literature may just as clearly be shown to exist between Bright's kidney and those extensive diffuse cellular inflammations which are met with in Surgical practice. Nay, more: wide-spread inflammations of the cellular tissue and of the serous membranes will not unfrequently be found to exist, at one and the same time, in patients labouring under the vitiated state of the blood induced by this insidious disease—a condition of the blood in which a slight scalp wound may become the external cause of all this mischief.

A man, aged 21, a potboy, was admitted into St. George's Hospital, in March, 1845, under the care of Mr. Tatum, with a small scalp wound, not exposing the bone. Puffiness of the calp and erysipelas soon supervened, and rapidly spread to he face; delirium set in; the neck became swollen and œdematous, but without any redness of the skin; great difficulty of breathing followed, and the patient sank seven days after the accident. At the post-mortem examination, simple œdema was found about the cellular structure under the occipito-frontalis muscle; but the bones of the skull, as well as the brain and its membranes, were quite healthy. The cellular tissue of the neck was extensively infiltrated with pus and lymph, and so, too, was that of the mediastinal cavities. The pleuræ and the pericardium contained sero-purulent fluid. Both kidneys were large, and presented the mottling degeneration; but in the other organs there were no evident traces of disease.

A man, aged 53, was admitted into St. George's Hospital in February, 1846, under the care of Mr. Keate, with a large scalp wound exposing the right parietal. Being drunk, he had fallen from a footpath on to his head. Three days after the accident, puffiness appeared in the neighbourhood of the wound, and rapidly spread over the whole scalp; several incisions were made; erysipelas showed itself on the face, and spread over the neck, which became swollen; delirium and low typhoid fever set in, and the patient died in six days. At the post-mortem examination, the whole cellular tissue under the occipito-frontalis muscle was extensively infiltrated with pus and lymph; large quantities of turbid fluid were found in the sub-arachnoidean tissues; the brain was congested. The whole cellular tissue of the neck, as low down as the clavicle, was infiltrated with serum and lymph, and the left arytæno-epiglottic ligament was much thickened, and its sub-mucous cellular tissue distended with serum. Puriform fluid was found in the right pleura, and low pneumonia existed at the back part of both lungs. In the pericardium there were some old adhesions. The left kidney, very much dwindled, was granular on its surface, but the right one was healthy. The other organs presented no evident traces of disease.

Patients such as these could ill have borne the hæmorrhage which, when extensive incisions are made, does, and must necessarily, occur, unless great care be taken to put a stop to the bleeding as soon as possible. That similar cases occur more frequently than is usually supposed in Surgical practice, I cannot, from my own experience, doubt. Hitherto they have, for the most part, passed unnoticed, as it frequently happens, even in an advanced stage of Bright's disease, that there is no symptom sufficiently prominent to direct attention to the kidney.

In the majority of cases, provided the general condition of the patient be good, incisions sufficiently free, and made at an early period, will prevent any very extensive sloughing of the cellular tissue of the scalp; but it sometimes happens, notwithstanding all due care, that the sloughing process spreads over the whole surface of the skull, from the front to the back part. With good management, however, the case may still do well. The sloughs separate; the scalp is thus extensively detached from the parts beneath, and having been greatly stretched, it, at first, presents the appearance of a large loose bag floating on the surface of the cranium; soon, however, the skin begins to pucker and contract, and re-adapting itself to whatever structures may be left, it ultimately becomes firmly attached to them.

Should one of the main arteries, in a case such as this, be opened in the process of sloughing, and give rise to large bleeding under the extensively-detached scalp, great doubt and perplexity will arise as to the exact source of the hæmorrhage.

Being in the wards of the Hospital, I was once sent for to a patient suffering from a sharp attack of hæmorrhage, in whom the whole scalp had been detached by extensive sloughing of the cellular tissue, following diffuse inflammation. I found the scalp, previously loose and baggy, now stretched, and made tense by a large accumulation of blood under it, the more fluid part of which was pouring out, in various directions, through several large incisions made some days previously. It was evident that this hæmorrhage was proceeding from some large vessel, but it was difficult to say whether it came from either of the temporal arteries, or even the occipital arteries. Having established pressure on the trunks of these four vessels, the blood was squeezed from under the scalp; the pressure was then taken off from the vessels one by one, and the bleeding was found to arise from one of the occipital arteries, or some of its large branches. As pressure controlled the hæmorrhage, a pledget of lint was applied over the artery, low down on the occipital bone, and firmly fixed there; this had the desired effect, and no more bleeding occurred.

(To be continued.)

ABSTRACT OF CLINICAL LECTURES

DELIVERED AT THE

Hotel Dieu.

By Professor TROUSSEAU.

Lecture V.

VARIOLOID AND VARICELLA.

Many Practitioners of high scientific repute believe that the same relationship prevails between varicella and varioloid as between this last and variola. This it is impossible to admit. If we bring an individual having genuine vaccine scars in contact with a small-pox patient, he may take a varioloid, and, while suffering from this, he may communicate a true variola to a subject who has neither been vaccinated nor had the small-pox. If we take the pus from a varioloid patient, and inoculate a healthy person, as has been done in epidemics when vaccine lymph has run short, we produce the legitimate small-pox. These are so many proofs of the identity of the two affections. It is not thus with varicella. It neither arises from contact with varioloid, or is capable of communicating true variola. We see it arise just as easily in persons who have had that disease, as in those who have been exempt from it; in the unvaccinated, and in those who have been vaccinated. M. Trousseau has seen an epidemic of varicella at the Necker Hospital, which attacked all the children, a short time after vaccination had been quite successful. This is an important question in hygiene, inasmuch as varicella, of itself, is an affection destitute of danger; and we may leave the subject of it in communication with surrounding persons, without the fear of finding a serious malady developed. The same practice, pursued in varioloid, might give rise to a mischievous development of variola.

Varioloid.—Thirty-five years ago, an authentic example of small-pox after vaccination was unknown, although Jenner had seen examples of this, and had indicated them; but, as there are always to be found persons more royal than the king, so there were Practitioners who accorded to vaccine more than he who had discovered and propagated it had claimed for it. In 1825, a very violent epidemic of small-pox prevailed in Paris, during which individuals who had been vaccinated were attacked. M. Husson, who was one of the Vaccine Committee in 1800, and one of the most ardent promoters of vaccination, contested the validity of these cases;

and so extraordinary was the circumstance thought to be, that whenever a varioloid patient arrived at the Hospital, the bells were loudly rung, in order to call as great a number of Practitioners together as possible for the verification of the fact. An epidemic at Edinburgh, and two at Marseilles, multiplied examples. The attention of governments became aroused, and especially in Germany, where re-vaccination has been rendered obligatory. At the present day, there is no hospital in which we may not see persons having the vaccine scars the subjects of variola, and even dying of it. It may occur even as early as the second or third year after vaccination; and M. Trousseau has seen an infant at the Necker Hospital take a genuine variola six weeks after a successful vaccination. A mother and her three children also took it soon after vaccination, and in the woman, who died, it was confluent.

At its onset varioloid differs in nowise from variola. Fever arises and continues until the eruption appears. We see, however, more frequently supervene a scarlatiniform or petechial eruption, but it does not influence the prognosis unfavourably, as in variola. The eruption does not differ from that of variola until the eighth day; but at the eighth day from the commencement, or the fourth from the eruption, in place of tumefaction and inflamed aureola supervening, we find the integuments become pale and flaccid. The pustules do not become larger, remain acuminated, and umbilicate but little. They dry without bursting, become rugous, and pass into the "horny" condition. Those of the limbs, in place of acquiring a size three or four times as large as those of the face, do not increase, and cornify in the same manner. By the tenth day the eruption is dry. In more serious forms, when the varioloid, as sometimes happens, is confluent, there is sometimes secondary fever; but at the tenth day, the tumefaction stops short, without any accident supervening, while in variola its doing so would be of fatal augury. The whole terminates with a rapid desquamation, although marks may remain, especially in persons with delicate skins.

Varicella.—When a child is brought to the Necker with varicella, the date of its admission is noted, and sixteen or seventeen days later, other children always exhibit the disease. If, on the contrary, it had been a small-pox case, other cases would have been observed from nine to eleven days afterwards—showing that the period of incubation is very different in the two affections. A child, in good health, whether vaccinated or not, whether having had variola or not, becomes suddenly the subject of a sharp attack of fever, there being present neither vomiting nor lumbar pain. The next day, or sometimes even the same day, fifteen or twenty red points are observed upon the skin, and some hours later the epidermis is raised. Twenty-four hours after the appearance of the red points, we observe bullæ or phlyctænæ, quite rounded in form, and transparent, as if they contained water. They resemble sudamina, magnified from ten to fifteen times. In variola and varioloid the eruption never assumes this bullar form. In those diseases, too, the fever and the eruption continue until the latter is completed. In varicella the phenomena take place successively. There is a day of complete apyrexia, the fever comes on during the night, and next day we find from thirty to forty points of eruption. The same takes place during the next twenty-four hours, and so on for four or five days, so that we have four or five successive eruptions. Twelve hours after the appearance of the eruption there is a limpid bulla formed, and forty-eight hours after the liquid has become lactescent, which is never observed in any form of variola. In variola discreta the eruption is of a very regular, rounded form, like a drop of wax dried upon the skin; but after two or three days the bullæ of varicella become unequal, irregular, and puckered, but never offer any appearance of umbilication. When pus begins to form in the phlyctænæ, a livid red, inflammatory aureola is produced, larger in size than the variolous aureola. When the pustule bursts it leaves a dark brown scab, having nothing in common in appearance with the yellow scab in variola, but much resembling that of echthyma. From twelve to fifteen days are required for the complete evolution of a variolous pustule, while four, or at most five, days suffice in varicella. So little dangerous is this affection, that M. Trousseau knows of no example of its having terminated fatally. Still, in some children, who manifest the purulent diathesis, it is followed by successive eruptions of pemphigus, which terminate by exhausting the patient and causing death. But these deaths cannot be imputed to the varicella itself.

Thus, then, variola and varioloid are identical; while varicella is distinguished from these by the differences in its period of incubation and febrile paroxysms, by the form and duration of its eruption, and by the absence of danger.

ORIGINAL COMMUNICATIONS.

ON STRONG AND WEAK INFLAMMATIONS.

By RICHARD BARWELL, F.R.C.S.
Assistant-Surgeon to Charing Cross Hospital, etc.

(Continued from p. 619.)

In a Paper on this subject, published in the *Medical Times* of the 23rd June, was attempted to be shown the differences between the above forms of inflammation, their alternating action in the processes of healthy abscess and ulceration, also something of the reason why, when carried to a certain extent, inflammations thus terminate; then, by what modifications therein abscesses are filled, and ulcers healed, through the accumulation in layers of organized fibrin in that form known as granulations. We found that fibrin is the resultant of an action not exceeding the power of the part, or, in other terms, of a call upon the power of so slight a degree, that the vessels can fulfil the demands upon them without violent exertion or overhaste, so that the liquid poured out is capable of further development into good and sound tissue, like that upon which the fluid is poured: while, in a weak inflammation, the effort is so strained, or the blood itself is in so poor a condition, that the effused fluid is only capable of a certain development into an extraneous substance, pus, which is, and never can be more than, an excretory material, not a portion of tissue.

In both instances, I have called the effusion a fluid, because strange as it may seem, when first poured forth it does not appear possible to distinguish pus from fibrin, it being in the after-development alone that the special charaters of each are unfolded. The effusion and after-development of fibrin may be watched to a considerable extent by stretching a frog's foot, in the usual manner, under the field of a microscope, and, after the judicious selection of a spot without vessels, thrusting an eye-needle through the web, and cutting a small slit therein; and if this be done beneath a low power of microscope, in the centre of the field, the wounded point can be instantly brought into view with a higher power. It will then be seen that the vessels nearest the wound are for a few seconds stagnant, then, however, those not actually wounded begin to flow as usual, except that the white corpuscles appear to accumulate by adhesion to the sides of the vessel; soon it appears that a fluid is permeating the tissues around the edge of the cut, and begins shortly to encroach on the wound itself, leaving a central space, surrounded by a black margin of refraction, such as is shown by air-bubbles beneath the microscope. By the constant addition to the fluid, this black circle diminishes in size till it suddenly disappears with a spring, as the edges of the fluid close together by mutual attraction. The wound is now so filled by a transparent and apparently perfectly homogeneous fluid, that it has much the same appearance as immediately after its infliction, except that, among the surrounding tissues a thin mark, the outline of the liquid, can be distinguished. In from one and a half to three minutes the observer will find that the fluid begins to get nebulous, first at the edges in small points, which become, by almost imperceptible degrees, more and more defined, until they assume the form of granules. It will now be seen that the surface of the fluid lies above that of the frog's foot, for when the granules are in focus, the web is beyond it. Moreover, if first the upper fluid be focused, and then the lower, while the eye is fixed upon the spot, we find granules on either surface, but in the intermediate space none whatever. In certain points of the fluid, chiefly near the sides, and particularly in the angles of the wound, the granules accumulate, and become in time united by a thin film, which spreads slowly by throwing out delicate striæ of the same material, uniting several granules into lines, which increase in breadth, and at length converge to form an extension of the film.

From this point I have been unable to trace any minute organic changes. The film covers the whole fluid, becomes thicker and more opaque, and the original edges of the wound are drawn together, doubtless from the contraction, while solidifying, of the liquid lymph. In some hours afterwards, if the web be stretched again, the wound will be found contracted, only indicated by a faint line more transparent than the rest of the web, and surrounded by a little puckering of the skin. During these changes, the vessels around the wound are quite as large and altogether as small as usual, but to their sides an unusually large number of white corpuscles are attracted, as may easily be proved by removing our field to any other parts of the foot, and comparing the number of such bodies in different vessels. The capillaries nearest to the wound are lined with these corpuscles, others, carried along with the current, come jogging against them, checked every now and then, till at last they stop altogether, or float away; but those which adhere to the vessels gradually lose their distinctness of outline.

All these conditions appear to indicate that the fluid which we saw filling the wound in the frog's foot is elaborated by the white corpuscles, and through them passed out of the vessels, and that the germs of those granules, which are afterwards developed, have the same origin. Certainly the course of events above described (which may also be seen in transparent parts of warm-blooded animals, as the bat's ear or wing) shows a most close connexion between the formation of lymph and those corpuscles such as was attempted to be indicated in the last paper.

If after making a wound in a frog's foot-web, or in a bat's ear, the skins on either side thereof be carefully separated for a little distance, and between them be thrust a minute speck of biehloride of mercury, or of nitrate of silver, we shall find that a still larger number of white corpuscles adhere to the sides of the vessels, which surround the irritant, and that some of these even become blocked, as far as the passage of red or white corpuscles is concerned; but from an occasional movement of the latter bodies on either extremity of the stoppage, it appears to me probable that liquor sanguinis still passes through the vessels. The wound itself soon fills with fluid, exactly in the same way as was above described, and granules are developed in it; but these do not mass themselves together, nor is any film formed as in the former instance, but they assume a more definite outline, and a rounder shape; and the whole fluid, interior as well as surface, becomes crowded, and turbid, with small and large granules; even cells are to be perceived, but there is no effort at aggregation nor solidification(a). If after some time the wound be carefully pressed between two pieces of blotting paper, applied with forceps to either side of the web, so as fully to remove the fluid without disturbing the irritant, we then find that a fresh supply of perfectly transparent liquid is immediately poured forth, which again fills the wound, and goes through the same changes; but, perhaps, a little more quickly than that previously effused.

Thus both fibrin and pus are poured from the vessels as a transparent fluid: but in one, the germs contained therein possess a power of organization and aggregation; in the latter, they appear only impressed with the common vegetative law of all cells, namely, multiplication and growth. Between these two extremes of fibrinification and suppuration many intermediate conditions are to be added, where the germs have no great power of aggregation; or the fluid has but small vital energy, consequently but a soft spongy fibrin is formed.

Each of these species of inflammation, if sufficient to affect the constitution, is accompanied by its own special and peculiar fever, whose types are more distinct than are the inflammations themselves—they are called inflammatory and hectic. We might name them formative and suppurative fever, for each is companion to the particular inflammation which leads to formation or suppuration respectively. If a man receives an injury not sufficient to cause prostration, we know he will, if it affect his constitution at all, suffer from inflammatory fever; but whether the reparatory process shall be healthy, or whether there shall be suppuration, abscess, erysipeloid inflammation, etc., can only be determined by the state of the patient's constitution; which may either allow the part to assume a strong inflammation, or may be so weak and irritable that it produces a contrary result. The first brunt of the fever may be inflammatory, and, if it do not subside, may either pass at once into a brown tongued and depressed state called prostration, or into a fidgety, low-spirited, white-tongued condition, with a quick, weak pulse, the lowest grade, namely, of suppurative fever. Moreover, the constitutional state called "low" is not usually produced by a local affection, but the very reverse is more generally the case, *i.e.*, that the local malady is caused by the bad bodily condition, which determines the character of the affection called up in some weak part. A disease which arises without a direct, almost a mechanical, excitant, is not so much local as general, however much it may appear confined to one spot; for, in such cases, it is the local state which manifests itself at the weakest part. A characteristic sign of debility is overaction, strength being needed to control, as well as to act; and if therefore the whole system being feeble, overacts, that overaction will take most effect at the weakest spots. When from some injury a patient has suffered so long that he is much weakened, and hectic (or, as I have named suppurative) fever has been for some time established, other organs begin greatly to suffer, because in that debile state the slightest local weakness is fostered till the overaction produces disease. A patient with diseased joint does not generally die of the primary disease, but from an affection of the lung or liver. A morbid liver produces other maladies which carry off the patient.

It is, perhaps, much our habit to treat many surgical diseases too locally because the affection itself is patent to our senses, and is all that is complained of, while the general state is not sufficiently marked to be pressed upon our notice. Ulcers, for instance, which must, as I hope to show, depend, in most cases, upon constitutional, as well as on local conditions, require for their successful cure a judicious general treatment, without which bandaging, etc., is not sufficient to produce all the benefit to be derived from the local means combined with a proper medicinal and dietary system.

Ulceration proper, *i. e.*, the destruction and loss of tissue, as contrasted with granulation, or the repair of substance, must be a weak process, not only according to the definitions of strong and weak inflammations above given, but also (or those definitions would be false) according to the time, place, etc., of its occurrence, namely, in the aged more readily than in the young; in the under-fed classes, crowded together in a vitiated atmosphere, than in the high feeding and well-ventilated rich; it takes place more readily in the lower than in the upper limbs; may often be traced to the depressing effects of cold; in fact, any number of such instances may be given, all showing that the commencement of ulceration is weak; as an illustration, it may be allowable to relate the general features of an actual case. I was asked the other day to see a poor man, aged 53; his wife had died after a very long illness, which had put him to such expenses that his food was, and had long been, much less nutritious than usual. He had when younger injured his health, by rather immoderate drinking, and since his wife's death he had been a good deal depressed in mind. His left leg, about the middle, is inflamed, of a dusky hue, somewhat puffy, so that it remains pitted a little, after pressure with the finger is withdrawn, and the red colour is not soon restored at the spot pressed. In the centre of this inflamed part the surface has yielded, and there is a superficial slough about the size of a sixpence. It is curious that, just while occupied with the subject, such a model case should have occurred to me—the state of the limb corresponding so exactly with the history of depression in circumstances and mind, that such an incipient ulcer could not have belonged to other conditions, it is *characteristic*. The man required no purges or lowering; he had bread poultices applied; tonics administered; was put on a larger allowance of beer, and now the inflammation has yielded, the limb is firmer, and the slough nearly separated.

A less weak kind of ulcer begins in a somewhat different manner. The subject has had more work or money than usual, has walked a good deal, drunk a good deal, and, by some accident, knocked a piece of skin from the shin or ankle. Instead of healing, its edges get thick and red, it discharges a

(a) In the lymph first effused in such an irritated wound, an attempt more or less marked in different experiments is made towards aggregation and solidification, but this appears to be frustrated by the continual addition of fluid, and by a process (of cell-formation?) which occurs among aggregating granules, separating them, or, in the interior of the fluid, having the same effect. I must speak of this whole process more diffidently than of the last, since its steps are by no means so easily perceived; but the simple appearances mentioned in the text may be taken as *facts*.

thin matter; a scab may form, but a viscid discharge, often tinged with blood, accumulates beneath it, and when the covering falls off, the ulcer is deeper than before. Suddenly the redness increases, and spreads to a great extent; the part is rather harder; it scarcely pits, but leaves a white mark on pressure. The skin has a polished appearance. There is considerable heat and pain, some quickened and rather sharp action of the pulse. In a few days, perhaps, the redness decreases, leaving a considerable amount of swelling, and now the ulcer spreads more widely, is very irritable, has thick edges, often white, and inverted. Here is a stronger sort of inflammation. The swelling is harder, showing that some, though still a hardly well-organized, lymph is effused. But here even the state is by no means strong, there is much irritation, an excited condition of body; and nothing would be easier than to leech or bleed such an inflammation into erysipelas. The man may want a slight purge or a diaphoretic, and cold lotions, till the height of irritation has yielded, and then he will get well the quicker for tonics.

Another form of incipient ulceration is more local and and generally slower—takes place more often in women than in men—commencing, perhaps, with œdema about the limb and a scurfiness of skin; then, in a little time, with very slight local and no constitutional disturbance, a small abrasion occurs, which gradually spreads into an ulcer; this species, varying often as to the order of events, is a result of varicose veins, and the imperfect state of circulation caused thereby—for the unsupported column of blood in front causes a fulness of the capillary vessels, and an effusion of the liquid part of the blood; but, unlike the state of inflammation, this is simply passive, the fluid passes straight out of overfilled vessels, and does not go through that elaboration, which I believe all inflammatory effusions to receive from the white corpuscles. Indeed, until the irritation of a raw surface shall have produced some inflammation that action may be altogether absent, the ulceration being primarily the result of an interstitial want of nutrition, though it may spread subsequently through the inflammation it had itself produced.

(To be continued.)

CASE OF TRAUMATIC ANEURISM OF THE SUPERFICIAL PALMAR ARCH

SUCCESSFULLY TREATED BY COMPRESSION.

By NORRIS F. DAVEY.

Mr. C. M'Carthy, aged 20 years, a chemist and druggist, of good constitution and very temperate habits, florid, of average stoutness, was wounded in various parts of the hands and face by the explosion of a glass bottle, which he was in the act of filling with turpentine, nitric acid, etc. The accident occurred on the 16th of August, 1854. The wounds were slight, and no pieces of glass or portions of the acid appeared to have remained in them. One of them was situated in the palm of the right hand, nearly over the head of the metacarpal bone of the ring finger, and passed rather deeply into the palm in an oblique direction upwards; it had evidently been inflicted by a pointed fragment of glass; there was very little bleeding from it. The wounds were dressed with lint and water, and healed by the first intention. Two or three days after this the patient felt considerable pain in the ring finger, at first of an aching, then of throbbing character; the scar in the palm also became tender, and pulsation was felt beneath it. On the 30th August, fourteen days after the accident, I found the whole hand rather swollen, an aneurism about the size of a nut pulsating strongly beneath the cicatrix, and the whole of the vessels of the palm evidently enlarged and beating with increased force. Pressure upon the radial or ulnar arteries, singly, produced no apparent diminution of the pulsation in the aneurism, but it was completely extinguished by pressure upon both simultaneously. Firm pressure upon the palmar arch on each side of the tumour also stopped the pulsation completely. Thinking the case a very fair one for treatment by compression, I commenced by applying an apparatus consisting of two flat bars of wood, one on the dorsal and the other on the palmar aspect of the hand, their ends being connected by screws which regulated the pressure upon the vessels. The bar on the palmar surface was furnished with two compresses of cork, which pressed upon the palmar arch on each side of the aneurism. This arrangement entirely controlled the pulsation, and was persisted in for four days, when I was compelled to discontinue it on account of the severity of the pain it produced. I then applied a similar apparatus to the radial and ulnar arteries, with sufficient tightness nearly to extinguish the pulsation, and requested the patient to ease the screws occasionally if the pressure caused pain; but he was so anxious to get well that he determined to bear the pain, and screwed up the apparatus so tightly as to cause two small sloughs to form beneath the compresses; I was, therefore, again obliged to desist. At this time the tumour was in no respect changed by the treatment, but the arteries of the hand generally were much less dilated; the pain in the ring finger had also disappeared. As soon as the sloughs were separated I placed a small roll of calico bandage upon the radial artery, and another on the ulnar, and surrounded the wrist and compresses with a few turns of a bandage sufficiently tight to reduce the force of pulsation in the tumour by about one half. This was done on the 21st of September. On the following day I also applied pressure to the tumour itself, by means of a common hand-shaped letter clip, which, being cut to a convenient form and padded with lint, was passed between the little and ring fingers, so that it grasped the thickness of the hand, the small palmar pad resting directly on the tumour, and the broad plate of the clip being bent to fit the back of the hand. This plan answered admirably, and the patient was able to remove the clip or the bandage alternately when in pain. On the eighth day of this plan there was a marked improvement, and the patient left Romford for a few weeks, as his health was suffering from the pain and anxiety he had undergone. He returned perfectly cured on the 23rd of November, the pulsation and the swelling of the hand having gradually disappeared.

Upon examining the palm I found that the continual pressure of the clip had pushed the aneurism between the metacarpal bones of the little and ring fingers, where an obscure thickening marked its situation; there was not so forcible a pulsation in the vessels of the palm as in those of the other hand; all the movements of the hand were performed freely and without pain.

I am not aware of the publication of any case of aneurism in this situation treated by compression, and I think the above simple details will be read with interest, as showing how completely the success of the compression treatment depends upon the manner in which the pressure is applied. Although well seconded by an intelligent patient, my first attempts were quite unsuccessful, and there seemed so slight a probability of a cure by compression, that I had determined to resort to ligatures if the clip failed. Happily this was not the case, and the patient was spared a painful operation, which might, however carefully performed, have been followed by more or less impairment of the functions of the hand.

Romford, August 23, 1855.

ON CERTAIN POINTS IN THE TREATMENT OF STRICTURE.

By J. ZACHARIAH LAURENCE, F.R.C.S.
Surgeon to the Northern Dispensary.

Any questions that may arise on the treatment of stricture of the urethra can, in the majority of instances, only refer to strictures of long standing, that have reached a degree of intensity either from their intrinsic nature or from abortive treatment. Exacerbations of the disease from this latter cause may, I think, be not unfrequently traced, not so much to any want of skill of the Surgeon, as to his being perhaps wedded to *one* particular class of instruments to the exclusion of all others. Even Liston had such a predilection, and Syme appears to have fallen on the same track. The proper answer to the question, "How do you treat strictures of the urethra?" is, I conceive, Sir B. Brodie's,—"I have no particular method." As this last author justly remarks: "The temper of the urethra varies as much as the temper of the mind." The more I see of disease, the more firmly am I convinced that any *exclusive* treatment of any individual disease is founded upon erroneous preconceptions, and moreover these same preconceptions often lead to an arrogant assumption of a "special" skill in the management of

particular maladies, as little warranted by the assumer's knowledge as by his experience. Thus, a Surgeon who prefers flexible instruments for the treatment of certain extreme cases of stricture may have it hinted to him that he does so because he is not sufficiently conversant with the direction of the urethra to guide a fine silver instrument in the proper direction. Such a hint can only display ignorance of the pathology of the disease; it implies that the direction of the diseased urethra is always certain to be the same as that of the sound one; this, however, we know to be a false implication. What would one say to a Surgeon who extracted, or couched, or divided all cataracts indiscriminately, or to a Surgeon who treated all his cases of fracture on one exclusive plan of treatment? Such empirical dogmatism is as narrow-minded as it is in discord with the varied aspects of disease.

In treating a tight stricture, the best plan is in the first instance to see whether a metal instrument can be passed without giving the patient an inordinate amount of pain, or drawing blood from the canal. Fine silver instruments possess two disadvantages: firstly, they approach pointed instruments so closely as to require extreme caution and entire absence of force in their introduction. More false passages are made by fine metallic instruments, I have no doubt, than in any other way; secondly, from their tenuity, their shafts are extremely liable to bend unduly. A bougie made after the plan of Syme's staff would in a great measure obviate this. John Hunter, in his Treatise on the Venereal Disease (Lond. 1788) has suggested something of this description:—"When very small . . . . they (bougies) should be nearly of an equal thickness till within an inch of their smallest end, after which they should taper to a point."

Should you not succeed in introducing a silver instrument, try a gum elastic one; if not with this have recourse to a fine catgut bougie. With sufficient perseverance and manual dexterity you are certain to succeed, if not at once, certainly ultimately. A Surgeon can make no greater mistake than to wish to get an instrument through a tight stricture at once by an unwarrantable degree of force in its use, and no less a great one if he regards his success as a real success.

Who cannot but admire the patient skill of Sir B. Brodie, when he tells us of a case where he was a whole year before he succeeded in passing an instrument into the bladder? Another Surgeon might have perhaps succeeded in a very much shorter period, with the liability of simultaneously shortening his patient's existence. Obstinate strictures often require to be dilated, if the expression be allowed, "piecemeal;" that is to say, at the first trial perhaps you may succeed in getting an instrument a certain way into the stricture; the next time you get it still further in, and so on till you get it through (*i. e.* into the bladder). The catgut bougie is a very useful instrument in extreme cases, it unites two excellent qualities, a sufficient firmness with a fair amount of flexibility to accommodate itself to the tortuous route of a diseased canal. With reference to the constitutional treatment of your patient, I may say that nowhere is "the reciprocal operation of constitutional disorders upon local diseases" more observable. Repose, attention to diet, and the general hygiene are of the utmost importance.

The following case illustrates many of the above points. (It is given but briefly, as the case is not yet complete, and will further be published in detail at some future period).

G. R. came under my care through the kind recommendation of my friend, Mr. Gayleard, on July 30th. He has had a stricture of the urethra for these last twenty years, and has suffered greatly for the last ten years. No instrument has ever been got into his bladder, excepting on one occasion, when Mr. Gayleard succeeded, five years ago, in passing a fine gum elastic instrument, to relieve him of a partial retention. He then entered Bartholomew's Hospital. During three months silver instruments were used daily, without ever passing through the stricture, and each attempt induced bleeding and pain.

When he came to me he was suffering from symptoms of strictnre of the most aggravated description. He voided his urine two or three times an hour, in table-spoonfuls at a time, with a scalding sensation in the perinæum. His rest was broken by being obliged to get up six or seven times in the night to pass his water. This was constantly dribbling from him, and he had been in the habit of soiling his linen, by his straining to make water being so great as to produce a partial fæcal evacuation. A full-sized sound showed the stricture to be 6½ inches down the canal. The finest instrument would not penetrate the stricture. He had, in addition, a perineal fistula, with a good deal of induration matter in the scrotum. There was no evidence of renal disease. Without entering into any details, I may say, that after giving silver instruments a fair trial, I was obliged to relinquish their use; I then had recourse to small gum-elastic instruments, without success; but, on the 13th instant, succeeded in getting a fine catgut bougie into the bladder. Since that time I have advanced up to No. 3. This instrument, conjoined with appropriate general treatment, has hitherto been attended with the best results. He now passes his water in a fair stream, about three times a day, and his rest is no longer disturbed; his incontinence has left him.

Now I believe that any well-informed practitioner would have benefited this patient long before, had his method of treatment been varied to the exigencies of the case.

The questions that have been raised upon the *curvature* of urethral instruments have, within certain limits, been exalted to an undue degree of importance. The anxiety to obtain an instrument of the precise curvature of the urethra is a misplaced one, because, in introducing such an instrument, you successively introduce portions to whose curvature the portion of the urethra they are in contact with does not correspond. Besides, a preservation of normal curvature is presupposed, which, in strictures of long standing, there is little reason to hope for. Mr. Quain generally passes fine elastic instruments *straight* into the urethra, and this, I believe, is much superior to passing them in bent.

CASE OF OVUM IN OVO.

By JAMES G. WILSON, M.D.
Fellow of the Faculty of Physicians and Surgeons, Glasgow.

When in Perthshire a few weeks ago, I received from a Medical friend a specimen illustrative of the above variety of Teratological phenomena, of which the following is a brief description.

In the interior, and towards one extremity of the shell of a turkey's egg, is situated a smaller egg, about the size of a pigeon's, having a distinct and well-formed shell. The contained egg is firmly fixed to the end of the larger one, with its long diameter at right angles to its long axis. The lining or investing membrane of the larger egg appears, to some extent, to be reflected over the smaller one, from the place of junction. On perforating the shell of the lesser egg with a pin, a small quantity of a glairy or albuminous substance was found to exude. I may mention that the egg was boiled, and placed upon the breakfast-table, a few days previous to my visit, and nothing was suspected till the egg-spoon was felt to grate, and heard to strike upon some hard, resisting body, which, when cautiously examined, proved to be the small egg above described.

Remarks.—I am aware that there are numerous instances on record of double-yolked eggs having been produced by the common fowl, but I do not remember having heard or seen any notice taken of an egg similar to the above, the peculiarity of which is the presence of a separate and complete calcareous covering or shell. The fact that the calcareous shell is deposited on the surface of the ovum by actual contact during its descent through the dilated portion of the oviduct or uterus, is, to my mind, a clear and convincing proof that the smaller egg must have been first formed, and, by some means or other, become surrounded by and enclosed within the other. What the result of the incubation of this egg would have been, I do not pretend to know.

Glasgow, August 6, 1855.

Medical Profession in Prussia.—In 1849, for a population of 16,282,573 souls, there were 5558 Medical Practitioners, and 1465 Apothecaries (druggists), or one Practitioner to 2929, and one Apothecary to 11,114. In 1853, the population amounted to 16,858,087, the Practitioners to 5650, and the Apothecaries to 1497, *i.e.* one Practitioner to 2931, and one Apothecary to 11,261. While in some provinces the Practitioners are only one to 8000, in Berlin there was one to 823 in 1849, and one in 776 in 1853.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

OPERATIONS FOR URETHRAL STRICTURE.

The case of perineal section under Mr. Coulson's care, in St. Mary's, reported last month, remains under treatment. The statement, that the operation had been performed before, we have since learnt to be erroneous. The only previous proceedure had been the opening of an abscess near the stricture, the stricture itself had not been cut.

Case 1.—A man, aged 50, under the care of Mr. Quain, in University College Hospital, on account of old-standing strictures of the urethra. The first of the strictures was situate anterior to the scrotum, and was so close that a No. 1 catheter could with difficulty be introduced. The urine had for some time been loaded with pus. Mr. Quain divided the stricture from below just in front of the scrotum. A No. 8 catheter was afterwards introduced, and retained for the following forty-eight hours. The man did well, and left the Hospital about six weeks after the operation, the unhealed opening being only as large as a pin's point. He is to return in a few months to have the posterior stricture treated. *Case* 2.—A man, aged 43, in bad health, was admitted into Guy's Hospital, under the care of Mr. Hilton, with the statement that for several years he had been the subject of stricture. He had previously been under much treatment. On examination, Mr. Hilton found that a No. 3 sound could without difficulty be passed into the bladder, but that it appeared to pass over the surface of a stone in the prostatic part. On a subsequent day a grooved staff was introduced, and an incision in the median line having been practised, two calculi, about the size of nuts, were removed from the membrano-prostatic urethra. A catheter has since been retained in the bladder, through which the urine escapes. The wound is nearly healed. The man, who, previous to the operation, had symptoms of renal disease, has since much improved in health. Mr. Hilton stated that he did not feel at all certain that any stricture had ever existed, believing it not improbable that the impacted calculi were the sole cause of what obstruction had been present.

EXCISION OF THE TESTIS.

A man, aged 38, under the care of Mr. Solly, in St. Thomas's Hospital, on account of medullary disease of the testicle. He appeared in good health, and the disease was believed to be limited to the gland. Excision was performed in the usual way, and a good recovery followed. The organ after removal presented a good specimen of the disease.

AMPUTATION OF THE PENIS.

Case 1.—A man, aged 42, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of epithelial cancer of the penis. The organ was amputated in the usual way. The patient is doing well. *Case* 2.—A man, aged 68, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of epithelial cancer. The organ was amputated through its middle. The part is now nearly healed.

OPERATIONS FOR SPINA BIFIDA.

The infant under the care of Mr. Erichsen, in University College Hospital, whose case was reported last month, in whom ligature of the base of a pedunculated spina bifida had been practised, has since died.

A child, aged nine months, is under the care of Mr. Quain, in University College Hospital, in whom a spina bifida has been injected with the tincture of iodine. Convulsions followed the operation, and the infant was, for a time, dangerously ill, but improvement has since taken place.

TRACHEOTOMY AND LARYNGOTOMY.

Case 1.—A man, aged 40, is under the care of Dr. Todd, in King's College Hospital, on account of syphilitic ulceration of the larynx. There had been loss of voice for some months. The dyspnœa, which had been increasing for three days, at length became so urgent, that tracheotomy had to be practised. The operation was performed by Mr. Fergusson. The patient has done well. *Case* 2.—A healthy boy, aged 3, was admitted into St. Mary's Hospital, under the care of Mr. Spencer Smith, having attempted to swallow some boiling water on the night previous. The operation of tracheotomy became necessary, and was performed seventeen hours after the accident. Although much relief was given, yet death followed forty-six hours afterwards. At the autopsy, the epiglottis was found thickened, and together with the uvula and neighbouring folds of mucous membrane, coated with lymph. The mucous lining of the trachea was much inflamed, and the lungs congested. *Case* 3.—A man, aged 55, under the care of Mr. Lane, in St. Mary's Hospital, on account of chronic laryngitis, of eight months' standing. Laryngotomy was performed by Mr. Lane, and the patient has since done well.

PLASTIC OPERATIONS.

Case 1.—A healthy man, aged 30, under Mr. Fergusson's care, in King's College Hospital, on account of fissure involving the soft and part of the hard palate. An unsuccessful operation had been performed in the country ten years ago. Staphyloraphy has been again practised. *Case* 2.—A girl, aged 14, under Mr. Fergusson's care, in King's College Hospital, on account of a hole in the cheek, exposing the tongue, etc. The deformity had resulted from sloughing, after scarlet fever, eight years ago, and a previous attempt at its closure had failed. Mr. Fergusson made a deep incision, parallel with the upper border of the opening, and then brought down the intervening flap. The healing process has since proceeded well, and the hole is now all but closed. *Case* 3.—A man, aged 30, under the care of Mr. Fergusson, in King's College Hospital, on account of deficiency of the left half of the lower lip, the result of sloughing after fever. A flap of skin was dissected up from below the chin, and retained in place by sutures, and hare-lip pins. Some sloughing occurred, but it did not materially interfere with the success of the operation; and the man, who previously could not hold his saliva, is now able to do so. *Case* 4.—A woman, aged 51, under the care of Mr. I. B. Brown, in St. Mary's Hospital, on account of ruptured perinæum. The usual operation was performed, and with entire success.—*Case* 5.—A woman, aged 40, under Mr. Brown's care, in St. Mary's Hospital, on account of ruptured perinæum. The usual operation has been performed. Under treatment. *Case* 6.—In the case mentioned in previous reports under the care of Mr. Henry Thompson, in the Marylebone Infirmary, in which a Taliacotian operation had been successfully performed, the proceedure has been completed this month by the formation of a septum to the new organ. *Case* 7.—A girl, again 10, under the care of Mr. Cock, in Guy's Hospital, on account of a cicatrix after a burn, by which the lower lip was dragged downwards. Mr. Cock included the base of the cicatrix in a V-shaped incision, and dissecting up the flap, elevated it considerably, and then brought the sides of the apex of the V together, thus converting it into a Y. The result has been very good. *Case* 8.—A man, aged 45, under the care of Mr. Moore, in the Middlesex Hospital, on account of fungous protrusion of the testis. The condition had resulted from an attack of inflammation caused by a blow received eleven months before. The operation consisted in shaving off the fungous portion, paring and dissecting up the adjacent integument, and uniting it over the gland. The success was fair, and the man left the Hospital with the wound very nearly healed.

PARACENTECIS THORACIS.

Case 3, of last month, under the care of Dr. Sibson, in St. Mary's Hospital, has been discharged well. *Case* 1 remains under care. In *Case* 2 (under the care of Dr. Farre and Mr. Skey, in St. Bartholomew's) death has resulted The patient in the last, a boy aged 3, sank under the combined effects of hooping-cough and the profuse drain of pus from the pleura. Before death a free incision had been made between the ninth and tenth ribs, in order to permit of the evacuation of the contents of the lowest part of the cavity. At the post-mortem the pleural sac contained much air and but little fluid. The lung had scarcely at all re-expanded. The last incision had only just avoided wounding the diaphragm. There was some pneumonia of the lower lobe of the right lung.

PUNCTURE OF THE BLADDER.

A man, aged 36, the subject of old stricture, was admitted into St. Thomas's Hospital, under the care of Mr. M'Murdo, suffering from retention of urine. He had been under much treatment, and was believed to have several false passages. Immediately before admission prolonged attempts had been

made at catheterism, but without success, much hæmorrhage being however caused. The House-Surgeon, having continued the trial of instruments as long as was deemed warrantable, and the warm-bath having also been tried, Mr. M'Murdo was sent for. Having learned the history of the case, Mr. M'Murdo determined to make no further attempt with instruments, but to at once puncture the bladder by the rectum. The retention had now been complete for twenty-eight hours; the bladder was distended, and the man was suffering extremely. The operation was performed in the usual manner, and several pints of urine removed. No hæmorrhage or other inconvenience occurred. The canula was left in two days, after which the man became able to pass his water in a fair stream by the urethra. The wound in the rectum at once healed, and no water afterwards escaped by it. For several days after the operation the patient was, however, very ill, the formation of an abscess in the perinæum appearing imminent. These symptoms however passed off, and he was at length discharged, able to empty his bladder by the natural passage. No instrument had been tried, as the stream of water was of good size, and the urethra was known to have been extensively injured.

REMOVAL OF EXOSTOSES.

A girl, aged 18, under the care of Mr. Moore, in the Middlesex Hospital, on account of exostoses in various parts of the body. The one which alone occasioned inconvenience was a growth the size of a filbert from the side of the metatarsal bone of the little toe. It was cut away, and the wound healed well.

REMOVAL OF NECROSED BONE.

Thirteen operations of this class have been performed during the month. In ten of them the long bones were involved, and large sequestra were removed. In all the cases the patients are doing well.

NEUROTOMY.

An elderly woman, under the care of Mr. Fergusson, in King's College Hospital, on account of severe neuralgia of the left side of the face, of twelve months' duration. Subcutaneous section of the superior maxillary division of the fifth was practised. At the time of report, a week after the operation, she remained quite free from pain.

LIGATURE OF VARICOSE VEINS.

Three cases, all of them in middle-aged women, have been treated by Mr. Partridge, in King's College Hospital, on account of ulcers, resulting from varicose veins of the leg. In all, the plan of passing a needle beneath the enlarged trunk, and twisting a suture over it, was practised, and in all without ill consequences.

THE METROPOLITAN FREE HOSPITAL.

CONGENITAL DIFFERENCE IN SIZE OF THE LOWER EXTREMITIES.

[Case under the care of Dr. RAMSKILL.]

A curious instance of the above abnormity has recently been brought under our notice by the kindness of Dr. Ramskill, among whose out-patients at the Metropolitan Free Hospital the subject of it is attending. Alice W., now aged 7 months, is a healthy, well-grown infant, of Jewish parentage. She is of fair complexion, and of moderate stoutness. When stripped, her lower extremities present a most remarkable want of symmetry, the left being in all its proportions much the larger of the two. In every other respect the body is well and regularly formed. The difference commences apparently with the pelvic bones, the level of the crest of the left ilium being marked, when viewed from behind, by a visible projection of the soft parts in a fleshy roll. The left buttock is much the broader of the two, and the whole thigh and leg thicker and longer, the difference being even perceptible in the toes. The following are the results of a careful measurement; but, although showing considerable difference, they do not indicate so much as the eye would have expected:—

Length from anterior superior spine of ilium to the sole of the foot at the heel—right	10⅓ inches.
,, ,, left	11⅓ ,,
Girth of thigh an inch and a-half below the groin—right	9 ,,
,, left	10½ ,,
Girth at calf—right	6¾ ,,
,, left	8 ,,

The child is intelligent, and appears to have perfect use of both limbs. She cannot yet walk. When placed on her feet she always stands on but one at a time, the difference in length preventing her from putting them together on the same plane. The disproportion was noticed soon after birth by the Surgeon in attendance, but the parents believe that it has since become more marked. The mother has no theory of her own by which to account for it. She has borne two children before, both of whom are symmetrically formed. The larger limb appears healthy in every respect, the skin, muscles, and subcutaneous fat seeming to bear due proportion to each other and to the length of the bones. The case, indeed, appears to be one simply in which the two extremities have been developed on different scales of magnitude.

The question which the parents are, not unnaturally, very anxious about is as to whether the limbs may be expected to continue their growth at different rates, and thus the deformity become increased. Should this be the case the overgrown limb will probably be two inches or more longer than its fellow, and great inconvenience in walking will no doubt result. We are not aware of any recorded cases of similar character which might throw light on this important question. From the fact that the abnormity appears to result essentially in difference in vital endowment, it is certainly to be apprehended that it will go on increasing.

[Since the above was in type two somewhat similar cases have been mentioned to us by Dr. Lever, of Guy's Hospital. In one the infant was born with one entire half of the body larger than the other, both extremities participating in the overgrowth; in the other one lower extremity alone was out of proportion. Both the children lived, and as long as they continued under Dr. Lever's observation, (which was in each case for some years,) the growth continued in the over-developed limbs to be in ratio to their size, and the disproportion accordingly went on increasing.]

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

LEEDS GENERAL INFIRMARY.

CHRONIC INVERSION OF THE WOMB. REMOVED BY LIGATURE.—RECOVERY.

(Under the care of Mr. THOMAS P. TEALE.)

Reported by Mr. SCARTH.

M. S., aged 48, mother of eight children, was admitted into the Leeds Infirmary, April 4, 1855, in a state of extreme anæmia and exhaustion from long continued discharges of blood from the vagina.

She states that up to the time of her last labour, which occurred five years ago, she had always enjoyed good health. From this labour, which was more tedious than usual, she recovered favourably, and continued to enjoy fair health for two years and a-half, with the exception of suffering from pain in the lower part of the back. About this time, the menstrual discharges became more profuse, and of longer duration, and were attended with bearing-down pains. In a short time the discharges became incessant both night and day, varying only in intensity at different times. This state having continued more than two years, she came to the Infirmary, blanched and feeble, and incapable of exertion.

On examination, a tumour of firm, but not very hard consistency, was found projecting through the mouth of the womb into the vagina. The tumour was of rounded form, but a little flattened in the antero-posterior direction; its length 1½ inch, breadth at the middle part about 1½ inch, at the neck, which was surrounded by the mouth of the womb, one inch. The mouth of the womb only loosely encircled it, and would allow of the top of the finger being inserted to the extent of a third of an inch, so that the points of inflexion of the tumour could be distinctly felt all round.

The patient having been examined by Mr. Teale, along

with his colleagues, Mr. Smith and Mr. Samuel Hey, there was no difficulty in deciding that the complaint under which she laboured was inversion of the womb; but the time and mode of its occurrence was not apparent from the account given by the patient, nor was any light thrown upon them by the inquiries subsequently made. Mr. Teale wrote to the Surgeon who attended her in her last labour, five years ago: this gentleman stated that he found in his books the entry of her delivery at the time mentioned, but without a note of any unusual occurrence; his practice being to enter a short notice whenever anything of importance connected with the labour occurred. His books also showed that no attendance beyond what was usual was required, and that she recovered without any material drawback. He afterwards lost sight of her. The patient further stated that she never had a miscarriage since her labour five years ago. The inversion, then, if it had occurred at the time of the last labour, must have been unattended at the time by any of the symptoms indicative of this accident, and must have remained two years and a-half without causing inconvenience, which is highly improbable. On the other hand, if it occurred two years and a-half ago, when the symptoms indicative of it commenced, it is remarkable that it should have arisen independently of pregnancy or polypus tumour.

On the 6th of April, Mr. Teale, having drawn the tumour downwards by hooked forceps, transfixed its neck by a nævus-needle covered with a double ligature. The loops of string being divided, the two ligatures were then tightly tied, one on each side of the neck of the tumour. The patient was placed in bed, and an opiate was given to her.

She proceeded from day to day without pain or fever, the pulse never rising above 85. On the seventh day after the operation the strangulated mass was found loose in the vagina, and was removed in a softened and putrid state. The central portion of the tumour, which alone remained free from decomposition, showed under the microscope the natural structure of the womb.

The bloody discharges ceased immediately after the operation. On the sixteenth day, however, there was a slight discharge of blood from the vagina, attended with pain in the pelvis, and for a few days with slight phlegmasia dolens of the right thigh. After this no discharge of blood took place. On the 1st of May she was able to walk about, had greatly improved in condition, and was made an out-patient.

For a few weeks she continued to attend, having remained free from pelvic disturbance, but occasionally suffering from epistaxis.

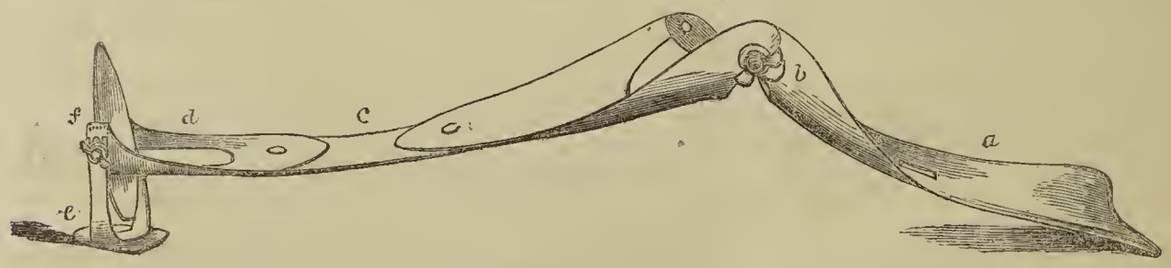
NEW INVENTIONS.

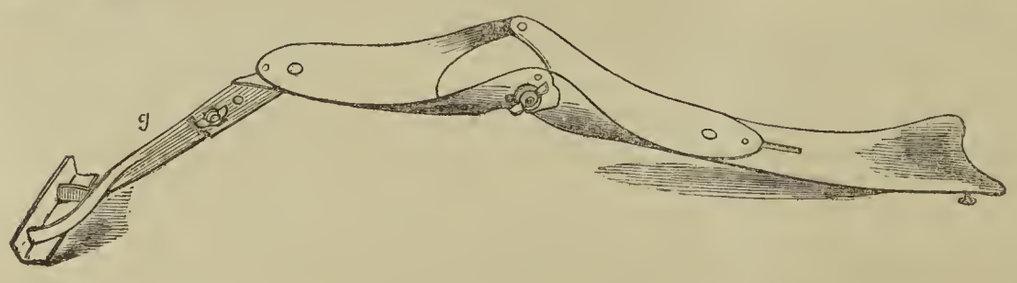
NEW INSTRUMENT FOR THE TREATMENT OF FRACTURES.

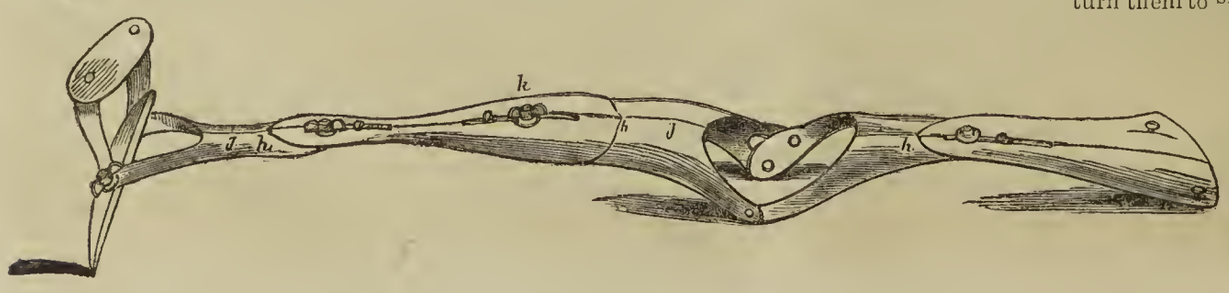
[To the Editor of the Medical Times and Gazette.

Sir,—No instrument, I believe, for the treatment of fracture of the lower extremity has received more favourable consideration from the Profession than the double inclined plane, and particularly that form of it known as Liston's. But even that has fallen into disuse, having been weighed in the scale of experience, and found wanting. Notwithstanding, however, all its defects, necessity still obliges Surgeons of all classes, both public and private, occasionally to have recourse to it in extreme cases, a proof, therefore, that the double inclined plane does possess some advantages over other splints. Various as have already been the forms of it contrived by surgeons, yet as all are arranged upon the same general principle, all have proved more or less defective. In adding another form to the list I do so with confidence, believing it will be found as perfect and as generally useful as it is possible for any one instrument to be. I enclose a sketch of it. It is a modification of Liston's, to which my principle of adjustment is applied, believing that principle to be the only correct one on which the successful treatment of fractures can with any certainty be accomplished. The application of it to the double inclined plane will doubtless be received as a great improvement. The advantages which I claim for it are:—1st. The power of adjustment to the natural curve of the limb, by which exact co-aptation is preserved. 2nd. Displacement is entirely prevented by the application of the swing to the foot-piece, which although simple is nevertheless most efficient, enabling the splint to move with the limb whatever its motion, whereby the comfort of the patient is materially increased. In addition to these a portion of it can be used as a stump-rest (fig. 3).

The instrument, it will be seen, consists of five pieces: (*a*) thigh, (*b*) knee, (*c*) leg, (*d*) footpiece, (*e*) swing, (*f*) rack for regulating the angle of the footboard, (*g*) is the support for stump-rest, (*hhh*) points or indices, (*fff*) central line, (*k*) screws for regulating length and adjustment.







Its application is as follows:—Apply it to the sound limb, and having fixed the knee and foot-pieces at the desired angle, regulate the length and adjust to the natural curve by giving the necessary lateral movement, so that the limb may rest in its entire length exactly in the centre of the splint. Having fixed it in this position by means of the screws underneath, remove it from the limb, and observing the indices, mark their deviation from the central line, and, by slightly loosening the screws, turn them to similar points on the opposite side, so that the natural curve of the injured limb may be thereby obtained; or, if preferred, as more in accordance with the ordinary method

of procedure, the length may be regulated by admeasurement, and such lateral motion given as is necessary to preserve perfect co-aptation. I am, etc.

W. H. Winchester, F.R.C.S.
Surgeon to the Westbourne Dispensary.

14, Westbourne-terrace-road, August 13th, 1855.

Note.—The instrument can be procured of Messrs. Savigny, St. James's-street.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Baeon.

No. 31.—Gluten Bread.

To the Editor of the Medical Times and Gazette.

Sir,—Will you or some of your readers inform me, through the medium of your Notes and Queries, as to the best mode of preparing unfermented gluten bread? I ordered some to be prepared by washing flour in water and straining through linen, so as to separate the starch, and afterwards to add one part of bic. sod. and two of chlorid. sod., along with a few grains of bic. ammon. to raise it; but when baked it turned out so heavy that my patient could not eat it.

Any information respecting its preparation, or where it can be obtained, will greatly oblige Quæro.

No 32.—A Name.

Sir,—I have just read in the last number of your Journal, p. 197, that, "strange to say, the Peninsular Company had placed no *Medical man* on board the Tagus." Permit me to suggest as a neater and more concise, if not a more appropriate general name for members of our Profession than Medical man or Medical Practitioner, the single word *mediciner*, which your readers may pronounce, if they please, *mediss'iner*, like artificer. It has, I think, the following recommendations, in addition to those that have been mentioned:—1. It is comprehensive and expressive; 2. It is analogical: thus from law we have lawyer, the y being inserted *euphoniæ gratiâ*; 3. It is not deficient in euphony; and, 4. Is not without authority; for example:—*Dum dolet*—"while the sore pinches, then, say the Mediciners, is the time to ask a fee."—*Quarterly Review*. Vol. lxxxviii., p. 326. I could add other authorities, but this may suffice.

August 25, 1855. I am, etc. J. D.

No. 33.—(*additional.*)—Mode of Action of Copaiba.

Sir,—Since reading the answers elicited by B. S. respecting the modus medendi of copaiba, the following suggestions have occurred to me, which may, perhaps, suitably claim a place among your Notes.

1st. The fact that the drug acts only by its solution in the urine, and consequent passage during micturition over the inflamed tract of membrane, accounts, to a considerable extent, for its inefficiency in acute cases. In these so much pus is secreted, that we may well suppose the mucous membrane protected, to a certain degree, from the contact of the urine.

2nd. Patients taking copaiba, ought to be told to pass their urine as slowly as possible, and, if practicable, to retain some in the urethra for a time. After micturition the urine should be injected back again. Perhaps it might even be well to wash the urethra out by injections of warm water prior to micturition, thus removing all pus and mucus which might shield the inflamed membrane.

ANSWERS.

To Query No. 13.—(*additional.*)—Mode of Action of Copaiba.

To the Editor of the Medical Times and Gazette.

Sir,—In common, I doubt not, with many of your readers, I am much obliged to Mr. Turle and Dr. Mercer Adam, for their important communications in answer to my query. The facts which they adduce confirm my own opinion, and I should think we may now regard it as *proved*, that the only mode in which copaiba cures gonorrhœa is by the local effect of its active principle in solution in the urine. Taking this, therefore, as an established fact, its practical importance is too great for us to allow it to remain unproductive. Mr. Turle informs us that all modes of injecting copaiba tried by M. Ricord, have failed; while Dr. Adam, on the contrary, intimates that he has himself, in several instances, succeeded in very speedily curing chronic gonorrhœa, by the injection of a weak mucilaginous solution of that drug. Here is a discrepancy in result which needs explanation. Will Dr. Adam be good enough to communicate to your pages the exact formula which he employed so successfully? I for one shall be delighted to give it a fair trial. If, however, the result should be that solutions of copaiba are not found to be generally efficient, it appears to me that we must not stop here. Doubtless some decomposition of the balsam takes place in the kidney, and the active principle only is excreted into the urine. Might we not by analysis of copaiferous urine, ascertain what this principle is, and procure it by chemical process from the balsam itself? Having thus obtained the essence, it might be made into an injection, and would doubtless prove as efficient as it now does when dissolved in urine. The matter is certainly well worthy of attention.

Finsbury, August 24. I am, etc. B. S.

To Query No. 25.—Climate of Madeira.

Sir,—Your correspondent, A. S., will find an excellent account of the Climate and General Meteorology of Madeira in a treatise on that subject by the late Dr. S. A. Mason (the Inventor of Mason's Hygrometer). The book is an octavo, of fair thickness. It was published in 1850, after the author's death, under the editorship of Mr. J. S. Knowles.

I am, etc. F.R.C.P.

To Query 27.—The "Axtra Mankaz."

Sir,—I may inform Hoax-hater, that the Axtra Mankaz is "a farina," at least so say its proprietors. In all probability it is simply a mixture of different kinds of flour. It is sold in large canisters, at a cost, I suppose, of about twenty times that for which its ingredients might be obtained at any baker's shop. I am, etc. An Observer.

Hyde-park, August 26.

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Medical Times & Gazette.

SATURDAY, SEPTEMBER 1.

THE MEDICAL PROFESSION AND THE PARLIAMENTARY VACATION.

Notwithstanding the engrossing topic of the war in which we are unfortunately engaged, we have some reason for congratulation that the interests of the Medical Profession have not been wholly overlooked during the late Session of Parliament. The Medical Reform Bill has been read, and ordered to be printed; the New Vaccination Bill has also been read and printed, and is now before the Profession; the Medical element has been fully recognized in the composition of the Board of Health; and we are happy to learn that Mr. Simon has been officially attached to the Board, as Medical officer;

while an Act has been passed for the local management of the Metropolis, in which the Medical Profession are beneficially interested. Various sanitary measures, in which Medical science is more or less involved, have also occupied the attention of the Legislature; and in another Session it may be hoped that these measures will be brought to maturity. The Assistant-Surgeons of the Navy have, at last, received from the Admiralty an instalment of the meed of justice which they have always deserved, and which has too long been denied; and the Medical Service of the Army, exposed by a Parliamentary Committee to the fiery ordeal of inimical inquiry, has been able not only to repel the charges brought against it, but to vindicate its claim to the gratitude and respect of the community.

In a Session, therefore, in which it appeared probable that Medical questions would be wholly disregarded, they have, on the contrary, from accidental and unforeseen circumstances, received unusual attention, and the result has been, as we believe, in spite of the influence of Homœopathy and other forms of quackery upon our legislators, and in spite of the apathy ordinarily evinced towards Medical questions, that our Profession, as a body, has made considerable progress in the good opinion of the Houses of Parliament, and, through the medium of the Press, of the public in general.

In the ensuing vacation, it should be our object to improve the advantage which we have already gained; and by the deliberate investigation of subjects connected with our common welfare, followed up by united and energetic action, to exercise such an influence upon the general Press and the Members of the two Houses, as shall compel the public to do justice to our ill-used Profession. We solemnly believe that many of the acts of injustice perpetrated against us result from the ignorance of the Legislature as to our position and our claims; and that if the understandings of our Senators were enlightened upon these points by meetings held in different parts of the country, and by articles in the general as well as the Medical Press, our legitimate objects would be more certainly and more speedily attained.

We are anxious to impress upon the minds of our Professional brethren that the present period of the Parliamentary vacation is really the time for action. The Members of the two Houses are now, for the most part, residing upon their country estates, and necessarily come into contact with the Medical men of the provincial towns and villages; and they are, therefore, at this time most open to information upon Professional topics.

We would also refer to the facilities which now exist for the diffusion of sound information connected with the general good of the Profession, by means of the general Press. The pabulum, in the shape of interminable Parliamentary debates, and the squabbles of opposite political parties, being now suddenly withdrawn, the newspapers are ready enough to admit communications upon matters connected with the social interests of different professions, and for want of other material, will even fill their pages with accounts of monstrous turnips, Brobdignagian potatoes, and colossal cucumbers. As we do not desire to be misunderstood, however, we beg expressly to state that we do not recommend our Professional friends to write to the *Times* to puff off their supposed cures of cholera or specifics for hydrophobia, for the purpose of gaining a transient and spurious notoriety at the expense of their own respectability, of the laws of inductive science, or even of the principles of English grammar; but we do recommend our brethren throughout the country to endeavour, through the medium of the Metropolitan and Provincial Press, to imbue the public mind with just notions of Sanitary laws, of Medical trials and responsibilities, of the distinctions between science and quackery, and of the due relations which ought to exist between the Profession and the Public.

In carrying out these views, we would urge upon all the necessity of sacrificing private and personal considerations for the public good, and of remembering that, while division of opinion and diversity of action are the elements of our destruction, unity and harmony of sentiment must lead to eventual success—"Concordiâ parvæ res crescunt: discordiâ magnæ dilabuntur."

Nor must we forget at the present period, again to urge a point upon which we have already touched on previous occasions, namely, the necessity of Medical Representatives in Parliament. Besides the representatives of the wealth and aristocracy of the country in the two Houses, the Law, the Church, the Army, the Navy, the East India Company, the Railroads, and even the Breweries, are all represented in the great Councils of the nation; while our own Profession, which we maintain to be equal to any other in public utility, can claim only a solitary representative; and this respected gentleman sits in Parliament from causes extrinsic to the Profession itself. In thus publicly recognizing the valuable services which Mr. Brady has rendered to our Profession, we cannot but desire that his efforts were seconded by others as zealous in our cause as himself, and we should indeed be happy to welcome the day when we could, by our united efforts, send into Parliament members avowedly devoted to our interests, and elected by our common suffrages. We believe the time is not far distant when such a consummation may be effected; and, at all events, it is an object to enlist our sympathies, and to command our best and most energetic efforts. As we have before remarked in the present article, we believe that the errors committed by our Legislators in Medical matters, arise in great measure from ignorance; and the presence of Medical Representatives in Parliament would be the most effectual means of communicating sound information upon Medical topics, and of obtaining for us a just degree of influence in the Councils of the Empire.

TOWN SEWAGE.

Dante the poet, in the introduction to the "Inferno," tells us of the unhappy fate of lazy, worthless, ignorant people. They cannot be taken into the celestial regions, and the *Inferno* will not admit them, because even the wickedest wretches might boast of being something better than they. Pray, courteous reader, do not accuse us of stretching an analogy too far, if we say that Town Sewage is in a similar predicament. It must be got rid of, out of the towns; but what is to be done with it? Nobody will have it; and the sanitary world would be but too glad if they could send it to the *Inferno*, but, unluckily, they can't get it there.

Seriously speaking, the disposal of the sewage is the very sticking-point of the whole sanitary question, so far as towns are concerned. As for the mere moving it from one place to another, that does but shift the difficulty and provide a temporary relief. What is required is some plan for disposing of it, using it up, utilizing it in fact; and, till this is accomplished, the sanitary evils of towns cannot be considered as fairly remedied. To this we crave the attention of our readers for a few minutes, in the hope of stimulating them to apply their inventive faculties to so important a subject.

There are many towns in England, and particularly in the agricultural districts of the South, where the same spot of ground has been the site of human habitations for at least a thousand years, probably much longer. Places there are which were of note in Anglo-Saxon times, and which, from being the seats of local government, have subsided into quiet and respectable market-towns, and have continued with about

the same rate of population from that day to this. Each house has a moderate-sized garden, in some corner of which is a temple consecrated to Cloacina, and besides, each house has a pump, drawing water from some stratum not very far from the surface.

This arrangement, in many towns, has lasted from the Heptarchy to the beginning of the present generation. If the cesspool were pretty well constructed, and cleansed out occasionally, and, above all, if the ordinary urine, and no other quantity of water or liquid slops are emptied into it, it gives rise to little annoyance by its effluvia, except at the approach of rain; neither does it contaminate the soil by percolation; for although the privy of Mr. A might be close to the pump of Mr. B, and so on alternately all through the street, yet all the inhabitants will be ready to boast of the capital water yielded by each pump respectively. But, by the way, it is curious what an immense time the cesspools are often allowed to remain without being cleansed.

This primitive state of matters, however, does not suit the present day. As population increases the common privy becomes extremely offensive, and the cleansing of it a perpetually-recurring nuisance. Moreover, it is found extremely inconvenient for delicate persons to go out of doors to resort to such places, and the apparatus known as the water-closet is introduced, and is no doubt an effectual mode of removing what ought to be removed from a dwelling-house. But now, other difficulties arise. The cesspools, which were formerly sufficient for the reception of the animal refuse in its natural state, become utterly insufficient when that substance is diluted and washed into them with abundance of water. Then it is found that poisonous gases are evolved constantly in greater abundance; and not only so, but the pumps begin to lose their ancient reputation. Mr. A or Mr. B fancies there is something queer in his water; and possibly some troublesome sanitarian may ascertain that this water is abundantly impregnated with Nitrates, or something worse.

So, then, as a third step, it is evident that something more is requisite than the mere construction of closets, which are emptied into cesspools almost close to the house. The sewage matter requires to be carried further away; and here we may remark, that so little is the nature of the case understood by the public at large, that we have known of more than one instance in which the drain of the water-closet has been made to empty into an open ditch, which drained into a horse-pond, or into an open sewer or gutter in the streets.

Where the quantity of sewage is small, the draining it away into open ditches among fields answers pretty well for a time; for the reason that the liquid is absorbed by the earth before it has time to accumulate, and do mischief. The town of Tunbridge Wells, a very irregularly built place, with very uneven surface, on a porous soil, is drained at several points into the fields adjoining, and no harm is done. But when there is a closely built town, with populous suburbs, this plan of self-drainage becomes intolerable. So, as a next resource, engineers are consulted, a system of drainage is established, and the sewage conveyed away into the nearest river; or if the place be on the shore, into the sea. But even then the evil is shifted, and is not fairly got rid of. If the drainage fall into the sea, there are filthy stenches at low water, when the foul stream slowly wends its way over the sands; and besides, the idea of bathing in water so contaminated, is not agreeable. On the other hand, if the sewage be taken to a river, the state of things is engendered of which the Thames is at present a melancholy example. It is an act of sacrilege against one of the most beautiful objects in nature, to convert a pellucid stream into a foul ditch. Of course the water is unfit for bathing, or for supplying water for drinking purposes. Then arise a horde of questions as to a fresh water-supply for the towns which formerly derived this necessary element from the river.

Now the only real solution of this string of difficulties is the finding some plan that shall not merely convey the sewage from one place to another, but which shall use it up, and apply it to a beneficial purpose; and this beneficial purpose can only be the cultivation of the earth. If applied to this purpose, absorbed by the soil, and converted into a luxuriant vegetation, it becomes not merely innoxious, but a source of health and wealth. It is the mode prescribed in the Mosaic Ritual, which contains, amidst the mysteries of religion, so many soundly practical sanitary enactments. Revelation and reason alike point to this as the mode of applying human excrement, which shall deprive it of all noxious qualities, and devote it to its legitimate use; and until this use is systematically made of it, it will be an incessant and increasing source of expense and danger.

But the unhappy fact stares us in the face, that there is really little or no progress making in this branch of economy, at once agricultural and sanitary. We have ourselves conversed much with farmers and country clergymen, and find them almost universally blind to the immense importance not merely of using town sewage as manure, or of draining it away from human habitations, but to the fact that these two ends are one and the same, and that one cannot be accomplished without the other. What the commercial value assigned to town sewage is at present may be estimated from the following extract from the *Hampshire Advertiser* of June 9, 1855:—

"Can the Town Sewage be made a Matter of Profit?—This question was brought before the Town Council in its capacity as the Local Board of Health, on Wednesday last, by Dr. Oke, in a valuable report. It does seem, at the first blush of the thing, extraordinary that so valuable a deposit, where used, should not be rendered a source of considerable revenue to a large town. Liebig has made it so in Germany; and we have read in all the pamphlets and speeches upon the subject in this country of the extraordinary value given to the meadows round Edinburgh by its application. Our late engineer under the Board of Health, Mr. Ranger, estimated its value in Southampton at £5000 a-year; the present engineer, Mr. Simpson, considers its value problematical; and Mr. W. C. Spooner, the chemical manufacturer of manures, denies the sewage water having more than 3 per cent. of manure in it, which would not pay the expense. Dr. Oke has obtained answers from the Town Clerks of Edinburgh, Rugby, and Leicester, as to the value of the application of the sewage water, and finds it a nuisance at Edinburgh, and no mention of profit; at Rugby, the supply is taken by a lessee at a rental of £50, and a premium of £300 down; at Leicester, the supply is taken by a company, but the terms are not mentioned. It is but just that the question of value, if any, should be set at rest, and the town is under an obligation to Dr. Oke for having placed the subject for a final decision before the Council."

But perhaps our readers may think that "they manage these things better in France." Hear what Dr. Waller Lewis says, on the contrary (a):—"Although there is very little doubt that this is a very fertile species of manure, still there is a great prejudice against its employment among the farmers and market-gardeners in the neighbourhood of Paris." The conductor of the establishment for the manufacture of *poudrette* informed Dr. Lewis that no farmers would purchase the liquid, nor would they use it, even if given to them for nothing. This had been tried.

Now, as we have said before, we believe it to be of no use to carry this sewage away, unless it is used up. The sewage of London may be drained into the Thames at Barking, or into the sea itself, but wherever it may be carried it will

(a) Report on the Laws and Ordonnances in force in France for the Regulation of Noxious Trades and Occupations; by Dr. Waller Lewis. London: 1855.

certainly be a source of nuisance, till it is applied to its legitimate purpose. Meanwhile the man who will discover a safe, expeditious, and economical way of so applying it, and who will work out the subject practically, will be indeed a public benefactor.

THE ARMY MEDICAL DEPARTMENT IN THE EAST.

Our letters from the East continue to refer to the state of discontent prevailing among the members of the Army Medical Department. One dated from Scutari, August 16th, says—"A host of officers have had the Companionship of the Bath conferred on them, and many have been made Knights Commanders and Knights Grand Crosses of the same Order, but not a single Army Medical Officer has got even a poor Companionship. Not one can even write C.B. after his name. We are determined to agitate. We have established the question of Widows' Pensions according to relative Military rank. We now want increased pay—for the juniors particularly—but with some little increase for all ranks. In my own opinion, however, our most pressing want is increased, and earlier retirement, for if the pay be increased and the retirement not, the *chief evil* is only *aggravated*, namely, the non-retirement of men who are past their work. Again, out of the enormous sums paid yearly as good-service pensions, not a farthing ever comes to our Department, although I am sure we work as hard for it as others." Now is the time to bring these matters before Government and Parliament. It is really too bad to decorate so large a number of regimental and staff officers with the Order of the Bath, and neglect the whole body of Army Medical Officers. Numbers of these gentlemen were far more exposed to personal risk in action than any of the new C.B.'s and K.C.B.'s, and have gone through all the hard work of the Crimean campaign and the cholera epidemic in Bulgaria without any substantial reward. Full justice must be done to our Army Medical brethren, if the Government wish to retain the services of able and efficient men. Such men will not continue to work for their present miserable remuneration, if, while willingly sharing all the dangers and hardships of their soldier comrades, they are denied a fair share of those honorary distinctions by which the nation attempts to repay the devotion of those who have merited well of their country.

THE WEEK.

That Miss Nightingale is well deserving of a national expression of the honour in which she is held, all are agreed. That such expression should be made in the manner most agreeable to her own feelings, is also a point about which there can be no difference of opinion. With regard, however, to the propriety of the proposal now contemplated by her admirers, we hear from almost all who are well acquainted with the merits of the question, much doubt expressed. Already are there eight or nine unendowed Hospitals in London, in which the sphere of usefulness is limited only by inadequate receipts. To these the introduction of another rival would be a most serious pecuniary loss. Have any of those active in the present scheme calculated the annual cost of a Hospital which should be large enough for a trial of Miss Nightingale's plan? To afford anything like a field for the exertions of such a band of our fair countrywomen as would certainly flock to such a work, no Institution less than St. Bartholomew's would suffice. We have confidence, however, in Miss Nightingale's judgment. She has no wish that her friends should start in the pursuit of a chimera, with the idea that they are doing honour to her. Her desire simply is, that the sick poor in public Institutions should be better nursed and more kindly cared for than she fears is at present the case. We give her credit for a yet higher moral quality, and believe that she would wish this most benevolent end to be achieved with as little of ostentation as possible. While, then, there are plenty of Institutions already in existence which would be only too willing to accept of the services of gratuitous nurses, why attempt to found a new one? When the end in view may be easily and at once accomplished by machinery ready to the hand, why start a scheme which, if it do not fail altogether, can only produce results most insignificant in proportion to the labour and expense.

Each passing week confirms our hopes that we are this year to escape a general outbreak of Cholera. The Registrar-General still reports weekly a few sporadic cases under that name, but the circumstances that the general mortality is low, and that the deaths from diarrhœa are actually 30 below the weekly average for the time of year, are sufficient to do more than counteract any feelings of alarm. That we should be exempt this year is, indeed, in accordance with the expectations of most who are familiar with the laws which the epidemic has hitherto appeared to obey. In each of its former visitations it lasted two years: the first summer mildly, the second severely, and then it left us. At present it is prevailing in Italy, Spain, Portugal, and Egypt; and it is interesting to observe that these are the very countries which it visited immediately subsequent to the English epidemic of 1835.

The presence of a certain quantity of chicory in coffee may, perhaps, be ranked by some as an advantage, and it at any rate may be claimed for such "adulteration" that it involves neither injustice nor injury. What palliation, however, can ingenuity allege for the presence of arsenic in hydrochloric acid? The evidence of Professor Taylor, just given at Darlington, is indeed most startling. It appears that all the acid usually sold contains appreciable quantities of this metal. The question will arise henceforth, in all cases of suspected slow poisoning by arsenic, whether the deceased had been in the habit of eating bread made with baking powder? A remedy ought to be found for this. Whatever practical difficulty may surround the legislator in his attempts to prevent the adulterations of food, there ought to be none regarding those of drugs. In the latter, the simple test of purity will decide the question, and this test ought surely, for the welfare of the public, to be enforced by the heaviest penalties.

The injustice which has been inflicted in the mode of Mr. Bakewell's dismissal from the Army Medical Service becomes more and more apparent. The letter on the subject, by Mr. Frederick Peel, published in Wednesday's *Times*, is a striking illustration of how, when the blood is warm, all notions as to what even-handed justice consists in, may be forgotten. Mr. Peel asserts that Mr. Bakewell was "not the accused party" at the investigation, and that, therefore, there was no need for his presence. At any rate he was the party on whom the awarded punishment fell. Granted, however, that the Medical Staff was the accused in that inquiry, still, is it possible that a verdict of acquittal of any value whatever can have been pronounced, while the accuser was absent? Whichever way it is regarded, the defence is equally ridiculous.

The bill of fare put forth by the Editors of the coming volume of "Guy's Hospital Reports" is a most excellent one. One subject there is, however, which we do not observe noticed, attention to which would certainly much increase the usefulness of the work. The past series forms a most extensive and valuable repertory of Medical facts; but it is, of all the Medical works with which we are acquainted, the most difficult of reference. Could not an Index to the whole

(not a detailed one) be made a part of the present volume? It would in itself be well worth the whole price charged. Another omission in the Table of Contents we also noticed. There is no mention of the "Statistical Report of all cases treated during the year," which formed so important a feature in the last volume. Has it been forgotten?

The melancholy circumstances under which the death of Dr. James Bowen Thompson has occurred at the Kululee Hospital, suggests the repetition of a protest which we have often had occasion to urge. Not long ago a poor invalid sailor, who had been landed from the *Himalaya* in Portsmouth Harbour, was hawked about from Hospital to Poor-house in a dying state, being refused admission at each on account of formalities not complied with. The House-Surgeon could not admit without a Governor's letter, and reasons of like cogency were forthcoming at the other Institutions. Thus we have a Physician left thirty-six hours between his being landed and admitted into Hospital, simply because he was a Civilian. The Resident Medical Officers at our Public Institutions, whether civil or military, occupying posts of great responsibility and trust, surely should be permitted some measure of freedom from rule. Unless such provision be made, occurrences such as those alluded to must from time to time be repeated.

REVIEWS.

Untersuchungen über den Einfluss, welchen die Blutströmung auf die Bewegungen der Iris und anderer Theile des Kopfes ausübt. Von Adolph Kussmaul. Würzburg, 1855. Pp. 42.

An Inquiry into the Influence of the Circulation of the Blood upon the movements of the Iris and other parts in the Head. An Inaugural Dissertation, by Dr. Kussmaul, of Würzburg. The following abstract will present the conclusions at which the author has arrived from his experiments:—

1. The flow of blood exerts an influence upon the movements of the head, and its motor parts. 2. This influence is under the control of definite laws. 3. These motor-phenomena are deducible from the phenomena which are observed by the interruption or restoration of the flow of blood in the large arteries and veins. 4. These phenomena follow only when the mass of blood in the head undergoes considerable change in consequence of disturbance of the circulation. 5. Arrest of the arterial blood induces, in the first place, contraction of the pupils, of the aperture of the lids, of the nasal cavities, of the mouth, of the auricular muscles,—and, in the next place, dilatation of these. Among these phenomena, those observed in the pupils and eyelids are most constant, while those of the mouth are less frequent, and contraction of the nasal cavities and auricular muscles are only sometimes met with. 6. The restoration or augmentation of the arterial current constantly produces very considerable dilatation of the pupils, of the eyelids, and of the auricular muscles. The mouth occasionally shows relaxation. The nasal cavities dilate under the one and contract under the other. With the return of the usual relative flow of blood, the diameters of these apertures resume their normal dimensions. 7. Retardation of the venous current causes at first contraction,—with returning flow, dilatation of the pupils. 8. Arrest of the arterial circulation produces, besides the above-named phenomena, other movements of the eye, of the cutaneous muscle, of the hairs of the beard, of the ears, and head. These also exhibit contrary conditions in their first and second periods, and differences in degree in different individuals. 9. The restoration and augmentation of the arterial circulation have their regular returning and opposite phenomena of movements. 10. There is, more especially, the rolling of the eyeballs, which occurs with great regularity and force in the second period of arterial anæmia, from within downwards to outwards and upwards, and on the return of the current of blood it takes place from without upwards to inwards and downwards. 11. The eyeball is protruded during the returning flow of blood. 12. Obstruction of the venous circulation produces protrusion of the eyeball, also definite movements of the cutaneous muscle, and rolling of the eyeballs, which on the return of the circulation become directly contrary. 13. Abstraction of blood from the arteries of the neck produces phenomena corresponding to those caused by arrest of the blood in the arteries.

Reports of Lunatic Asylums.

We have received the Reports of the Asylum for the North and East Ridings of Yorkshire; of the City of Worcester; and of the James Murray's Asylum near Perth.

The Medical Superintendent of the Yorkshire Institution, Mr. Samuel Hill, reports 78 admissions during the year, 18 discharged recovered, 9 relieved, and 21 deaths, out of 303 patients. Mr. Hill takes occasion to express his doubts whether the separation of idiots from other inmates of asylums be wise. Much good, Mr. Hill states, results to the insane from the exercise by them of practical benevolence in the care of the idiot. To these the insane form the most untiring and sympathizing friends. In a pecuniary point of view, also, their association presents advantages over their separation in establishments for their exclusive use.

Dr. Sherlock, the Superintendent of the City of Worcester Asylum, reports a total of 299 patients, of which number 88 have been admitted during the year; 22 have recovered, 8 have been relieved, and 51 have died. Dr. Sherlock repeats,—what is familiar to Medical Officers of County Asylums,—that the small per-centage of cures is attributable to the large proportion of chronic cases admitted. Thence Dr. Sherlock enforces the necessity for having early recourse to treatment. 35 cases of cholera occurred, of which 8 proved fatal. Subsequently, the dietary of the patients has been raised,—a judicious alteration doubtless, poorness of diet being an obstacle to restoration to sanity.

The James Murray's Royal Asylum, at Perth, has two Medical Officers, a Physician, Dr. Malcolm, and a Resident Superintendent, Dr. Lindsay. 36 admissions are reported, with 17 recoveries, 8 improved only, and 15 deaths. The number of inmates remaining is 133. 11 cases of cholera occurred, of which number 7 died.

In all these institutions non-restraint, and moral influence form the principles of treatment, the results of which are as satisfactory as they have been elsewhere proved.

On the Theory and Practice of Midwifery. By Fleetwood Churchill, M.D., M.R.I.A. Illustrated by One Hundred and Nineteen highly-finished Wood Engravings. Third Edition. London: Henry Renshaw. 1853.

We have been well acquainted with this book from its infancy, and we have noticed with pleasure the improvement which has marked each successive edition. It is a clearly and carefully written summary of the whole subject of Midwifery, evidently elaborated with the greatest possible pains, and noticeable for the fairness with which opposing views are stated and compared. The author tells us that the statistical tables, which formed an interesting feature in the earlier editions, have been much enlarged; and he insists with great justice on their value in encouraging definite habits of thought and expression in the student. Altogether it is a book which reflects credit not only on the author, but on the publisher, for the excellence of the typography and illustrations.

Annual Report of the Royal Edinburgh Asylum for the Insane, for the Year 1854. Edin. 1855. Pamphlet.

This is, on the whole, a favourable report of the progress and working of the Asylum. Under the salaries paid to various officers of the Institution we meet with the following:—

Resident Physician	£460 0 0
Assistant ditto	84 11 10
Second Assistant ditto . . .	40 0 0
Consulting ditto	25 4 0
Gatekeeper	31 10 0

The first is all very well, but surely the men who doubtless do the hard work of the Asylum should receive better remuneration. Why, the Gatekeeper receives more than the Consulting Physician, and little short of the salary of an Assistant Physician.

Inquiry to ascertain the Maximum Limit of the Annual Taxation required from the Sewers Rate-payers, and to advocate for the Community the adoption of the principles of Joint-Stock Association for the Raising and Liquidation of the Funds to extend the Sewerage, and to intercept from the Thames the Sewage and Drainage of London. By A. Sayer, M.D. London, 1855. Pamphlet.

The title of this pamphlet sufficiently explains its contents.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON PROTRACTED VALVULAR DISEASE OF THE HEART.

(By Dr. CORSON.)

Dr. Corson has, in this interesting and valuable Paper, collected the particulars of 41 cases of valvular disease of the heart, of at least three years' duration. A few of these are original, the remainder having been already published. The following are the conclusions he derives from their analysis:—

1. That, in protracted valvular diseases, aortic lesions are twice as numerous as any other class; aortic obstruction alone, and aortic obstruction with regurgitation, are nearly equally divided, forming about one-half; mitral regurgitation, nearly one-fourth; aortic and mitral combined, one-sixth; and simple or complicated affections of the right valves, about one-eighth. 2. That, owing to the excess of 3 males to one female in the large aortic class, two-thirds of the whole were males, and that the average age of the whole was 39 years; of the aortic alone, 40 years; and of the mitral alone, 32 years. 3. That, both in ability for exertion and duration, the aortic, on the whole excelled, each being greatest with either slight aortic obstruction, or limited stationary mitral regurgitation, with the least hypertrophy, enlargement being best endured in the aortic class; and that the average duration of the 41 cases reached the extraordinary term of 9 years,—9 with aortic obstruction averaging 10½ years, 8 with aortic obstruction and regurgitation 8¾ years, 7 of aortic and mitral combined 10 years, and 3 of right and left valves simultaneously 4 years. 4. That, of 29 cases in which the causes were mentioned, 20 were from rheumatism, 4 from pneumonia or pleurisy, but none from Bright's disease. 5. That the aortic differed from the mitral in having, more often, florid face, bright, protuberant eye, jerking, thrilling, or firm pulse, precordial bulging and pain, strong impulse, harsh grating or sawing murmur, always sternal, more frequent and large hypertrophy, and more cerebral complications; while the mitral, on the contrary, were more liable to a livid or puffy face, softer, smaller, and more intermittent pulse, feebler impulse, more liquid murmurs, always apexial; less hypertrophy, and more frequent pulmonary complications and dropsy. 6. That in prognosis, from their presence or absence in these cases, were variously rated, with some exceptions, the following characteristics: (1) most favourable, slight aortic obstruction, or limited stationary mitral regurgitation with little or no hypertrophy, a natural or florid face, and a healthy, easy avocation; (2) less favourable, aortic obstruction and regurgitation, or free mitral regurgitation with large hypertrophy, excessive pulmonary congestion or dropsy, and an unhealthy, straining, or anxious avocation; (3) unfavourable, mitral obstruction, tricuspid, with left valvular lesions, or disease of any two sets of valves sufficient to produce murmurs from both. Bright's kidney, a livid or cachectic face, or enlarged liver. 7. That eleven cases at the time reported were still living; and that of the thirty fatal cases only seven, all purely or nearly aortic, were mentioned as dying "suddenly;" while sixteen, principally mitral, "sank gradually;" and that in the thirty post-mortems, beginning with the most frequent, there were found the following changes: hypertrophy with dilatation, ossific deposits, adherent pericardium, valvular thickening, cartilaginous induration, and vegetations. 8. That in the treatment of protracted valvular disease, we must avoid, as far as possible, thwarting the restorative operations of nature by depressing with bleeding or digitalis. These, when required by dangerous complications or secondary inflammations, are to be used cautiously, as in phthisis, being, on account of less liability to fatal syncope, best borne in mitral disease with sufficient impulse. Many cases only require careful regimen for years. Allowing a certain excess above the natural standard to carry on the embarrassed circulation, the impulse is the true pulse of the heart, indicating, especially when feeble, the need of support. When interference is necessary, tonic and soothing remedies are far most frequently required; and the most valuable tonics to sustain a failing heart are, first, strychnia, in from one-quarter to one-third the usual doses long continued, and, next, preparations of iron with mild sedatives and bitters.

New York Journal, vol. xiv. p. 462.

THE PRODUCTION OF SUGAR ILLUSTRATED BY PATHOLOGICAL FACTS.

By M. ANDRAL.

In a Memoir recently read at the Académie des Sciences, M. Andral furnishes an account of some observations he has had occasion to make on diabetic patients. First, as to the effect of a deprivation of food. When a diabetic patient has ceased, from any cause, to take food, M. Andral has found the sugar of the urine diminish or disappear. Thus, a woman whose urine furnished from 40 to 70 grammes of sugar per litre, lost her appetite, and at last took no food at all. The sugar kept diminishing under a diminished diet from 54 to 28 grammes per litre, and 48 hours after abstinence not an atom of sugar could be detected. Only three days after a gradual return to food did the sugar again begin to show itself (20 grammes per litre), but after then it rapidly regained its old proportion.

Next, in the absence of these aliments which chemistry can transform into saccharine matter, can sugar be produced in the organism from exclusively albuminous aliment? M. Bernard declares that he has found sugar in the liver and hepatic veins of dogs kept exclusively on meat, and clinical observations confirm his statement. Although by the abstraction of all saccharine and amylaceous foods we may temporarily diminish the quantity of sugar in the urine, we cannot, in the immense majority of cases, reduce it to zero, or, at all events, can only do so temporarily. Nay, even under an exclusively animal regimen, we may see it continually increase. A woman rigorously kept to an exclusively meat regimen for two months, without ever missing a day, taking for drink water, to which a little alcohol was added; at the end of this period, being no better, and disgusted with her food, she abandoned the trial. When she commenced this regimen, the urine furnished 27 grammes of sugar per litre, and, at first, the proportion diminished to 20, 15, 12, and 10 litres. Then, quite suddenly, without any change in the regimen, it mounted up from 10 to 20, 30, 44, and 49 grammes. When the animal regimen was combined with eggs, milk, and a little bread and vegetables, and some wine and water, it was found, contrary to all expectation, that the sugar again descended to 30, 26, and 15 grammes, but, in three weeks, had reached 54 grammes. Thus, the important conclusion is deducible from this patient's case, that all sudden changes of diet, even of an opposite kind, are attended by a temporary diminution of the sugar, to be followed by an increase. M. Andral has met with several similar cases. Not long since, he had a patient whose urine, while he was on exclusively animal diet, furnished 82 grammes per litre; and as he passed 8 litres of urine in the twenty-four hours, he excreted in that time 656 grammes.

If, as is deducible from Bernard's experiments, the blood which comes from the liver charged with sugar, contains this no longer when it has traversed the lungs, does the sugar found in the diabetic arise from the formation of an excessive quantity by a diseased liver, which escapes the action of the lungs, or has this latter organ undergone such alteration as allows the sugar reaching it in the hepatic blood passing intact? We do not, however, observe in the lungs of the diabetic any special alteration. The tubercles so commonly found in them cannot be so regarded, as sugar is not usually found in the urine in phthisis: while the statement made by Reynoso, that sugar is found in the urine whenever the respiration is embarrassed requires confirmation. Nor do we habitually find sugar in the urine of individuals attacked with any of the diseases of the liver we are acquainted with. But while the lungs of the diabetic do not present anything

special, this is not the case with regard to the liver. Since the publication of Bernard's researches, M. Andral has made five autopsies in diabetic patients, and the liver in all has presented similar alterations, viz.: a deep, brownish-red colour, so that the entire organ, in place of presenting the yellow and red substances of the normal state, exhibited a perfectly uniform red colour. There were all the anatomical characteristics of a very intense hyperæmia, presenting a very different appearance to the hyperæmiæ, that, under the influence of very different causes, are so easily produced in this organ. The constancy of this complete engorgement of the liver is a proof of its importance; and if the organ secretes sugar, it is logical to admit that this hepatic hyperæmia is the anatomical sign of the increased activity of the glucogenic function. It must not be said that the azotized and substantial food given to these patients is the cause of the hyperæmia, for in two of the cases alimentation was nearly as in ordinary. But as every hepatic congestion is not attended by the increased production of sugar, the most common effect of such being to diffuse the elements of the bile through all parts of the organism, we may, perhaps, find the explanation of this fact in the difference of the seat of the congestion. Is it not in fact possible that, accordingly as this or that anatomical element, or order of capillary vessels, is more specially congested, sometimes a change in the secretion of bile, sometimes in that of sugar, sometimes a modification of some other organic action of which the liver may also be the instrument, may take place?—*L'Union Médicale.* 1855. No 89.

ON DEATH BY STIFLING.

By M. TARDIEU.

Of 116 new-born infants, the cause of whose death M. Tardieu was called upon to investigate, he found that 58 had died stifled. The signs of this mode of death not appearing to him sufficiently set forth, he has performed a great number of experiments, varying, as much as possible, the mode of producing the suffocation; such as occlusion, compression of the parietes of chest and abdomen, burying alive, or confinement in a limited space. He has also compared the signs of death from suffocation with those of other kinds of asphyxia.

The change to which most importance should be attached is the dissemination of sanguineous extravasations under the pleura and hairy scalp. In whatever degree, and in however small numbers these may be present, they suffice to positively determine that suffocation has been really the cause of death. To this lesions are often added, but in a less constant manner, ecchymosed spots beneath the pericardium, the rupture of some of the superficial pulmonary vesicles, and the presence of a fine white or slightly rose-coloured foam in the air-passages. The same observation applies to the external signs of violence; as flattening of the nose and lips; excoriation of the integuments, etc. The multiplicity and extent of such lesions will indicate, if not the duration, at least the energy, of the resistance offered by those who died stifled. These signs, permitting us to distinguish with certainty death from suffocation, from death from hanging or drowning, and may often be of great service in preventing our confounding homicide with suicide.—*Bulletin de l'Académie.* T. xx. p. 97.

ON CHANCRE.

By Professor SIGMUND.

From observations conducted on a large scale at the Vienna Hospital, Dr. Sigmund concludes:—1. Chancre can only be treated locally during the first four days, and the farther we recede from this the greater the urgency of the general treatment. 2. The local treatment consists in cauterization, which effectually destroys all the chancrous exudation to the sound tissue. 3. The observation of more than a thousand cases, during eleven years, assures Dr. Sigmund that secondary symptoms never occur when the chancre has been completely destroyed within the four first days. He is only aware of two doubtful cases in which cauterization on the fifth day even has not prevented accidents. The best caustic is the Vienna, composed of quick lime and two or three parts of caustic potass. Cauterization should also be practised even after the fifth day, for although the chances of preservation from secondary syphilis are diminished, they are not totally abolished; and we prevent the chancre being communicated to other parts of the same patient, or to other individuals. 3. The general treatment consists in the methodical employment of mercury, no other means curing so quickly and so surely. 4. In the exceptional cases in which secondary symptoms occur in spite of general treatment, they are not found in an aggravated form. 5. According to circumstances, the general treatment should be continued for six or twelve weeks. The levity with which the public and the profession at the present time regard venereal symptoms, should be met by the strongest opposition. 6. Clinical observation shows that every chancre, well diagnosticated, and not carefully destroyed, leads to secondary symptoms if general treatment has not been instituted. This will be admitted by all who establish a rigorous diagnosis, and look for secondary symptoms soon enough where they are first to be found, viz., in the lymphatic glands. 7. Positive diagnosis is alone attainable by inoculation or the production of secondary symptoms. 8. Secondary symptoms are usually observed about the sixth week after infection, and very rarely later than the twelfth; and we must not always depend upon the patient's assertion, but make ourselves a rigorous search for their early manifestation. If between the sixth and end of the twelfth week no secondary symptom has shown itself, and the local manifestation has disappeared, the patient may be pronounced cured—the few exceptions that occur notwithstanding. 9. The amount of mercury administered varies according to the indications offered by different patients. The dietetic and hygienic management, both during and after taking the mercury, is too much neglected.

L'Union Médicale, 1855. No. LXXV.

GENERAL CORRESPONDENCE.

VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last number "A Public Vaccinator" has kindly given me "a hint" as to Vaccination, and he will extend the obligation still further by informing me in what districts fines have been enforced, as I have always understood the Act has been a dead letter in that respect. Had my letter been inserted entire, it would have appeared that the remarks were not intended to be taken as personal, but rather as a complaint against the present system, with suggestions for its improvement. In the proposed Bill I perceive it is intended that every one should be Vaccinated who has not already undergone the operation, or had the Small-pox. The Clause VIII., I think, is too stringent, and will I fear, if pressed, defeat the Bill; or, if carried, give rise to much angry feeling. Fancy the Parish Vaccinator going to an octogenarian duchess, or some irascible old gentleman, and insisting upon their being vaccinated because they could not prove they previously had the small-pox or had been vaccinated. Lucky it would be for him if he escaped by the door and not by the window. Or even go to the cottage of the poor, under similar circumstances, and see the hubbub that would be raised; the whole neighbourhood would be up in arms, and the Doctor received with a storm of abuse, if not something worse. The age must be limited, I should say, to 21, for beyond this it would be difficult to enforce the law in a direct way; indirectly it may be done, by not admitting any one to a Government employment or to any public work, or allowing any one to be married, who has not had the small-pox or been vaccinated. It appears to me that an attempt to enforce the fine, as at present worded, might give rise to legal objections. Does the twenty shillings refer to the default of going to be inspected or to the vaccination itself? Some will say both; but if it admit of a doubt, the wording should be altered and rendered clear.

Rule IX. The remarks on Rule VIII. are applicable to this.

Rule X. should expressly state the length of time the payment of the fine will exonerate parties from being vaccinated, otherwise those who can afford to pay twenty shillings may set the law at defiance, and keep their children unvaccinated. This is not an imaginary case, as a master-baker informed me the other day, when I said he was liable to a fine, "Oh, you may fine me, if you like; I don't care for twenty shillings!"

Rules XI., XVIII., XXXI. The word Sub-Registrar should be altered to Registrar, as the "Sub" has no existence.

Rule XII. The remarks as to the fine apply here as well as to Rule X.

Rule XX. should be amended, as it gives to the private Practitioner, only, for each return he makes of successful

vaccinations and postponements one shilling. Whereas the Public Vaccinator gets nothing; and it strikes me most forcibly that the wording of the Act would prevent him claiming the shilling even for his private patients. An effort ought to be made to get this shilling for every registration, whether it be made by the Private or Public Vaccinator. It is but a slight boon to the latter for the services he has to perform, as he gets no payment for unsuccessful cases or postponements. Of the 168 births in my parish during the last two years only 71 have been vaccinated at the public expense. Should this rule therefore stand, he will actually be prejudiced, as a large number of the cases are private patients, which as a public officer he may be refused payment for registering.

I think the present plan of carrying out the Act may be simplified. Let the Registration remain in the hands of the present Registrars, who should deliver, on the Registration of the birth of a child, a printed form as at present, but containing a blank space, to be filled up by the Vaccinator, as to whether the vaccination has been successful or not, or if the child be insusceptible, or it be desirable to postpone it for a certain length of time. This form could be printed, and the Surgeon place his initials against the particular line, with his name in full at the bottom, and the date. This form should be returned by the parents of the child to the Registrar, whose business it should be to deliver the necessary certificate. The Public Vaccinator would then have to keep his own book only, as a voucher for the work he has performed, and the private Practitioner be exonerated from making any return at all, excepting that he would have to sign the Registrar's form. If the parties did not comply with the Act, then it should be the duty of the Registrar or Vaccinator to sue them, retaining a part of the fee himself, as an encouragement to do his duty; that would have the effect of speedily causing all within the prescribed age to be vaccinated. I am, etc.

Richard Griffin.

Weymouth, 12, Royal Terrace, August 25, 1855.

INSUFFICIENT SUPPLY OF NAVAL MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The way in which the newspapers gave an abstract of Mr. Brady's Parliamentary Return of the "Naval Force and Naval Surgeons" (being their state on May 1) did not show the number of Medical men short of the complement. Mr. Brady's idea was an excellent one, but instead of selecting the state of matters on the 1st of May, it would have been easier and more satisfactory to have taken the 1st of January, or the 1st of April, and to have found how the matter stood from the Navy List published on these days. It would almost seem as if the real object of the officials who had to do with the drawing-up of the Return was not to display, but rather to conceal, the actual state of matters. "So many ships had so many Surgeons, and so many Assistant-Surgeons." This is no information; it evades informing us how many Assistant-Surgeons these ships ought to have had, and this is the information which the spirit of Mr. Brady's motion was intended to elicit.

Any one may make a Return for himself by taking the Navy List, and reckoning the number of vacancies. By turning to the volume issued by the Admiralty, and entitled "Admiralty Instructions" (1844), the reader will see that—

1st and 2nd rates, having 80 guns and upwards, have three Assistant-Surgeons in their "complement."

3rd and 4th rates, having 50 guns and upwards, have each two Assistant-Surgeons in their complement.

The non-naval reader will allow me to observe that the quarterly Navy List gives an alphabetical list of ships and their "gunnage," or number of guns (thus showing the "rate"), so that in ten minutes any one may reckon the number of Medical Officers who are actually employed, and the number deficient, as the officers' names are given under the ship's name.

In the Navy List for January, 1855, for certain 77 ships "in commission," that is, having their crews on board, the proper complement of Assistant-Surgeons was 141; the number employed only 55; the number wanting, 86. Also 8 Surgeons were wanting; making 94 Medical vacancies in 77 ships. Three ships had no Medical Officer.

Secondly, in the April Navy List, in certain 95 ships, the complement of Assistant-Surgeons was 170; the number actually on board was only 55; the number short of the complement, 115. Also six Surgeons were wanting; making 121 Medical vacancies in 95 ships. Five ships had no Medical Officers. As these 95 ships require 170 Assistant-Surgeons in peace times, they certainly ought not to be allowed to go into action with only 55 Assistant-Surgeons.

I have not yet seen the July Navy List, but most likely the state of matters in it will be found to be about the same.

The January List shows that one Surgeon and five Assistant-Surgeons had resigned; the April List states that three Surgeons and nine Assistant-Surgeons had resigned in the course of the quarter. The cause of these resignations and of the insufficient supply of Medical men in the Navy, is the unjust and disagreeable way in which both Surgeons and Assistant-Surgeons are treated. The way to fill these vacant places in the Naval Medical Service is by the Civil Medical Profession, and the British public generally, taking steps to induce the admirals and captains who compose the Board of Admiralty to give better pay and more gentlemanly treatment to the Surgeons and Assistant-Surgeons, and to cease withholding from them the rank, position, and advantages ordered for them by the Sovereign and by Parliament. The heart of the British public is not in the right place, if it have more regard for the prejudices of the Admiralty Commissioners than for the lives of the wounded among our gallant seamen and marines. I am, etc.

Abroad, August, 1855. Humanity, R.N.

[Although our Correspondent, writing abroad, is evidently ignorant of the late changes effected in favour of the Naval Assistant-Surgeons, we nevertheless think it advisable to print his letter, as it contains valuable statistical information, and may contribute to further reform in this direction.—Ed. *Medical Times and Gazette.*]

TAPPING THE CRANIUM IN HYDROCEPHALUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—With the other cases which have been recently operated upon at this Hospital, we have had the operation of tapping the cranium, in a case of chronic hydrocephalus, performed by Mr. R. M'Craven, jun. The disease, which occurred in a female infant, aged one year and seven months, commenced when the child was seven weeks old, and gradually enlarged, until it assumed an enormous size. At death the cranium measured 29 inches in circumference, 22 inches in transverse measurement, and the anterio-posterior 22½ inches in diameter, and it contained ten pints of fluid. On the first occasion Mr. Craven removed three pints of fluid, with apparent benefit, the child's only symptoms, pain, and occasional convulsions, being mitigated, the bones of the cranium afterwards being snapped, something in the manner recommended by Trousseau. The second operation, when two pints were withdrawn, appeared to aggravate the symptoms, and it was not again repeated. The post-mortem showed the cerebral mass unfolded, so as to form a large cyst-like or distended bladder. The interior appeared to consist of a dense lining membrane. The division betwixt the two hemispheres of the brain was completely obliterated, but the position of the two ventricles could be clearly discerned, and here the disease seems to have commenced, for marks of vascularity, and the presence of recent lymph, showed decided marks of inflammatory action here. The structures at the base of the brain were healthy, the child's intellectual faculties were precocious for its age, and the fluid on investigation, was found to be serum, with an excess of albumen.

I am, etc. T. T. Lambert, House-Surgeon.

Hull Infirmary, August 25, 1855.

THE LIVERPOOL MEDICAL INSTITUTION, AND THE HOMŒOPATHS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Secretary of the Liverpool Medical Institution, in his reply to my letter of last week, admits all the main facts therein adduced—pleads guilty, in short, to the chief

counts of the "indictment." But in raising a plea of justification he uses arguments, *ad captandum*, calculated to mislead those unacquainted with the real state of the question, and which, moreover, if unanswered might lead to an inference that, in stating the case, I had exaggerated, or asserted more than I could prove.

I did not, as he would insinuate, charge the Medical Profession of Liverpool, *as a body*, with countenancing and encouraging Homœopathy. No such statement can be found in my letter. My assertion was to the effect that some individuals among them were reported to have attended in consultation, etc., with the globulists, and this report, on subsequent inquiry, proves to be well founded.

Notwithstanding the Secretary's declaration to the contrary, I repeat, that the Institution has on its muster-roll more than "*one* member who practises Homœopathy;" and it is well known here that there are several others whose sympathies are with the globulists, and who would be found ranging on their side in any contest for rights and privileges. An illustration of this was afforded on a very recent occasion, before alluded to, where a Homœopathic Practitioner was balloted for and rejected. At the declaration of the result it was found that there was an actual majority of persons voting in favour of admitting the candidate, who was excluded only by the operation of a by-law, which requires, I believe, the consent of two-thirds of those present. With this fact before him, how could Mr. Fletcher assert that "it is hardly probable that the same body would admit any such Practitioner to full membership"?

Your correspondent affirms that the paper on the Homœopathic cure of Cancer "was withdrawn by the author without any compromise." Here, surely, his memory fails him. The paper was introduced by a regular Practitioner, and after a warm and lengthy debate, was at last withdrawn, in consequence of an influential member (an unflinching opponent of globulism) declaring that, if an attempt was made to read it, he would move a resolution to the effect, "that Homœopathy was unworthy the notice of the Society." The globulists and their friends took the alarm, and gave way; their antagonist withheld his censure; and if that be not a compromise, perhaps Mr. Fletcher will favour us with a new rendering of the term not found in Johnson.

Mr. Lawrence questions the propriety of a Member of the Council quoting minutes of a general meeting of the subscribers without consulting his colleagues; forgetting that the proceedings of the whole body, in general meeting assembled, are beyond the province and control of their representatives, the Council.

I must plead guilty to an inadvertent error, which does not, however, materially affect my position. The resolution for the exclusion of Homœopathic works from the library was vehemently opposed by several members in eloquent speeches, Mr. Fletcher himself occupying a prominent position among them, and the original motion was not carried. I, therefore, naturally, but it appears erroneously, concluded that the amendment was adopted. However, the bias and feeling of the meeting were evident enough, and I am reminded by a friend who was present that the result was regarded as a triumph by the globulists and their friends.

In taking leave of this unpalatable subject, I appeal to the professional public to decide whether enough has not been written to show that our Institution is by no means clear from the imputation of indirectly sanctioning a specious and dangerous apostasy from rational medicine; and whether it is not essential to the purity and dignity of her character, as a temple of science, that she should purge herself of her errors, and thus be enabled to give the Medical world a more satisfactory report of her condition than the last bulletin issued by her secretary would lead the most sanguine to entertain.

I am, etc.

A Member of the Council of the Liverpool Medical Institution.

Liverpool, August 27th, 1855.

AMPUTATION OF THE THIGH AT ST. MARY'S HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your statistical report of the principal operations performed during July, published in this week's paper, my name has been by mistake placed, instead of that of Mr. Haynes Walton, as the operator in the case of amputation of the thigh reported from St. Mary's Hospital. If you would be so kind as to alter this in your next you would oblige,

Yours, etc.

D. R. Watkins, House-Surgeon.

St. Mary's Hospital, August 25, 1855.

REPORTS OF SOCIETIES.

EPIDEMIOLOGICAL SOCIETY.

Monday, August 6th.

Dr. Snow in the Chair.

Two Papers on Cholera were read by Dr. M'William.

I. ON CHOLERA IN FRANKFORT ON THE MAINE, AND OTHER PARTS OF GERMANY.

By Dr. VARRENTRAPP, of Frankfort.

The author commenced by stating, that, in the various epidemics of Cholera by which Germany had been invaded since 1831, the south-western part of that territory has invariably escaped. The northern part of Germany (particularly the kingdom of Prussia) has repeatedly suffered; the south-eastern part, likewise—Bohemia, for instance; and Vienna itself. There was only one irruption in the south-western part, (*i.e.* Bavaria, Wurtemberg, Hesse-Darmstadt, Nassau, Frankfort, and the southern portion of the Saxon Duchies.)

Northern Germany, especially Prussia, Mecklenbourg, and Holstein, were visited by cholera in the summer of 1849. The disease on this occasion passed through this part of Germany, from east to west, and when it had reached the Rhine, it turned southward. It took a very particular course, and presented a peculiarity in its progress, to which, so far as the author is aware, has not as yet been noticed by any one. The cholera passed gradually up the Rhine; and there is nothing very remarkable in its spreading in that direction, the Rhine being, as every body knows, one of the most frequented lines of communication that can exist. There are large and wealthy commercial towns, and a rich agricultural population on both sides of this river, with good public roads, besides the traffic by steamers on the Rhine itself. But the cholera, according to the author, did not take this path because there was a constant intercourse and communication of people, but followed merely the valley of the Rhine. Hence, concludes the author, there must have been at the period in question very decisive influences, either of a local telluric nature, or some other agency, which induced the disease to take this course, and prevented it from deviating either to the right or left, in spite of there being, in one of these directions, a communication quite as great as in any part of the Rhine itself. Cholera prevailed at Coblentz, but it did not pass up the Lahn to Ems, although these places are distant only five miles, and in summer there is considerable intercourse between them.

There was cholera at Bingen, but it did not reach Creuznach, about nine miles distant, and there is active communication between the two places.

The cholera was at Mainz, but it did not reach Wiesbaden, four miles off, and great intercourse exists between the two places.

Cholera was also at Manheim, but it did not go up the Neckar to Heidelberg, about ten miles' distance, although Heidelberg has with no other place so much communication as with Manheim.

These data, says the author, are very important. The cholera evidently followed the vallley of the Rhine; but it did not propagate itself to the country on either side. It did not follow merely the course of the water—at least it did not go up any of the secondary rivers just mentioned, although on their banks there is a constantly moving population.

The cholera, then, in its propagation from Cologne, did not follow the great line of communication by land; but it followed the line of communication by water, merely as related to the principal valley of the Rhine, and did no enter any lateral valley.

The author, besides giving a series of cases illustrative

the fact that a place may have the most active intercourse with another place infected with cholera, and yet remain free from that disease, adduces strong evidence, based upon the first cases of cholera at Frankfort, in favour of the transmissibility of the cholera-poison, through the mediums of soiled linen. The continuous line of propagation by this means appeared so complete, that he adds: "Those cases, and others of a similar nature, have convinced the Physicians of this town, even those who formerly had been absolutely Anti-contagionists, that this contagion is not perhaps the principal mode of propagating this disease; yet there exist undeniable cases of contagion, and that it seems that excrementa or the linen and clothes, particularly when polluted, are capable of propagating the disease."

II. ON THE PREMONITORY DIARRHŒA OF CHOLERA.

By GEORGE TODD, Esq., West Auckland.

Mr. Todd began by stating that it has been a generally observed fact, ever since Epidemic Cholera became known to the Medical Profession, that the greater proportion of cases are preceded by a distinct premonitory stage, varying, however, in duration and intensity. Cases, however, do occur, in which the premonitory stage is of such short duration as not to attract notice; and such cases have frequently been brought before the Medical Profession. As proofs of Cholera without any preceding diarrhœa, careful inquiry of all such cases, Mr. Todd considers, will establish the existence of a well-marked premonition. In favour of this proposition the author adduced the investigation, by Dr. M'Loughlin, of 21 cases of cholera without premonitory diarrhœa, contained in the Return of the Registrar-General between July, 1853, and July, 1854, the results of which were, according to Dr. M'Loughlin, that 15 of the 21 cases had had a diarrhœa of some hours' duration before the accession of cholera, and that the remaining 6 cases were either not cases of cholera, or cases where nothing was known of their previous history. The author calls in to the support of his view, in addition to his own experience, that of various writers on cholera in this country, and in various parts of Europe and India.

Dr. Weber, Mr. Tucker, Dr. Greenhow, and Dr. Richardson took part in the discussion that followed the reading of these papers. The Society then adjourned to the first Monday in November.

EAST INDIA ASSISTANT SURGEONS.

RETURN to an Order of the Honourable the House of Commons, dated 10 August 1855;—for, A COPY of the Report, dated the 24th day of July, 1855, sent to the Commissioners for the Affairs of India by the Examiners appointed under the Act of the 16th and 17th Vict., c. 95, for the Examination of Candidates for the Appointment of Assistant Surgeon in the Service of the East India Company.

India Board, 10 August, 1855. T. N. REDINGTON.

The EXAMINERS to the PRESIDENT of the BOARD of CONTROL.

24, Henrietta-street, Cavendish-square,
24 July, 1855.

SIR,—We have the honour to inform you of the completion and result of the examination of candidates for Assistant Surgeoncies in the Honourable East India Company's service. The examination was conducted on the same plan as the last. Each of the candidates was submitted to the following tests: namely, an examination in writing in each of the four appointed subjects—Medicine, Surgery, Anatomy and Physiology, and Natural History; an examination, *vivâ voce*, for one hour in the same subjects; an examination for an hour in the investigation of a Medical and a Surgical case; and an examination for the same time in operations on the dead body, and in the application of surgical apparatus. By the method thus adopted, each candidate was under examination for fifteen hours.

We beg to submit, in order of merit, the names of 42 candidates, selected from 55 who presented themselves for examination. The gentlemen included in this list are fully qualified to receive appointments.

We beg also to append copies of the questions proposed in the written examinations.

William Walker, M.D., M.R.C.S.Ed.; Charles Brettingham, M.R.C.S.E.; George A. Watson, M.R.C.S.E.; Bernard Kendall, M.R.C.S.E.; J. L. Stewart, M.D., Glasgow; Theobald Matthew, M.B., M.R.C.S.I.; James Fairweather, M.D., M.R.C.S.Ed.; Boon Hayes, M.D., M.R.C.S.E.; David Hood, M.D., M.R.C.S.E.; Charles J. Jackson, M.R.C.S.E.; John Kirk, M.D., M.R.C.S.Ed.; Robert Bird, MD., M.R.C.S.Ed.; A. A. Duncan, M.B., M.R.C.S.I.; J. Martin Coates, M.F.P. and S.G.; Henry Thom, M.D., M.R.C.S.E.; Francis Sillifant, M.R.C.S.E.; John T. Penhall, M.R.C.S.E.; Daniel M'Auley, M.R.C.S.Ed.; Charles A. Poole, M.R.C.S.E.; Charles Plank, M.R.C.S.E.;—Equal: Frederick Carter, M.R.C.S.E; William H. Hayes, M.R.C.S.E.;—Francis H. Plumptre, M.R.C.S.E.; Thomas Croudace, M.R.C.S.E.; George E. Seward, M.D.Ed.; Henry Griesback, M.R.C.S.E.; Benjamin Hook, M.R.C.S.E.; Andrew Thompson, M.D., M.R.C.S.Ed.; Henry King, M.B., T.C.D.; C. Gordon Asher, M.D., M.R.C.S.Ed.; Robert Dempster, M.R.C.S.E.; John Pinkerton, M.R.C.S.Ed.; William H. Bourne, M.R.C.S.I.; Richard Boxwell, M.B., M.R.C.S.I.; Frederick K. Hammond, M.R.C.S.I.; John Houston, M.D.Gl., M. R. C. S. Ed.; Henry E. Busteed, M.R.C.S.; Henry Crocker, M.D., M.R.C.S.Ed.; C. F. Wheatley, M.F.P. and S.G.; Richard Arnold, M.R.C.S.E.; Hunter Adam, M. R. C. S. Ed.; William H. Morgan, M.R.C.S.E.

We have, etc.

(Signed) GEORGE BUSK.
JOSEPH D. HOOKER, M.D.
JAMES PAGET.
W. H. WALSHE, M.D.

The Right Hon. R. Vernon Smith, M.P.

NATURAL HISTORY.

Monday, 16 July, 1855.—10 to 1 o'clock

Dr. HOOKER.

BOTANY.

Answer any Five or more of the following Questions.

1. Give examples of medicinal plants in the natural order Umbelliferæ.
2. Define a Rhizome, a Corm, a Tuber, and a Bulb.
3. What are the properties of Ranunculaceæ? and give examples.
4. What are the most conspicuous botanical characters of the natural order Papaveraceæ?
5. Define the terms Thalamifloral, Calycifloral, and Corrolliflora.
6. Describe the structure of the fruit in the Apple, Strawberry, Raspberry, and Peach.
7. What are the chief botanical peculiarities of Cruciferæ, and in what parts of the plant do their properties reside?
8. Distinguish Melanthaceæ from Liliaceæ.
9. Describe the germination of flowering plants (Monocotyledonous and Dicotyledonous).
10. What are the chemical changes undergone during the process of germination?
11. Describe the process of respiration by the leaves of plants.
12. Describe the process of impregnation in Coniferæ.
13. What is the principal cause of the motion of the sap in flowering plants?
14. Why is sap-wood less durable than heart-wood?
15. Describe the fruit and seed of the castor-oil plant.
16. In what parts of Umbelliferæ do the essential oils chiefly reside?
17. What are the three principal modes of placentation?
18. What is Endosmosis?
19. What are the chief products of the cocoa-nut tree used in the arts, etc.?
20. How is starch converted into sugar in the vegetable economy?
21. What does a grain of wheat (commonly so called) consist of?
22. State the names and relative positions of the parts of a papilionaceous flower.
23. What are the principal nitrogenous products of plants, and what the non-nitrogenous; and how do they severally contribute to the food of animals?
24. What are De Candolle's principal divisions of Dicotyledonous plants, and what are their characters?

Comparative Anatomy and Zoology.

Answer any three or more of the following questions.

1. Enumerate the principal groups of the molluscous sub-kingdom, giving an instance of each.

2. Describe the general plan upon which the circulation is carried on in fishes and reptiles respectively, and mention any general circumstances in which the circulatory apparatus in the classes below the vertebrata differs from that which exists in that division.

3. What are the distinctive characters of the principal classes of the articulata?

4. To what orders do most of the hybernating animals belong? Give examples; and describe the condition of their functions during hybernation.

5. Describe the origin and formation of the silk of the silk-worm, of the spider's web, and of the material used by wasps and their allies in the construction of their nests.

6. Enumerate the orders of insects, their characters and metamorphoses.

7. Give a general comparative view of the nervous system in the sub-kingdoms of animalia.

8. Enumerate the bones in the fore and hind legs of the horse, and compare them with the homologous organs in man.

9. Compare the wings of a bird, bat, flying squirrel, and pterodactyle.

10. Give instances of real or supposed hybrid animals; mention any laws that appear to control their production, and any peculiarities (structural or functional) which hybrids usually possess.

SURGERY.

Monday, 16 July, 1855.—2 to 5 o'clock.

Mr. Paget.

1. What are the chief conditions from which secondary hæmorrhage may ensue after an operation (say, after amputation below the knee); and what are, in each case, the best means of treatment?

2. If hospital-gangrene were prevalent in a Hospital under your charge, and you were unable to remove the patients, what would you do?

3. In what conditions due to injury, or to disease of the bones of the skull, would you think it proper to remove portions of those bones, with the trephine or other instruments?

4. Make lists of the instruments, etc., that you would require for each of the following operations: viz., amputation below the knee, ligature of the femoral artery, and tracheotomy.

5. State the usual direct and remote consequences of fracture of the spine, with crushing of the spinal cord, in the lower part of the cervical region, and explain them physiologically. What are the chief differences between the symptoms of this injury, and those of a similar injury in the lumbar region? And what the chief things to be attended to in their management?

6. What are the conditions under which swellings not aneurismal are attended with pulsation? and how may such swellings be, generally, distinguished from aneurisms?

7. Describe the process for the separation of a slough of the integument; and that for the healing of the surface exposed by its removal.

8. J. S., aged 14, was struck sharply on the lower part of the right tibia, and for twelve months following the blow, suffered almost constant, and often very severe, pain in the part. Ten months after the injury, an incision was made down to the painful part of the bone, in the belief that acute periostitis existed; but the operation gave little, and only temporary, relief. Various other treatment was employed without any advantage, and, at the end of twelve months, the pain was in no degree diminished; it was a constant aching, with frequent paroxysms of great severity. The lower end of the tibia was now uniformly enlarged to about one-half more than its natural size: the enlargement gradually diminished up the shaft, and did not extend above its lower fourth, The surface of the enlargement felt everywhere bony. On every part of it even moderate pressure produced severe pain. There was general, but not great, swelling about the ankle-joint; and its movements were limited, but painless and without grating. The constitutional disturbance was only such as might be ascribed to the long-endured pain.

What was the disease in this case? and what the appropriate treatment?

MEDICINE.

Tuesday, 17 July, 1855.—2 to 5 o'Clock.

Dr. Walshe.

1. What are the influences severally exercised by heat, solar and artificial,—moisture, moderate and extreme in amount,—wind,—vegetation on the surface of stagnant water,—and elevation of locality, on the diffusion and activity of marsh-malaria?

2. Give the anatomical characters of acute and chronic cerebral meningitis.

3. Describe the "simple, chronic" or "perforating" ulcer of the stomach. How is perforation of this kind to be distinguished (on anatomical grounds alone) from destruction of the coats by cancerous ulceration, by post-mortem action of the gastric juice, and by sulphuric acid?

4. State the symptoms and treatment of a case of acute sthenic dysentery in a previously healthy adult, inhabiting a temperate climate.

5. An adult male presents the following physical signs:—*On Inspection:* arching of the præcordial region, with slight bulging of its intercostal spaces; undulating impulse; elevation of the heart's apex-beat to the fourth interspace. *On Palpitation:* feeble, unequal fluttering impulse. *On Percussion:* dulness over a triangular space, the apex of the triangle reaching the first left costal cartilage, the base coasting the sixth rib. *On Auscultation:* feebleness and apparent distance from the surface of the heart's sounds inferiorly; relative clearness of both at the top of the sternum; friction-sound of cardiac rhythm faintly caught in some postures of the patient; no endocardial nor aortic murmur.

Show how these signs fail to establish the diagnosis of either hypertrophy of the heart, flabby dilatation of that organ, aneurism of the arch of the aorta, or hydro-pericardium; and how, on the contrary, they prove the existence of pericarditis with effusion.

6. What are the distinctive marks between a simple ovarian cyst, a large fibrous tumour of the uterus, and ascites?

7. What are the physical signs and symptoms of copious acute pleuritic effusion? Supposing a patient with such effusion to be a well-constituted and previously healthy male adult; the disease to have reached, say, from the sixth to the ninth day, and no treatment of any kind to have been yet employed, how would you manage the case?

8. Give an outline of the physiological and therapeutical effects of strychnia, indicating the doses from which the effects described are to be expected in the adult human subject. Are the same effects produced by brucia?

9. An individual, labouring under the uric acid diathesis, takes benzoic acid in free quantity; what ensues, and how is the result explicable?

10. Mention the ordinary adulterations or accidental impurities, and the means of detecting them, of iodide of potassium.

11. Write prescriptions in Latin, without using abbreviations, for—(*a*) gallic acid in a severe attack of hæmoptysis; (*b*) liquor potassæ arsenitis in an old-standing case of lepra vulgaris. The patient is supposed in each instance to be an adult.

ANATOMY AND PHYSIOLOGY.

Tuesday, 17 July, 1855.—10 to 1 o'clock.

Mr. Busk.

1. Describe the occipital bone, its articulations with other bones; the points of attachment of the various muscles affixed to it, and the mode in which its ossification takes place.

2. Enumerate the muscles of the back of the trunk, and the order in which they occur in dissection.

3. Describe the surgical anatomy of the subclavian artery, and indicate the part most eligible for its ligature in case of aneurism below the clavicle, with the steps of the operation.

4. Describe the parts concerned in femoral hernia, and point out the anatomical conditions distinctive of that form of hernia.

5. Give the distinctive physical and chemical characters of yellow elastic tissue, and notice the principal situations in which it occurs in the human body.

6. Describe the structure of a nervous ganglion.

7. Mention the principal heads under which alimentary substances may be arranged, and give one or more instances of substances belonging to each group.

8. Describe the changes undergone by the chyle in its passage from the intestine into the blood.

9. What is the cause of the suffocation which usually supervenes upon division of the inferior laryngeal nerves, or of the trunk of the pneumogastric nerve above those branches? and state what muscles of the larynx are supplied with motor power by the superior laryngeal nerve.

10. What circumstances increase or diminish the amount of carbonic acid exhaled by animals?

The next Examination will take place in January, 1856, and it is expected that about twenty-five appointments will be made. A copy of the regulations, and of a statement respecting the examination in Natural History, may be obtained on application to the Secretary of the Military Department, at the India House.

UNIVERSITY OF LONDON.

1855.—M.B. FIRST EXAMINATION.

PASS EXAMINATION.

First Division.

Carnley, Henry	Hull & E. R. Sch. of Med.
Cribb, Arthur John	Middlesex Hospital.
De la Garde, John Lempriere	St. Bartholomew's Hospital.
Fox, William Tilbury	University College.
Lawrence, George William	King's College.
Marshall, Alfred	Westminster Hospital.
Meadows, Alfred	King's College.
Nason, John James	Guy's Hospital.
Ord, William Miller	St. Thomas's Hospital.
Sadler, Michael Thomas, B.A.	St. Bartholomew's Hospital.
Smith, H. Montague Duncan	University College.
Smith, William Allis	Queen's Coll., Birmingham.
Thomas, Edward Wynne	University College.
Walker, Thomas James	University of Edinburgh.
Wallace, Richard Unthank	Guy's Hospital.
Way, John	King's College.
Whitford, Antony	King's College.

Second Division.

Anstie, Francis Edmund	King's College.
Bott, Thomas Bridge	Chatham-st., Manchester.
Chester, Arthur	King's College.
Davies, John Redfern	Queen's Coll., Birmingham.
Davis, Theodore	St. Bartholomew's Hospital.
Day, Edwin Edmund	King's College.
Earle, John, B.A.	King's College.
Hooper, John Henry	St. George's Hospital.
Hulke, Frederick Thomas	King's College.
Kitching, Charles Watson	Westminster Hospital.
Simms, Frederick	King's College.
Weaver, Frederick Poynton	Queen's College, Belfast.
Wilson, Frederick William	Westminster Hospital.

EXAMINATION FOR HONOURS.

Anatomy and Physiology.

Walker, Thos. J. (Exhibition and Gold Medal)	University of Edinburgh.
Thomas, E. W. (Gold Medal)	University College.
Marshall, Alfred	Westminster Hospital.
Fox, William Tilbury	University College.
Ord, William Miller	St. Thomas's Hospital.
Lawrence, George William	King's College.
Equal: Smith, William Allis	Queen's Coll., Birmingham.
Equal: Whitford, Antony	King's College.
Nason, John James	Guy's Hospital.
De la Garde, John Lempriere	St. Bartholomew's Hospital.
Sadler, Michael Thomas, B.A.	St. Bartholomew's Hospital.
Wallace, Richard Unthank	Guy's Hospital.

Chemistry.

Ord, W. Miller (Gold Medal)	St. Thomas's Hospital.
Sadler, M. T. B.A. (Gold Medal)	St. Bartholomew's Hospital.
Way, John	King's College.
Nason, John James	Guy's Hospital.
Wallace, Richard Unthank	Guy's Hospital.

Materia Medica and Pharmaceutical Chemistry.

Nason, John James (Exibition and Gold Medal)	Guy's Hospital.
Wallace, R. U. (Gold Medal)	Guy's Hospital.
Equal: Sadler, M. T., B.A.	St. Bartholomew's Hospital.
Equal: Smith, William Allis	Queen's Coll., Birmingham.
Equal: Thomas, E. Wynne	University College.
Equal: Walker, Thos. James	University of Edinburgh.

Botany.

Lawrence, G. W. (Gold Medal)	King's College.
Ord, William Miller	St. Thomas's Hospital.
Sadler, Michael Thomas, B.A.	St. Bartholomew's Hospital

THE BRITISH ARMY IN THE CRIMEA.

Head-Quarter Camp, before Sebastopol,
14th August, 1855.

In respect of the sanitary condition of the Army of the East for the week ended the 11th instant, the Inspector-General of Hospitals reports that

"The ratio of admissions and deaths is nearly the same as it was the preceding week. The mortality has risen from 0·35 per cent. to 0·40 per cent., owing to the continuance of cholera in the Artillery, and in the 1st and 2nd Divisions. In the Cavalry Division, the 12th Lancers, which are encamped on an eligible site in the Karani Valley, and which has hitherto been free from the disease, have admitted four cases in the course of the week, but in their and in all the Divisions there was a decrease of the disease for the last two or three days. In the 1st Division Dr. Linton, the Principal Medical Officer, reports that no fresh cases had occurred for eight-and-forty hours. In the 2nd Division the disease was confined chiefly to a large draft of recruits, which the 31st Regiment had recently received from England, and in the Royal Artillery it was noticed that the recently-arrived companies suffered most.

"At the commencement of the week we had two or three heavy thunderstorms, which cleared the air, but the weather continued hot and oppressive.

"The following is an abstract of the admissions and deaths during the week, contrasted with those of the preceding week.

	Week ended 11th Aug. Admitted.	Died.	Previous week. Admitted.	Died.
Fevers	699	35	630	25
Diarrhœa	796	7	725	10
Cholera	141	93	158	78
Dysentery	170	4	167	4
Wounds	289	36	379	27
Other diseases	583	4	528	5
	2678	179	2587	149

"From the proximity of our lines to the enemy's works, gunshot injuries have been frequent and serious. We have now under treatment, and, so far, doing well, two cases where the head and a portion of the thigh-bone has been taken away in place of removing the limb; one in the Grenadier Guards, performed by Surgeon Blenkins, and the other in the 1ss Battalion of the Royal Regiment, performed by Second Clas Staff-Surgeon Crerar.

"The ratio of admissions to strength during the week under review, has been 5·99 per cent. In the previous week it was 6·02 per cent. The ratio of deaths to strength in the former was 0·40 per cent. In the preceding week it was 0·35 per cent. The ratio of sick to well is 12·7 per cent.

THE CASE OF MR. BAKEWELL.

The following correspondence appeared originally in two impressions of the *Times*:—

"2, Stanley-crescent, Notting-hill, Aug. 17.

"My Lord,—Among the General Orders from the Crimea inserted in the *Times* of to-day, is an item stating that Acting Assistant-Surgeon Bakewell is dismissed from the army for making certain statements in a letter which appeared in the *Times* of July 5.

"Your Lordship is not, perhaps, aware that this inquiry has been conducted, and this sentence of condemnation passed, in the absence of the accused party. At the time that these proceedings were adopted in the Crimea, Acting Assistant-Surgeon Bakewell was at Scutari, whither he had been sent for the benefit of his health. Now, whatever might have been his fault, and however strong the evidence in

support of it, yet it is against all English maxims of law, and a violation of every principle of justice, to try and condemn a person without giving him an opportunity of self-defence. Your lordship cannot, I am sure, give your sanction to so glaring an outrage of all that is fair and honourable.

"Acting Assistant-Surgeon Bakewell is my son, and had he been dismissed for drunkenness, neglect of duty, or incapacity, I must have bowed with submission to the sentence. But even in any one of these cases I should have expected a fair trial. When, however, his crime is an excessive sympathy for the sufferings of his wounded fellow-countrymen, impelling him to give an indiscreet expression to that sympathy, I do think that some opportunity should have been afforded him for self-vindication, and, if that were impossible, for the acknowledgment of his error.

"I call upon your lordship, as a British nobleman, and, above all, as a nobleman who recognizes Christian principle as the law of human conduct, to rectify the wrong that has been inflicted on my son. I do not ask mercy on his behalf, but I do demand justice.

"I have the honour to remain,

"Your lordship's most obedient humble servant,

"JOHN BAKEWELL.

"The Right Hon. Lord Panmure."

"War Department, Aug. 27.

"SIR,—I am directed by Lord Panmure to acknowledge the receipt of your letter of the 17th inst., relative to a recent General Order for the dismissal of Acting Assistant-Surgeon Bakewell, and complaining of the sentence being passed 'in the absence of the accused party.'

"Acting Assistant-Surgeon Bakewell wrote, it seems, the anonymous letter in the *Times* accusing the Army Medical Department in the Crimea of making no provision for the wounded of the 18th of June last, and thereby adding unnecessarily to their sufferings. The Medical Department being thus charged with gross neglect of duty, Lord Panmure instructed General Simpson to hold a Court of Inquiry on their conduct in the preparation made for the assault, and the foundation there might be for the grave accusations against them.

"The entire Medical Department of the army, therefore, was 'the accused party,' and not your son.

"The Court of Inquiry has been held, and by the concurrent testimony of the Medical men and the unfortunate wounded of the General Field Hospital, of which a ward was given in charge to your son, never was a Hospital better provided, or patients more humanely treated, and never was a more unfounded representation given to the public than that set forth in the *Times*' letter.

"As regards the absence of the accuser during the Inquiry, I am to observe that he made his charges anonymously, and that the Inquiry was instituted not for his detection, but for the discovery of the truth in the matter of his charges; and that though an anonymous accuser may succeed in hiding himself, he must not expect that his accusations will be suffered to remain uncontradicted, because proceeding from an unknown quarter.

"In this instance the accusations have been conclusively disproved, and having been so, and Acting Assistant-Surgeon Bakewell having admitted himself to be the author of them, he has been visited by General Simpson with the public dismissal due to a calumniator, in which step the Commander of the Forces has Lord Panmure's entire support.

"I am, Sir, your obedient Servant,

"John Bakewell, Esq. "F. PEEL."

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 23, 1855:—

WALES, THOMAS GARNEYS, Downham, Norfolk.
GARRINGTON, WILLIAM ARCHIBALD, Portsea, Hants.
BUCKLEY, ARTHUR GREY HESILRIGE, Smeaton, Leicester.
WILSON, HENRY JAMES, Whitchureh, Salop.

APPOINTMENTS.

NORTHAMPTON GENERAL INFIRMARY.—Mr. James Doubleday has been elected House-Surgeon to this Institution.

LUNATIC ASYLUMS FOR IRELAND.—Mr. James Wilkes, Medical Officer of the County Lunatic Asylum, Stafford, has been appointed Commissioner for inquiring into the proposed Lunatic Asylums in Ireland.

DEATHS.

ANCELL.—August 10, at Kadikoi, in the Crimea, aged 25, M. C. Ansell, Esq., Assistant-Surgeon of the 11th Hussars, only son of H. Ancell, Esq., of 3, Norfolk-crescent, Hyde-park.

BLAIR.—August 28, suddenly, at East-hill, Colchester, Charles Edward Blair, Esq., Surgeon, K.C., and K.T.S., M.R.C.S. Eng., and L.S.A. 1836; Surg. Major Scots Fusileers; H.M.F. Majesty's Service; Assist.-Surg. Essex Rifles. Author of Lectures on the "Anatomy and Physiology of the Teeth," and on "Form."

CHANDLER.—August 14, at Bank-street, Ashford, Kent, J. D. Chandler, Esq., M.D., aged 60,

CRAWFORD.—August 26, suddenly, at Edinburgh, Charles Crawford, Esq., M.D., of Gourock, Renfrewshire; M.D., Glasgow, 1845; Fell. Fac. Phys. and Surg. Glasgow, 1827.

NATIONAL MILITARY HOSPITAL.—A great Military Hospital, on a scale befitting our army establishment, is about to be built on the banks of the Southampton Water. In the beginning of this summer the Government determined on taking this step, and then at once entered into negotiations for the purchase of a site. These have recently been brought to a successful termination, and the nation is now possessed of about sixty acres of land, close by the beautiful domain of Lord Hardwicke, at the entrance of the Southampton Water.

THE CASE OF THE LATE DR. JAMES BOWER THOMPSON.—This gentleman caught fever at Balaklava. For some days the symptoms were moderate. The doctor proceeded to sea, in the hope that a change of air might check the disorder. The ship was on her way to Scutari with invalids. Just as the vessel anchored there another attack came on, so serious as to excite alarm. He himself, however, still clung to hope, observing that he should be well the moment he got on shore. The Medical Receiving Officer, as a matter of course, proceeded on board to take the names of all the wounded, and such others as were appointed to land. But Dr. Thompson was not among them, and hence he was passed over. There he lay, helpless and all but hopeless. Application was made to the Medical Officer, who stated that he could not receive him without an order from the admiral or the ambassador! There was no time to send either to the admiral or to the ambassador. It only remained for Dr. Thompson to enter a protest before he expired. He said: "This will be my death. Is there not one vacant bed for me among the five or six hundred unoccupied? I who have come to devote my life to the cause, am I refused admission by a brother officer because I am a civilian? My blood will be upon their heads." At length, after a delay of thirty-six hours he was removed into Kululee Hospital, where death speedily put an end to his sufferings.

THE LATE DR. THOMSON.—The Government has agreed to grant a Pension to the mother of Dr. James Thomson, of the 44th, who distinguished himself so signally in attending the Russian wounded after the battle of the Alma.

THE CHOLERA IN SCOTLAND.—The Committee appointed to institute scientific inquiries in connexion with the cholera epidemic of 1854, have made their report to the Board of Health. In their report the Committee say,—"The Medical gentlemen in Scotland who furnished returns of cases to the Board of Health were—Dr. Alexander, Dundonald, Kilmarnock; Mr. Aitkin, Ceres; Dr. Balfour, Cramond; Mr. Campbell, Kilbarchan; Mr. Cargow, Girvan; Dr. Currie, Islay; Dr. Cameron, Balfron; Dr. Cowan, Glasgow; Mr. Dickson, Bathgate; Mr. Dickson, Roberton, by Abington; Mr. Formain, Fettercairn; Mr. Ferguson, Cove, Aberdeen; Mr. Graham, Stanley, Perth; Dr. Harper, Leith; Dr. Kirk, Bathgate; Dr. Lyell, Newburgh, Fife; Mr. M'Donald, Cadder; Dr. Mackie, Cupar-Fife; Dr. Macfarlane, Drymen; Mr. Matheson, Portrea; Mr. Mactavish, Islay; Dr. Orr, Dunoon; Dr. Paton, Paisley; Mr. Patison, Renfrew; Mr. Robertson, Stanley, Perth; Mr. Sanderson, Musselburgh;

Mr. Thompson, Alva; and Mr. Tweedie, Galashiels. They reported on 497 cases of cholera in Scotland, of which 243 were fatal, and on 665 cases of diarrhœa, of which 7 were fatal. From another extended series of returns that were procured through the Poor-Law Board of Scotland, it appears that the mortality in that country among persons attacked by cholera was 47·5 in 100, for out of 14,430 cases, 6848 terminated fatally. According to these returns, which commence on the 31st of August, 1853, and terminate on the 17th November, 1854, cholera appeared in 227 parishes in Scotland, with the result stated. This result agrees closely with the general result of the English cases, of which 45·2 in 100 were fatal."

THE CHOLERA has spread from Pesth to all parts of Hungary, and is extremely violent in some of the districts near the river Theiss.

THE CHOLERA is still doing much mischief in the villages of Lombardy and the Venetian provinces, and, strange to say, this year the situations most likely to be exempt by altitude, etc., have suffered most; thus, the small towns in the Varese and at the foot of the Alps have been more severely attacked than Milan or Venice.

UNITED STATES.—The ravages of the yellow fever at Norfolk, Portsmouth, and New Orleans were truly alarming. In the latter town, out of 300 deaths in a week, 222 were from that epidemic.

A "SORCERER," eighty-three years old, has been tried at Tours, for causing the death of a peasant. The wizard—for "a consideration"—pretended to cure diseases by supernatural means: he directed the sick peasant to perform certain charms, and to allow himself to be enveloped in a quantity of ivy heated to excess in an oven. The ailing man died under the latter operation. The accused was convicted, and sent to prison for a year.

ADULTERATION has just been punished in the person of Mr. John Glover, a brewer at North Shields, who has been fined £100 for having in his possession a quantity of quassia, and £100 for being possessed of a quantity of gentian root, as a substitute for malt and hops.

BIRTHS AND DEATHS IN RUSSIA.—Throughout entire Russia, with a population of more than 67,000,000, in 1853, there were born 2,782,636 children, there being about 100,000 more male than female infants. The deaths amounted to 1,950,132, and of this number 26,500 reached the 50th year, 2181 the 90th, 130 the 100th, 7 between the 125th and 130th, and 1 the 145th year. In St. Petersburgh 16,639 children were born in 1853: 8578 males and 8061 females. The female population of this capital only forms a third of the whole. There were 22,025 deaths, 13,344 males and 8681 females. Only 500 persons reached the 60th year, 22 the 90th, and 2 the 100th. There were 3548 marriages. In Moscow, there were 10,412 births, 5233 males and 5179 females. There were 14,284 deaths; but 568 persons reaching their 60th year, 24 the 90th year, and 4 above the 100th, one of these attaining 123.

MORTALITY NOTABILIA.—The total number of deaths registered in London in the week that ended last Saturday was 1003, of which 476 were deaths of males, 527 those of females. This return shows a decrease on that of the previous week, in which the number was 1095. It may be stated in general terms that the mortality is at present as low as it was, at the same season, in those years when the public health was best. It is satisfactory to notice a decrease in fatal cases of diarrhœa. This complaint, of which infants are principally the victims, began to increase in the second week of July (in which the mean weekly temperature was 64·5° higher than it had been in preceding weeks, or has been since), and rose continuously till the deaths reached 154 in the week that ended 18th August. Last week the deaths from diarrhœa declined to 127. The average number in the corresponding weeks of 1845-54, corrected for increase of population, was 157. The high mortality from diarrhœa, lately observed in the North districts, has subsided, except in Somers Town, where the complaint appears to be very prevalent. The deaths reported for last week as caused by cholera are 15, which is not more than is usual towards the end of August. In 10 cases the disorder is described as "cholera infantum," or "choleraic diarrhœa," and in one as English cholera. A case apparently of sudden and severe character occurred at Mile End, in which the patient was a woman of 30 years of age, and death is stated to have ensued after 17 hours' illness. Cholera, designated "Asiatic," was fatal to a girl 4 years old, after 12 hours' illness, in Church-street, in the sub-district of Christchurch St. Saviour; and a case of "Asiatic cholera" is returned in which a woman, aged 37 years, was seized when returning from a visit to her sister, who was ill with cholera at Amsterdam; she died soon after her arrival at home in Houndsditch.

BIRTHS.—The births of 755 boys and 785 girls, 1540 children, were registered. Average, 1394.

METEOROLOGY.—The mean height of the barometer in the week was 22·758 in. The mean temperature was 62·9°, which is 2·6° above the average of the same week in 38 years. The *highest* temperature occurred on Thursday, and was 76°; the *lowest* occurred on Wednesday, and was 50·3°.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	2	6	2	21	8
North	490,396	1	1	7	8	39	8
Central ..	393,256	2	2	6	7	18	3
East.....	485,522	1	3	11	7	26	2
South	616,635	6	1	9	4	32	21
Total..	2,362,236	12	9	39	28	127	42

DEATHS IN PUBLIC INSTITUTIONS for the Week ending August 25:—

	Males.	Females.	Total.
Workhouses	30	35	66
Prisons	..	..	..
Military and Naval Asylums ..	11	..	11
General Hospitals	38	23	61
Hospitals for Special Diseases ..	2	4	6
Lying-in Hospitals	1	1	2
Military and Naval Hospitals ..	1	..	1
Hospitals for Foreigners, etc. ..	..	1	1
Lunatic Asylums	5	5	10
Total	89	69	158

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, August 25, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, August 25, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Ago.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 62·9						° 60 6
ALL CAUSES	1003	558	137	113	151	35	1224·7
SPECIFIED CAUSES	992	557	137	112	151	35	1219·1
DISEASES:—							
1. Zymotic Class	303	253	24	5	16	5	545·4
2. Dropsy, Cancer, and others of uncertain seat	40	1	8	13	13	5	45·4
3. Tubercular Class	167	78	50	29	10	..	180·4
4 Of Brain, Nerves, etc. ..	105	43	10	22	26	4	101·5
5. Of Heart, etc.	37	6	5	13	12	1	31·3
6. Of Respiratory Organs ..	88	50	7	8	19	4	80·5
7. Of Digestive Organs ..	68	26	15	12	13	2	69·6
8. Of Kidneys, etc.	12	..	3	2	5	2	10·2
9. Of Uterus; viz. — Puerperal Disease, etc. ..	12	..	8	2	2	..	7·9
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	2	2	1	1	..	6·4
11. Of Skin, etc.	4	2	..	..	2	..	1·9
12. Malformations	4	4	..	..	..	..	3·1
13. Debility from Premature Birth, etc.	25	25	..	..	..	..	27·7
14. Atrophy	46	38	..	1	7	..	36·9
15. Age	31	..	..	..	20	11	38·9
16. Sudden	3	3	..	..	..	..	5·5
17. Violence, Privation, etc...	41	26	5	4	5	1	26·5
CAUSES NOT SPECIFIED.. ..	11	1	..	1	..	..	5·6

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture IV.

(Continued from page 207.)

In the present day, it fortunately seldom happens, thanks to the early incisions now so commonly resorted to in this country, that the skin and the periosteum are extensively destroyed, even when great mischief exists in the cellular tissue. I have never seen but one case of this kind, and that happened some years back.

A middle-aged woman, who was admitted into St. George's Hospital, under the late Mr. Walker, with a burn occupying the neck and various parts of the body, was attacked with diffuse inflammation of the scalp, which, notwithstanding the incisions which were made, ended in extensive sloughing of the skin, with separation of the pericranium, and denudation of the bone, involving nearly the whole of the upper part of the frontal, the greater part of both parietals, and a piece of the occipital. The patient lived for about six weeks with the bones thus exposed, during which time she presented no head symptoms whatsoever, and ultimately died of exhaustion, from the extensive suppuration in this and in other parts of the body connected with the burns. At the post-mortem examination, the dura-mater proved to be quite healthy, and firmly adherent throughout its whole extent; the other membranes of the brain, and the brain itself, were also quite healthy. The skull-cap (a), taken from the patient, presents merely a slightly-marked, worm-eaten appearance in all those parts of the bone which were exposed for so long a time; but, on the inner surface, save a slight increase in its vascularity, marked by minute holes and diminutive furrows, the bones are healthy.

Hitherto, I have referred merely to the question of the local means to be used in traumatic erysipelas, or in diffuse cellular inflammation of the scalp; but the general treatment to be adopted in such cases must ever be a subject of deep concern. The Surgeons who, in such cases, recommend puncturings and extensive incisions, with the loss of blood locally, are also, as a matter of course, strong advocates for violent antiphlogistic medicines; those, on the other hand, who avoid, as far as possible, any loss of blood, adopt unreservedly the system of tonic remedies. But here, as in everything else, the practical man will be guided by the circumstances in which he finds himself placed. And I must say, as far as I have seen of erysipelas, or of diffuse cellular inflammation of the scalp, following an injury, that I have seldom or never met with a case in which anything like violent antiphlogistic treatment was necessary. Far from this, nearly all the cases which I have had to deal with, both in hospital and in private practice, have very soon required support, and that, at a very early period, and to a very great extent. The means used for this purpose vary very much with Surgeons: quinine, bark, ammonia, and other diffusible stimulants appear to be the sheet-anchor with some; but, in practice, these remedies will, one and all, be found unsuitable in many cases, and it has frequently happened that I have been obliged to abandon them altogether. Some Surgeons, under such circumstances, have, of late years, had recourse to those stimulants which we are in the habit of using in our daily life. Inquiring into the habits of the patient, the stimulant, whatever that may be, which is habitually taken, is to be given at once; and, having adopted the practice freely, I may say that I have derived great advantages from it. The following case, falling under my notice some years back, made a strong impression on my mind.

(a) St. George's Hospital Museum, A. 110.

In the year 1839, Sir Benjamin Brodie, after having applied a ligature to the external iliac artery, was, on the same afternoon, suddenly called out of town. The operation was followed by inflammatory symptoms, which were looked upon as indicative of peritonitis, in consequence of which the patient was bled freely, and put upon calomel and opium. This plan of treatment was persevered in for two days, with but little relief. In the afternoon of the second day, however, the patient was seen by Sir Benjamin Brodie, who, thinking that the symptoms were those of diffuse cellular inflammation, and not of peritonitis, at once passed his finger through the wound into the cellular tissue of the iliac fossa, breaking down all the adhesions; a discharge of thin, sanious-looking fluid followed; the calomel and opium were left off, and some diffusible stimulant ordered in their stead, as the patient appeared to be sinking. Finding that the man was in the habit of taking large quantities of stimulants, Sir Benjamin Brodie, in the evening, ordered him some gin; and, on the following day, 8 ounces of port wine were prescribed for him, all medicines being laid aside. The pain in the belly, and all other inflammatory symptoms soon began to subside; the wound discharged freely, but, in the course of a couple of days, as it became evident that a further supply of stimulants was necessary, some egg and brandy was ordered, in addition to the wine. This was continued for some days, and the patient did perfectly well. For some years previous to the date of this case, the stimulant to which the patients were accustomed, either porter, gin, brandy, or wine, had been prescribed by Sir Benjamin Brodie in the wards of St. George's Hospital, in cases of erysipelas, or of diffuse inflammation of the scalp, as well as in that of other regions; all tonic medicines having been for the most part discarded.

Thus far, I have spoken only of the consequences which may, in the outer coverings of the skull, follow a wound of the scalp. I proceed now to the consideration of the mischief which may, sooner or later, arise in the deeper textures after an injury, apparently of a trifling nature.

As a consequence of a simple blow on the head setting up a diseased action, we may have enormous hypertrophy of the osseous tissue. Of this, the following case, for the history of which I am indebted to Professor Quekett, affords an admirable illustration.

A master-builder, aged 50, one day, while about his avocations, slipped from a scaffold, from fifteen to twenty feet high, and struck his head violently, causing severe concussion of the brain. All symptoms of the cerebral affection disappeared in the course of a few days; but, some time after his recovery, to his surprise, this man found that he began to have some difficulty in getting on the hat which he had been in the habit of wearing. The enlargement of the skull went on increasing; so much so, that he was obliged to have a new hat made; and, from this period, he found it necessary, from time to time, to have the size of his hats increased. He, however, went about his business as usual, and never suffered any other inconvenience, except as to the matter of the hats. He died at the age of 70, twenty years after the accident, and his friends, being anxious to know what was the real cause of all this enlargement about the head, had the skull examined, when it was found that the great size of the head was altogether dependent upon a diseased condition of the bones, which was all but limited to the vault, the base presenting very little alteration in its appearance.

The vault of this skull, belonging to the College Museum, is certainly one of the thickest I have ever seen. In some parts the bones are no less than 11 lines in width, and nowhere are they less than 6 lines in width. The circumference on the outside, from the nasal eminence to the occipital protuberance, measures 26 inches; that on the inside, 21 inches. All traces of the compact tables of the bones have disappeared, the whole structure being reduced to a fine cancellous tissue, with cells, for the most part, very small and irregular in form. The outer surface is perfectly porous and covered, throughout its whole extent, with minute foramina, looking as if it had, in every part, been pricked with small pin-points. The limits of the temporal fossæ are strongly marked, the bone around forming an extensive ridge; large arborescent grooves exist in these fossæ, showing the distribution of the deep-seated temporal vessels. On the inner surface, the channels for the meningeal vessels, of an enormous size, and very numerous, are remarkably deep, and groove the bones in every part, which are, moreover, throughout their

whole extent, covered with holes of various sizes, many of which are very large. The channel for the longitudinal sinus is scarcely perceptible; but, on one of its sides, in the frontal region, there is a deep pit, as if for the lodgment of a large, so-called, Pacchionian gland. The weight of this skull-cap is not increased in proportion with its great size and thickness. The brain and its membranes were perfectly healthy. No disease was observed about the other parts of the osseous system.

But a simple blow on the head, or the denudation of the bone, may lead to inflammation of the osseous tissue, which may end either in caries, or in necrosis, or in both together. The disease may be confined to one of the tables, or it may involve the whole thickness of the bone; but, in either case, the patient may do perfectly well. Under such circumstances, the pieces of dead bone, whatever their thickness, and whatever their size, may ultimately be cast off; cicatrization then takes place, and the disease is ultimately cured. Slow in their progress, such cases may go on for years; but they are liable, at all times, to be brought to a sudden termination by an attack of inflammation spreading to the membranes, or to the brain itself. The result of an accident, the affection of the bone is generally limited; but, in some cases, a diseased action is set up, which spreads to some distance, and bones, far beyond the original seat of the injury, become involved in the destruction. Not only has the whole of a bone been thus attacked after a slight injury of the head, but cases are met with, where two or more bones have been thus destroyed.

And first, as to the extensive destruction of the outer parts of the bone. In a preparation, belonging to the Museum of St. George's Hospital, there is extensive caries of the frontal above the orbits, of both parietal bones, and a portion of the occipital. The disease, affecting principally the outer plate of the skull, dips, in some places, into the diploë; but there is no destruction of the inner plate, which presents, however, evident traces of increased vascularity. All this mischief was the result of a simple blow on the head.

In the Museum of St. Bartholomew's Hospital(b), there is a skull-cap, the bones of which are exceedingly thick, with the diploë and tables consolidated throughout, and of an ivory-like hardness. The outer table, very irregular on its surface, is extensively ulcerated and tuberculated, with crack-like fissures. The bones principally affected are the whole of the frontal, and both parietals, the intervening sutures of which are perfectly obliterated. On the inner surface, these bones present large and deep vascular channels perforated throughout with minute holes; this surface is also, in one or two places, slightly tuberculated. All these changes had their origin in the effects of external violence.

Such a disease, originating in an injury, most commonly affects the outer table of the skull, but it may likewise be confined to the inner surface; and of this, the following case from Dr. Abercrombie(c) affords a singular example:—

A woman, aged 48, about a year before her death, fell down a stair, and received various injuries, especially one on the head, which confined her to bed for some days. From this time, her health was bad; she generally complained of fixed pain in the head, and had a very disordered state of the stomach and bowels. She was able, however, to attend to the ordinary duties of her family, till about three weeks before her death, when she was seized with fever and outrageous delirium. These symptoms subsided after a bleeding; and next day she had erysipelas of the face, which went off in a few days. She was then able to be out of bed, but complained of a fixed and deep-seated pain in the right side of the head, a little above the ear, and there was a discharge of matter from the right ear. She continued in this state, sitting up part of every day, till three days before her death, when she became comatose, with partial paralysis of the left side, and frequent convulsive motions of the right arm. She died on the third day after the occurrence of these symptoms.

The cranium was very easily opened, the bones being remarkably soft. On raising the skull-cap, the inner surface of the whole upper part of the cranium exhibited a singular state of disease. The inner table seemed to be wanting through its whole extent, and there appeared the rough, irregular, and cancellated structure of the central part of the bone. Betwixt this surface and the dura-mater, there was a deposition of soft adventitious membrane of a yellowish colour, varying from one-twelfth to one-eighth of an inch in thickness. In raising the skull-cap, this membrane, in some places, adhered to the dura-mater, leaving exposed the irregular cancellated structure of the bone; and, in other places, it adhered to the bone, exposing the dura-mater, of its natural appearance. The parts affected by this singular state of disease were the frontal bone above the orbits, the whole of both parietal bones, the squamous portion of both temporal bones, and rather more than the upper half of the occipital bone. The greatest erosion was on the parietal bone, where several portions were very thin and transparent, and a few points were perforated. The external surface of the cranium was of a natural appearance, except at the few points where the erosion had perforated the bone by very small apertures. The immediate cause of death was an extensive abscess, probably recent, which was found in the lower part of the right hemisphere of the brain. In a subsequent note, Dr. Abercrombie states, that this patient was a respectable, married woman, and that there seemed no ground for suspecting a syphilitic taint.

Let me now bring before your notice cases of destruction of the bones, still more extensive.

In Mr. Norris's(d) case, we find a patient, aged 51, who fell in going down stairs, in April, 1803, and pitched with her forehead against a heap of wood. No immediate symptoms followed the accident; but three months afterwards, she, for the first time, felt violent pain in the head, especially in the frontal region; and here an abscess formed which was opened; the bone was exposed and carious. The trephine was subsequently applied over this spot, on account of her intense sufferings, but without any benefit: the dura-mater exhibited a perfectly healthy appearance, and there was no other discharge of matter than what oozed from the substance of the bone. Another abscess soon after formed on the back and upper part of the left parietal; here, too, the bone was carious; and then followed abscesses in various parts of the head which went through the same course. For the first two or three months, pieces of bone came away from the outer table only, but subsequently the whole depth of the bone was thrown off, at each time exposing the dura-mater; and, from this period, the sores in the integuments no longer healed. She died, worn out, in May, 1804.

Norris then states, that lest it be supposed by any one that this disease had its origin in syphilis, it is proper to observe, that the patient had not one other, even doubtful, symptom of that disease; and that, from the most minute inquiry that he could make, it seemed almost certain that she had never been infected by its poison. No mention is made as to anything like mercurial cachexia, and, after so minute an inquiry into the history of the case, we may fairly suppose that, had it been present, it would not have escaped notice.

The skull of this patient, in the College Museum, exhibits the extensive disease to which the blow on the head had given rise. The greater part of both parietal bones has been extensively destroyed, the destruction bearing upon the back and central parts, so that the whole of the lambdoid suture, and the sagittal, to within an inch of the coronal suture, have disappeared. The small part of the parietal bones which remains, and the frontal bone are, in some places, perforated by large and numerous holes; in other places, the destruction is limited either to the external or to the internal table; and, in many parts, a process of healing seems to have been going on, for the margins of the ulcerated bone are smooth and bevelled off. In many places the outer surface of these bones is irregular and mammillated, with narrow, puckered-like depressions, extending down to the inner table of the bone; in fact, the whole appearance of this part of the vault exactly resembles that which is described by some pathologists as the tuberculated syphilitic disease of the bones. In the central part of the frontal region, about an inch above the nasal eminence, is a large, round opening, with smooth and bevelled margins, the only indication I can find of the spot where the trephine was applied; but, if this be the spot, it is evident that the whole thickness of the bone was not removed in some parts, for there are still some thin portions of the inner table remaining where the perforation was made; and, on looking to the inner surface of the skull, the frontal crest is unbroken. The appearances about the occipital bone are very different.

(b) A. 60. (c) Diseases of the Brain, p. 188.

(d) Transactions of the Med. Soc. of London, 1810. Vol. I, p. 168.

Wherever the disease exists in this bone, there the osseous tissue is thickly covered with small, closely-packed pits, looking like the skin when it has been seamed with small-pox. In many parts the bone thus ulcerated is completely perforated by small openings. The diseased appearances are principally confined to the part of the occipital above the inferior semi-circular ridge, both on the outer and on the inner surface; but, on the left side, traces of the disease, destroying the bone in its whole thickness, exist even down as low as the condyloid process. The temporal bones are but very slightly affected, and that only in the immediate neighbourhood of the other bones which were diseased.

There is no disease whatsoever either about the palate, or the alveolar processes, or the nasal septum; neither are there any diseased appearances about the frontal region below the trephine-hole, that is, within an inch of the nose and orbits.

But one of the most remarkable instances of this kind is that lately recorded by Mr. Drummond, in which a sailor, having fallen down a flight of stone steps, received a contused wound of the scalp on the left side of the occipital bone; and so trifling was the injury, that the bone was not thought, at the time, to have been hurt. Some time afterwards, however, it became evident that the bone was seriously affected, for a large piece of it was found denuded of its periosteum. Repeated attacks of erysipelas involved the patient in further mischief, and within the space of six years he lost—of the right side of the frontal, parietal, and squamous part of temporal bones, about five square inches; the whole of the occipital, to within a short space of the foramen magnum, had disappeared, save a portion of the centre, of about two square inches, which was detached and moveable, and in the process of being thrown off. A large portion of the left side of the frontal, parietal, and temporal bones was in a state of caries; and a portion of the posterior part of each parietal remained as a slender arch over the vertex. The patient was in robust health, and suffered but little inconvenience, notwithstanding the great extent of the disease. Such was the report which Mr. Drummond made of the case in the year 1851, and I am glad in being able to add, from a letter which I have received from that gentleman, that the man is still alive, and now no longer a patient. He is serving as a stoker in the Melville Hospital, at Chatham, and is in perfect health. Some more pieces of bone have been cast off both from the occipital and from the left parietal; but there does not, at present, appear to be any immoveable piece of bone in a diseased state. The only inconvenience this patient appears to suffer is from an unpleasant sensation about his head whenever he sneezes or coughs. Like most old sailors, he gets occasionally drunk, or nearly so, but without more than the usual penalty of a sick head-ache.

One case more ere I close this part of my subject. It is Saviard's (e) case, which I make a point of quoting from the original, in somewhat antiquated French, as I find that a very different version of it has been given in English.

"Une pauvre malheureuse sortit de l'Hôtel Dieu au mois d'Octobre, 1688, après avoir été malade pendant plus de deux ans, en suite d'une playe à la tête, qu'elle s'était faite en tombant, pour avoir bu du vin avec excès. La partie supérieure de l'os coronal, les deux pariétaux entiers, et une grande portion de l'os occipital, s'étant découverts dans la suite du traitement, s'exfolièrent dans toute leur épaisseur, et se séparèrent en même temps; de sorte que cette exfoliation ressemblait au dessus d'une tête que l'on aurait sciée et séparée du reste du crâne. L'on voïoit à l'endroit d'où ces os étaient sortis, le battement de la dure-mère, qui n'était couverte que d'une pellicule fort mince."

Such is Saviard's own report; and we find Duverney, in his Anatomical Lectures, exhibiting this very skull-cap, which had thus come bodily away. And yet Dr. Abercrombie, in referring to this case, states "that successive exfoliations of both tables of the cranium took place to such an extent, that the pieces, when put together, resembled the skull-cap, as it is sawn off in dissections." Such a version differs, indeed, widely from the original.

Cases of necrosis of the bones of the skull admit of but little active surgical interference, save the incisions necessary for the evacuation of the matter when it is pent up, and the occasional removal of the loose pieces of dead bone. Symptoms, however, might arise in which the application of the trephine might become necessary; but too much caution cannot be used in these cases; and, notwithstanding the brilliant results which are said to have attended the extensive application of the trepan in some instances, few English Surgeons of the present day would, I think, follow Daviel, and apply eight crowns of a trephine; and no one would be fool-hardy enough to do as Méhée de la Touche did, and apply, within the space of fifteen months, no less than fifty-two crowns of the trepan, twenty-seven of which reached the dura-mater.

(e) Saviard. Recueil d'Observ. Chirurg. 1762, p. 836.

ORIGINAL COMMUNICATIONS.

ON FIBROUS TUMOUR OF THE UTERUS.

By Dr. RIGBY.

[Continued from Vol. XXXI. p. 408.]

The details of the two following cases, where fibrous tumours have separated from the uterus and been extracted, differ considerably from those of the case I last reported, inasmuch as the tumour, being of much greater size, could not descend at once into the pelvis, and thus be removed in one mass, as in the previous case, but portion after portion was slowly forced through the superior aperture by the uterus, and gradually removed by ligature as it came within reach.

Mrs. S., aged 42; married sixteen years; one child, aged 15. Two miscarriages in the last five years.

April 17, 1852.—Great sense of pressure over the bladder, difficulty in passing water, especially at the catamenial periods. Sense of pressure on the rectum, with tenesmus; varicose veins of the legs. Pulse weak; has latterly had menorrhagia. The abdomen is enlarged by a fibrous tumour of the uterus; the uterine sound passes at least 5 inches.

℞ Pil. hydrarg. extr. hyoscyami āā gr. v. alt. noct.

℞ Ferri sulph. gr. xvi., magnesiæ sulph. ʒi., acidi sulph. dil. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒvijss. M. Ft. mistura: sumat cochl. magn. ij. primo mane.

℞ Liq. calcii chloridi ʒss. ex infuso aurantii co.: bis die. Applicetur ung. hydrarg. durum ori uteri quâque septimanâ.

June 2.—The ointment has been applied four times in four weeks. During the third week a sudden appearance of catamenia took place, not at the regular period; the discharge was brisk, but lasted only a few minutes; she expects the period soon. Her Medical man considers that her tumour is softer. Her general health and appearance are improved. She can walk better, and does not feel so much pressure and weight in the pelvis as before.

December 1.—Pale and sallow: has not increased the liq. calcii chloridi beyond 35 drops for the dose; but says that she has felt better since she took it. Bowels open. Last catamenia on the 18th ult.; the discharge much less profuse, and appeared at the right time.

Rep. liq. calcii chloridi in gradually increasing doses.

October 23, 1854.—She has continued to take the muriate of lime occasionally, and latterly has taken a course of artificial Kreuznach water; the ointment has been used from time to time. During the last few months the menorrhagia has increased considerably. A great change has now taken place. The os uteri is thin, and dilated to about the size of a shilling—a tumour is felt pressing against it; it is firm and fleshy. I can pass up my finger all round to some little distance, and find that the mass is attached to the left side of the uterus by a broad base, which seems dragged into longitudinal folds, as if chiefly composed of the lining membrane of the uterus. I passed a ligature round it as high as I could, and produced no pain on tightening it. When firmly fixed I used a slight degree of traction, but the tumour would not stir.

Oct. 24.—Has been tolerably comfortable; the discharge has ceased. I tightened the ligature.

November 5.—The ligature has been tightened daily. The mass became soft from decomposition, so that but a small piece of solid matter came away. A fresh and larger mass descended almost immediately afterwards and filled up the pelvic cavity. It had the feel and consistence of a firm placenta, and I was enabled to detach a considerable portion, having previously passed a ligature round the upper part, and drawn it as tight as I could to prevent the chance

hæmorrhage. It was full one pound in weight. The fetor was intolerable, and the silver canula was instantly blackened by the sulphuretted hydrogen of the discharge. The ligature came away as soon as I had removed this large mass.

Nov. 6.—Is much more comfortable, and takes food with more relish. The abdominal tumour has disappeared. Nothing can be felt of it beyond a hardness close behind the crest of the pubic bone on the left side. ℞. Acid. hydrochlor. dil., acidi nitrici dil., āā ʒi., liq. taraxaci ʒi., infusi cinchonæ oblongifol. ʒvii. M. Ft. mistura: sumat cochl. magna ii. ter die.

As she lived at some distance I discontinued my visits until another portion of the tumour should have descended into the pelvis, which her husband promised to inform me of; this however was not done, neither was the medicine given to her. She gradually became weaker; diarrhœa set in, and, when sent for on the 11th, I found her sinking rapidly, and she died the following morning.

The early treatment of this case presents nothing different to those which I have already detailed. She commenced a course of the muriate of lime, and mercurial ointment was applied once a week to the lower part of the uterus. Her general health improved, the tumour was considered to be softer, and from the diminished sense of weight and pressure in the pelvis, and greater capability of walking, it may be inferred that it had become somewhat smaller. This improvement did not continue; during the following year she continued to suffer from menorrhagia, which at times was very profuse, and reduced her exceedingly. I did not see her while the change was going on which preceded the descent of the mass, but as far as I could learn she had felt a gradual increase of bearing down, and at last pains, like those of commencing labour. As with large polypi the mass began to soften as soon as its vitality had been destroyed by the ligature, and the fetor of the discharge became so bad that I had considerable apprehensions lest absorption and blood-poisoning should follow. Finding that the second portion which descended was already much softer than the tumour had been when felt through the abdomen, I felt convinced that it was slowly dying upwards towards its attachment, and therefore determined to separate and bring away as much as I could of it before the powers of the system should have suffered too much. The precaution of applying a ligature previously appears to have been needless, although justifiable, because if any vessel had been injured in the attempt it would have been difficult to have stopped the hæmorrhage. Having removed a large mass already considerably advanced in decomposition, she felt greatly relieved, and the symptoms of exhaustion and general distress abated immediately. I am sorry that the mixture of bark and nitro-muriatic acid was not given, as the history of the next case will show how valuable it has been in supporting the patient through such a trial; the neglect also of not informing me how she was going on, as had been agreed upon, is much to be regretted, for when I last saw her there was no reason to fear such a result.

Miss S., aged 29, dark brunette, pale.

October 30, 1854.—Has come from a distant part of England to consult me on account of considerable abdominal enlargement.

She complains of constant pain in the left lumbar region, aggravated by standing or sitting. Has pains of a bearing down character, coming on about every hour, which sometimes make her strain and bear down involuntarily. Much fetid watery discharge; frequent desire to relieve the bladder, and difficulty in doing so. With the bowels it is also the same.

Bowels are open, and tolerably natural. Urine thick. Tongue covered with a thick dirty fur. Night perspirations. Pulse feeble.

First noticed a leucorrhœal discharge in February. It was not fœtid then, but thick and white. From that time she gradually lost flesh and strength, but did not remark any abdominal enlargement until June. The catamenia became more frequent, lasting a whole week, and once in August were very profuse. The abdomen continued to increase. In July the discharge became fetid and watery, and about the middle of September was suddenly seized with retention of urine, and violent bearing down pains, which were partly relieved by using the catheter. The fetor increased very much, and latterly small fibrous, putrid shreds have come away from time to time. Yesterday, after a long journey, a considerable piece came away; it appears to be fibrous.

The abdomen is distended with a large, hard, circumscribed tumour. It is connected with the uterus, and has all the characters of a fibrous tumour.

Examination per vaginam.—A large fleshy mass is felt occupying the cavity of the pelvis, down to the inferior aperture. It is so uniform in shape, that it feels like an enlarged uterus descending into the vagina, and an irregular depression near the symphisis pubis might, at the first touch, be mistaken for an os uteri. This, however, is not the case; the os uteri cannot be felt, being fully dilated, and out of reach. The tumour is distinctly insensibe. The finger can pass to its full extent all round this mass, which is evidently a part of the abdominal tumour forcing its way into the pelvis.

℞ Pil. hydrarg. extr. hyose. āā gr. v., alt. noct.

℞ Acidi hydrochlor. dil., acidi nitrici dil. āā ʒi., liq. taraxaci ʒi., infusi cinchonæ oblongifol. ʒvij. M. Ft. mistura: sumat cochl. magna ij. ter die ante cibum.

November 7th.—I passed a ligature round the mass with some difficulty, owing to its great size. I should have wished to have applied it higher up, but it will probably bring down a fresh portion as soon as the ligature has imbedded itself sufficiently to hold. Discharge very offensive. Rep. mistura. Lotio calcis chlorinatæ.

13th.—I have tightened the ligature morning and evening; the portion below it is becoming very shrunk and flaccid; and on pulling slightly with the canula it tore off, having evidently nearly cut through the mass. Only a small piece came away, which was excessively putrid.

14th.—Has been in much pain. It is evidently uterine action, not inflammatory pain; but the discharge is so putrid that I fear blood-poisoning and low typhoid fever will be induced; the pulse is quick and weak. She has had a bad night. Tongue furred; much thirst; a piece projected from the os externum, it tore away, but I was enabled to get hold of a portion of the mass in the pelvic cavity, and by degrees brought it down, aided by considerable efforts on the part of the patient. It was full two pounds in weight. The abdomen is evidently smaller.

℞ Potassæ bicarb. ʒiv., potassæ nitratis ʒij., sp. ammon. arom. ʒss. aquæ puræ ʒvijss. M. Ft. mistura; sumat cochl. magn. ij. ter die post cibum. Let her drink champagne to allay her thirst. Rep. lotio calcis chlorinatæ.

17th.—Much better; sitting up; has occasional pains like those of early labour, and feels that the pelvic cavity is occupied by another mass. The tumour in the abdomen is much diminished.

It would be useless to note down at length the whole details of this interesting case; but it may be worth while merely to give the other dates at which the ligature was applied, and on which it came off, and then add a short account of any circumstances which appear worthy of special notice.

Ligature applied.		Came off.
November 24th	double	29th.
December 4th.....	single	6th, broke.
,, 6th.....	double	13th.
,, 22nd	,,	25th.
January 2nd	,,	7th.
,, 22nd	silk	26th, broke.
,, 26th	double	29th.
February 5th	,,	10th.
,, 14th	,,	19th.
March 17th.....	,,	18th, slipped off.
,, 18th.....	single	22nd, broke.
,, 22nd	double	25th.
April 4th.....	single	5th, slipped off.
,, 6th	double	9th.
,, 16th.....	,,	20th.
,, 23rd.....	,,	26th.
,, 27th.....	single	30th.
May 5th	double	8th.
,, 11th.....	single	—

The circumstances most worthy of note which occurred during the above period are as follow:—

December 5th.—Has been very uneasy since the ligature was applied yesterday, and has not been able to relieve the bladder this morning, so that the catheter was required three times in the course of the day. A large mass completely fills up the pelvic cavity, and presses considerably on the bladder.

13th.—The polypus instrument has come off, but the tumour remains in the pelvis; bearing-down pains came on in about two hours afterwards, and I was sent for; a portion of a large mass protruded from the os externum, but although she made powerful straining efforts, she was unable to expel it. With some difficulty I succeeded in bringing it away; it was an oblong mass about as large as the trunk of a seven months' fœtus; one extremity was softened and putrid, the rest of the mass was firm and fleshy; the other extremity was nearly as large as the head of the child at the full time; it was rounded and quite smooth, being evidently a distinct tumour or nodule which had separated from the main portion. The part which the ligature had destroyed, had broken and come away during the labour process by which the large piece had been expelled. From its size and solidity it could not have weighed less than 4 lbs.

The same happened on January 8th; the polypus instrument had come off the day before, and brought away a portion of the tumour; another much larger mass came down and was expelled the next day. On some occasions the shape of tumour which descended into the pelvis was so globular, and its surface so smooth, that it was difficult to make the ligature take hold; it was on this account that I occasionally used it single, so that it might more readily cut its way in, and, although it ultimately broke, in many instances it was of use in making a groove, into which the double ligature went, and was fixed securely.

At an early period of the case, when it presented considerable lobular irregularities, I endeavoured to cut away as much as was within reach by means of curved scissors, but the plan did not seem to answer so well as the ligature, and was more hazardous than useful. I soon found also, after four or five portions had come away, that apparently no further diminution of the abdominal tumour took place, although a large quantity had been removed at different times; it continued of the same size, and at times seemed larger and more prominent; further examination of the abdomen, as it became softer, explained the reason,—the tumour evidently extended very far backwards and continued to advance forwards as each successive portion entered the pelvis and was removed, so that at times, as it altered its direction to take that of the pelvis axis, it projected more forwards than it had done previously, and to a superficial observer appeared to have increased in size, though in reality it was smaller.

In this way I continued to diminish the mass, sometimes removing a good-sized portion by ligature, at other times extracting small portions by means of a spoonbilled forceps; at others, endeavouring to separate the attachment of the tumour by the blunt hook, and breaking it up by extractive efforts. This last proceeding evidently destroyed the vitality of the mass to a considerable extent. The discharge became very fetid, many portions became soft, broke up, and were removed by the action of the syringe, which was frequently used with camomile infusion to wash away putrid matter and prevent absorption. As it became necessary to vary my treatment, I will now give a few reports in detail.

July 13.—The tumour still rests on the brim of the pelvis, and shows no disposition to descend, and, as I find it difficult to apply the ligature, having removed the chief of the lower portion, I put her under chloroform, and attempted to introduce the hand, but the os uteri was too rigid to allow it; I therefore again used the blunt hook, and broke up a considerable portion; for the attachment is so firm, that whenever the hook gets a firm hold, it slowly tears its way through the tumour, like tough sponge, which gradually loses firmness as it descends into the pelvis.

14th.—Applied a double ligature pretty high up, as the os uteri was rather more dilated; the discharge is most offensive. She has had rigors and headache, and feels weak and ill. She continues the infusion of red bark, with nitro-muriatic acid before meals, and occasionally takes some potassæ bicarb. and nitr. after. She also takes port wine or claret occasionally.

16th.—The ligature has been tightened night and morning, after which I have tried each time to pull the tumour into the cavity of the pelvis, pressing it firmly with the other hand above the symphisis pubis. It is evidently beginning to enter the brim. She now feels more inclination to bear down, and has the sensation, as it were, of a wedge forcing into the upper part of the pelvis. During each of these efforts to draw it down, the ligature seems to cut deeper into the tumour, as I am then able to turn up the winch two or more notches, and this morning, while keeping up a firm tension on the polypus instrument, so as to pull down the tumour as far as possible, I was able to separate with my finger another portion of the attachment, which is very broad; it is situated on the left side, and somewhat forwards.

Evening.—Although the ligature was evidently wound up to its full extent, it required a considerable effort to bring the instrument away—a fleshy mass of about one-third of a pound was firmly attached to its extremity. The greater portion of it was not unlike a piece of firm placenta; but another portion was hard, white, and fibro-cartilaginous. With a large lithotomy forceps I was enabled to remove as much more in smaller pieces.

17th.—More of the tumour has evidently descended, for I could reach a fresh portion of its attachment, which I separated. I tried to pass the canulæ of the polypus instrument, but the mass is not low enough for the ligature to hold. I removed several portions with the lithotomy forceps, but they will not tear off in a mass, but draw through the forceps, evidently owing to the bands of fibro-cartilaginous tissue which permeate these structures; I therefore passed the polypus scissors, and cut above the forceps, while the part was put upon the stretch, and thus succeeded in removing about three-quarters of a pound. One piece was of the same hard, solid, white structure as I removed by the ligature yesterday. A considerable discharge took place during the above operation, and made the patient feel faint.

20th.—The tumour is distinctly lower. She has occasionally what she calls straining pains. The tumour is close down upon the os uteri, and I succeeded in encircling it with a single ligature, but from winding up the winch too tightly it broke; it had evidently cut deeply into the tumour. I tried a second with the same result. The winch appears to exert a greater amount of power than I was aware of. I tried also a twisted double ligature, but this does not pay out from the canulæ so easily as the smooth single ligature, and having failed to encircle the tumour with it I determined to wait two or three days, until I could do it under more favourable circumstances.

23rd.—The tumour as felt externally is much smaller and presses a good deal against the bladder; the anterior portion has entered the brim, although there is still a portion behind which seems to prevent it descending into the pelvic cavity The os uteri is dilated to about half its full extent, and the tumour is pressed closely against it. I encircled it high up with a single ligature, and tightened it very carefully; and as the tightness increased it produced a sense of painful dragging high up in the uterus, showing that the attachment of the tumour is affected by it. I passed my finger as far as I could, but could not separate any more of it. In the evening I again tightened, and feeling that the ligature had cut its way up to the canulæ I used firm traction. It gradually yielded, not with a sensation of giving way suddenly, but of slowly drawing out, as in pulling up a plant by the roots from soft soil, and the instrument came away having a hard firm mass of fibrous tissue attached to it; it was white, and rather larger than a full-sized fœtal heart, and of about the same shape.

26th.—Many small fragments have come away while using the syringe. The discharge has been copious, but somewhat less offensive. Feels better, though she has still a good deal of headache. Has continued the bark mixture, and enjoys some St. Julien wine, which seems to refresh her greatly.

The tumour is lower, and evidently less, so that I just feel it above the symphisis pubis; and as it is pressing down against the os uteri, I presume that the greater part has now passed the brim. Anteriorly to the left side, a part of the attachment is very firm. It is the broad, firm edge of a band, which gives no sensation of yielding. I cannot ascertain how far it extends. I encircled the mass with a double ligature, and, from the mobility of the tumour, I think that a little pressure against the os uteri, by drawing down the mass, would bring it through.

26th.—The ligature came away to-day, but with merely a small quantity of ragged débris of the tumour, in a putrid and most offensive state. As the mass was close against the os uteri, I immediately passed a single ligature round it high up, which was effected much more easily than with the double one. The tightening produced much painful dragging at the left side of the uterus.

31st.—The discharge has been most offensive, rendering the

vagina and os externum very tender and irritable, and considerably affecting her general health, in spite of the greatest possible attention. She continues the infusion of red bark, with nitro-muriatic acid, before meals, and the saline occasionally after dinner, and is much refreshed by the cool claret. As the instrument was still firmly attached, I passed up another beyond it, and while the first instrument was gently drawn down, I succeeded in encircling the mass with a second ligature still higher up, and on using a slight amount of traction, a large lump of ragged, disorganized, highly putrid, fibrous matter came away. It was almost entirely of the white appearance which the two or three last pieces have presented, and there was a hard nodule, of the size of a small plum, in the centre.

August 2.—As a fresh portion had descended, and the os uteri was about half dilated, I passed a double ligature as far up as I could, and tightened it. It produced the same dragging and cutting pain as before. The same evening, while the nurse kept up a tolerably firm traction on the polypus instrument, I passed a single ligature above the first, with another, and tightened this also.

6th.—The two ligatures have been tightened morning and night, and have evidently a firm hold on the upper portion of the remaining mass. The os uteri has dilated considerably; and I made several attempts to push it over the tumour while pulling it down by the two polypus instruments. I then removed the lower ligature, and passed a single one somewhat higher than the last, as the mass projected considerably through the dilated os. It has evidently become softer, for the ligature seemed to cut deeply into it, producing the same dragging, cutting pain as before.

7th.—There has been a profuse and fetid discharge. The mass gave way with a slight effort, and a large piece, of more than a pound in weight, came away.

27th.—A portion still remains, and is pressed down against the os by the gradual contraction of the uterus. It is very little more than a débris of small portions which adhere so firmly to the uterus that the finger is unable to separate them, and, indeed, it is impossible to determine precisely where the tumour commences. I removed several portions with the forceps, but, from the firmness of the union, I consider that it will be safer to leave the rest to time; every day shows that the remaining piece is dying off, becoming soft, and dissolving away. The uterus is now quite in the cavity of the pelvis, and is evidently contracting; I have, therefore, decided to leave the rest to nature and to send her into the country for the better re-establishment of her health.

I would have offered some remarks suggested by this highly interesting case, but the unusual length to which this report has been unavoidably extended forbids me doing so, and I hope to give them in a more detailed form on some other occasion.

ARMY MEDICAL REPORTS.

No. XXII.

SOME ACCOUNT OF THE WOUNDED IN THE RECENT BOMBARDMENTS OF SEBASTOPOL.

By D. J. DUIGAN, Esq., Surgeon, R.N.
Attached to the Naval Brigade serving before Sebastopol.

At daylight on Monday morning, April 9th, about 3 p.m., on Wednesday, the 6th, and at the earliest dawn on Monday, the 18th of June, the whole of the allied line opened fire upon the fortifications of Sebastopol, thus constituting the second, third, and fourth bombardments of that stubborn fortress.

The weight of metal employed, and the size of the projectiles thrown, by the opposing forces against each other's works, far exceed those of any previous siege. Even as regards the small arms, the old musket and bullet have been discarded, and far more destructive ones—the Minié rifle and conical ball—have been substituted in their room.

Some of the wounds which resulted were, perhaps, for those reasons, unusually severe, or, at least, novel in their characters. An account of the progress of cases could not be kept, as they were almost immediately drafted from the Field Hospitals after the first indications were surgically fulfilled. Yet a mere record of a few of the most striking injuries, as they appeared when brought under the notice of the Medical Officer on duty in the trenches, as well as a brief Medical account of the arrangements, etc., may be received with some degree of interest.

It may not be irrelevant to the subject to give a short summary of the military position. The French occupy both flanks; the English are in the centre, their works being divided into the Right and Left Attacks (Chapman's and Gordon's batteries). The Right Attack fought the Mamelon, left flanks of Malakhoff, and Redan, and also some smaller works continuous with them. The Left Attack opposed the right flank of the works around the Malakhoff Tower, right flank of Redan, the Barrack, Garden, 4-Gun, and Flagstaff batteries.

The proximity of our batteries to those of the enemy ranged between 1800 and 660 yards; one, since raised in the Quarries, is distant only about 300 yards; the Rifle Pits, in advance, were, in some places, within 40 yards of each other.

During the bombardments, the Royal Naval Brigade sent 600 men into the trenches; those remained on duty between twenty-four and twenty-six hours; they marched into and out of battery under cover of night, to prevent the enemy firing upon them; the men took out their provisions cooked, and were accompanied by two Medical Officers—one for the Right, the other for the Left Attack.

The first parallel was occupied by the Royal Naval Brigade, Royal Artillery, Engineers, and Medical Officers, with their orderlies.

In the ravines, leading from the Camp to the batteries, ambulances were stationed for the transmission of the wounded to the Field Hospitals. The Medical Officers' duties in the trenches consisted, for the most part, in affording temporary relief to the wounded, namely, arresting hæmorrhage by ligature and tourniquet; splinting broken limbs, bandaging and forwarding the patients by fatigue parties on stretchers, to the different stations of the Ambulance Corps.

Most of the wounds were interesting in a Surgical point of view, but it would be both useless and tiresome to attempt even a list of them; yet some appeared to be so very singular in their nature, that I will mention those only, to the exclusion of all others.

I. *Shell Wounds.*

A seaman, knocked down by a fragment of mortar shell, was picked up dead. The head was apparently swept from his shoulders, but there was no trace of hæmorrhage. On disentangling his clothes, which were tightly jammed around the injured part, the head was found driven downwards into the chest, carrying with it a great portion of blue shirt and red comforter. A small tuft of hair alone was visible, at the bottom of a deep cavity. It was a regular intus-susception.

An officer of Engineers had just entered the battery, when a 13-inch mortar shell fell close by him, exploding as it struck the ground. One thigh was blown into the air; the other, with its bones, shattered throughout, but retaining its continuity by means of the integuments, was thrown around the back of his neck, and hung pliantly over the opposite shoulder, just as the arm of a child might lie in contact with its mother's neck. He lived for a few minutes.

A shell from the Malakhoff burst through the embrasure of the right Lancaster gun, disabling four men. One received a compound comminuted fracture of the left thigh, and a similar injury of the arm; the second, a compound comminuted fracture of the left thigh; the third, a comminution of the right knee-joint and ankle, both which joints were widely open. About a pound weight of the iron shell was immovably impacted in the inner condyle of the femur. The fourth was an artilleryman at the next gun, whose tarsus was injured. There was extensive laceration in the three first cases, and the shock was extreme: there was an oozing or welling of blood in two of them. The Medical Officers attended to those cases where the men fell in rear of the embrasure, at which the enemy still continued to pour their shot and shell, but, fortunately for the Medical Officers, with less precision than before.

A shell was fired at a group, principally composed of Sappers and Miners. One was killed, his face having been shot away. Another was carried up to the first parallel badly wounded. On examination, it was found that half of

the inferior maxilla of the dead man was driven into the roof of the second man's mouth.

A night or two after the capture of the Quarries, a man was killed in them by a shell from the Redan. An officer of the 97th, who was standing close by, received several severe superficial wounds from splinters. A foreign body was imbedded in the middle third of the left thigh, which was easily withdrawn by the finger. It was a large portion of one of the cylindrical bones of the man who had been killed; it was as sharp as a chisel.

Two artillerymen stationed in the 8-gun battery, in the advance, on the right attack, were sitting or lying down, engaged in conversation, when a shell exploded as it approached their position. The head of one was taken off, as if by an axe, above the neckcloth, the tie of which was undisturbed. The forearm of the other man must have lain in juxtaposition with his thigh, for both limbs were lopped off by the same blow, in a line corresponding with Poupart's ligament. This man lived for about half-an-hour, urgently requesting all around him to keep sprinkling his face with water. The wounds in both limbs were jagged. The muscles of the thigh were drawn out in long bands: there was no hæmorrhage.

Another artilleryman, somewhere about the same part of the works, had his left knee-joint laid open and comminuted by a fragment of shell; no shock; a slight hæmorrhagic oozing. As he approached the Medical Officers on a stretcher he facetiously asked, if it was not "a wooden leg for him;" and as he was being carried to camp he asked us "to make the leg for him."

A 13-inch mortar shell dropped so close to a seaman that it burned his perinæum, testicles, and clothes as it burst. One of the ankle-joints was laid open; but the wonder is, how he escaped being blown to fragments.

About the central point of Gordon's battery, a shell burst among a gun's crew. One poor fellow was struck over the angle of the ribs. He uttered a cry for the Doctor, and rushed about twenty yards, when he staggered, fell, and instantly expired. His heart and great vessels were ruptured. A second man's face, right shoulder, and arm, with the trapezius and latissimus dorsi, were torn away from the body. A third received a compound fracture of ankle-joint, and a similar one of the ulna. The fourth escaped with a severe laceration of the calf of the leg.

An artilleryman, sitting near one of the magazines, had part of his thorax and shoulder cut away, in a line from the sterno-clavicular articulation to the hypochondrium, by the half of a 13-inch shell falling upon him.

As the Military Relief entered the Right Attack early one evening, the enemy opened a fire of shell upon them from the Garden batteries. One burst over the head of the column, by which two men were killed, and about a dozen seriously wounded, the legs and arms of some being carried away. One man, whose forearm was destroyed, had all the comminuted bones driven into the thigh.

II. *Wounds from round shot.*

These wounds are easily recognized at the first glance, as there is but little variety in the appearance they present. Most of the men killed by shot had their heads knocked away, either completely or in part. However, some cases occurred where those large projectiles went through the body, and even through the upper part of the thigh, making orifices of entrance and exit.

A bombardier, at one of the mortar batteries, while in the act of laying the mortar, was struck over the ribs by a spent shot, which had barely sufficient force to ricochet over the parapet, and drop into the covered way. As soon as the man was struck, he uttered a loud scream, and, as he fell, made a convulsive death-grasp, and seized the cap of the officer who was standing beside him. Death was instantaneous, although there was no mark nor breach of surface to show the site of the injury. Nothing could persuade his companions against the idea of his having been killed by a "wind contusion."

During the past winter, a shot ricochetted with great force over one of the parapets, carrying away the cap from a seaman's head. The man was a little stunned, but no further mischief ensued. When his cap was picked up it contained a handful of hair, which had been shaved from the sealp by the shot. This would have been "a poser" for the old wind contusionists!

III. *Bullet-wounds.*

Our advanced trenches being, in many places, within forty yards of the enemy's rifle-pits, wounds of great severity were inflicted on both sides, as the force of the bullets was undiminished by distance. The orifices of exit, caused by the conical balls, more resemble shell wounds, in some instances, than a bullet aperture. In wounds about the head, especially, I have seen nearly the whole of the parietal bone carried away.

Notwithstanding those jagged wounds from Minié balls, I have seen a soldier of the 41st hit by one on the nose, which caused as clean a wound as if done by a sharp knife. The nose was divided at the junction of the cartilages with the bones. The lower portion dropping down, but adhering by a good pedicle. It was brought together, as in hare-lip.

Most of the wounds caused by the new conical bullets are, however, remarkable for the manner in which they plough up the soft parts.

A soldier of the 33rd was struck by a ball which made six openings. It passed through the right thigh, through the serotum, and through the left thigh, where it escaped.

The Russians use several kinds of bullets—one a solid conical ball, which belongs to the Liège rifle; another of a larger size and conical form; hollow at the base, with a small pillar, or nipple, standing in the cavity. It is surrounded by three lines. At the base, to guide the ball in its flight, there are two other smaller ones, modifications of this principle. The old round ball is also still employed. In some cases two of those round bullets have been found connected by a transverse wire, like bar-shot.

IV. *Grape-shot wounds* have been severe and numerous. The following was an interesting case:—

A soldier of the 49th was struck on the temple by a grape-shot, which destroyed the squamous portion of the temporal bone. The brain was flowing through the wound, the man breathing stertorously. The grape-shot was supposed to be within the skull. It was subsequently found in his mouth, at the base of the tongue, pressing against the epiglottis.

Since the commencement of siege operations before Sebastopol, one Medical Officer has been killed, and two or three have been wounded. The first, Mr. O'Leary, Assistant-Surgeon of the 68th Regiment of Light Infantry, was actually cut in two by a cannon-ball while in the act of assisting a wounded seaman. It is only to be wondered at that more casualties have not occurred among the Medical Officers; for during the heat of the fire they are constantly called from place to place, running along the batteries through the line of fire, in quest of the wounded. During the second bombardment this peripatetic system was very trying and fatiguing, for the soil was heavy and tenacious from the torrents of rain that then deluged the trenches; and instances occurred where officers' boots drew off while running along to assist the wounded.

The French arrangements are excellent. They have established a surgery, with all the necessary appliances, in one of the ravines, where a staff of Medical Officers are stationed for daily duty. The Medical Officers in the trenches apply tourniquets, or do whatever is most urgently called for, on the spot, and then send the wounded on to the Hospital Staff, by whom they are next examined. If the cases demand immediate amputation the operations are performed; if not so urgent, the cases are sent on to the Field Hospitals.

The duties of the siege fall heavily on the Medical Officers of the Naval Brigade, five of whom do that duty, and out of the five two go daily on trench duty. It comes to the turn of an Army Medical Officer to go less seldom into the trenches. The time of duty varies in the different divisions, according to the strength of the Medical Officers in them. In some the Medical Officer goes once in a fortnight, while in others the time extends even to once in five or six weeks. The Royal Artillery send no Medical Officer now, unless a general bombardment be going on. On the whole, this trench duty is very trying and hazardous; and, in performing it, the Medical men run the same dangers, if not more, certainly not less, than the executive Officers, who are generally stationary in a battery, while the Medical Officer, as ubiquitous as possible, is rushing in all directions to succour the wounded.

Camp before Sebastopol, August 14, 1855.

Addendum.—Another bombardment began this morning.—I will give the Medical results in a future paper.

August 17, 1855.

CURIOUS BIRTH, AND LUSUS NATURÆ.

By JOSEPH DREW, M.B. Lond.

Late House-Surgeon to the Manchester Royal Infirmary, etc.

Mrs. — aged 21, primipara, and of general robust health. During the seventh month of pregnancy had two falls, the first sideways, down two or three stairs, the second, against a water-tub, when the stomach was violently struck, but she was not necessitated to have Medical advice for either injury. She felt the child just as strongly after, as before, the accidents, and went her full time.

February 28th.—Occasional pains the whole of the day, and at half-past ten p.m. the membranes broke, the liq. amnii continuing to dribble away during the night. Towards morning the pains increased in violence, and I saw her at half-past nine a.m. On examination, I found the vagina filled with some presenting part, but what it was I could not for some time at all divine; at last I felt clearly folds of small intestine, but how small intestine could get there was a puzzle; and mixed up with the folds of intestine were two hard, moveable bodies, which rendered the diagnosis still more difficult. Under these circumstances, I requested my friend, Mr. Sturges, to verify my diagnosis. He very kindly consented, and when we returned we found that what I had felt in the vagina was now, to some extent, expelled, so that we had ocular demonstration that small intestines had descended; we noticed, too, that the vagina was still full of intestine, and the loose bodies, which we could not make out.

In consultation together, we determined that I should return the intestines, pass the hand into the uterus, and ascertain at once the true condition of matters. I forthwith carried our resolution into effect, using the left arm. There was great difficulty in passing the hand into the vagina, and after that it was not very easy to keep the coils of intestine before it in its progress; but as the os uteri was completely dilated, a little perseverance enabled me to arrive at a leg, which, with considerable force, was pulled down, and brought externally. The pain now ceased, to a great extent, and as I felt convulsive twitchings in the leg, a dose of secale was given; and in about half-an-hour, or three-quarters of an hour, the delivery of a full-grown dead male child was completed. The mother did well, and is becoming rapidly convalescent.

With the birth of the child, the mystery of the case was immediately solved. The contents of the chest and abdomen were loose and uncovered, and apparently no distinction between the cavities of the thorax and abdomen; but, on closer investigation, the following appearances presented themselves:—

Head, perfect.

Spine—strong curvature towards the right side in the lumbar region, and impossibility of straightening the body.

Chest—right side developed and containing the healthy lung; left side undeveloped, the left lung thus left exposed, and consisting of three lobules; the heart was healthy but similarly unprotected, save by the overlapping left lung.

Diaphragm very small, and assisting to constitute only the right thoracic cavity, so that the left or smaller leaflet was undeveloped.

Abdomen, liver, stomach, pancreas, spleen, kidneys, large and small intestines, bladder, etc., all preserving their proper relative position, size, and healthy aspect.

Peritonæum of the abdominal parietes extensively torn, but large enough, when put on the stretch, to cover the whole of the internal organs.

Muscles of the abdominal parietes, undeveloped.

Skin of abdomen developed as high as the navel, and on either side to the extent of about an inch.

It is very easy to understand from this short account that there was nothing in the conformation of the body to interfere with fœtal life and growth; the fact of the heart and left lung being situated in the common abdominal cavity would not hinder in any way the circulation of the blood; neither would the absence of skin and muscle in the abdominal wall prevent the proper development and functions of the primæ viæ and their appendages.

There can be no doubt that the fœtus occupied a transverse position from an early period, for the lumbar vertebræ were sufficiently grown in their distorted position, that it was impossible to straighten the body, even with force.

When the time for the expulsion of the child had arrived, the part nearest the os uteri was the abdomen, having for its anterior parietes, in the most of its extent, the thin and delicate peritonæum—the bag of the peritonæum thus became the presenting part. The liq. amnii began to be discharged at half-past ten p.m., and, most probably, the peritoneum gave way at the same moment with the membranes, or nearly at the same time, for it could scarcely resist the pressure of a severe pain; in this way, the instant the peritoneal bag was ruptured, more or less of its contents were at once forced into the vagina: first, the small intestines, and then, as the pains increased in severity, the pancreas, spleen, stomach, etc. In the pancreas or spleen consisted the hard moveable bodies which we had felt in the vagina, and could not make out.

The case, as a whole, is perhaps unique in the annals of midwifery. There are a great many cases on record of arrest of development much more wonderful, but no author has ever reckoned upon the possibility of the abdominal contents becoming the presenting parts, from rupture of a badly-developed paries.

It would be idle to speculate upon the chances of its living, had it presented with the vertex; but the probability is, that if the head had come down first, the peritoneum would not have been ruptured, and the right lung would have supported a measure of life, at least for some considerable time.

In conclusion, I would beg to observe, that such deviations of Nature from what we are accustomed to call Nature's laws, which laws, forsooth, many men in the present day would have us believe are unchanging and eternal, prove to my mind the constant and particular watchfulness of Providence. It is the Great Eternal alone who breathes into the atoms of earth the breath of life, and He alone can form the creature thus made to complete development, or arrest it in its progress according to His will. One of Goëthe's mystical choruses constitutes a pretty little requiem, for such departures from the normal type, and the remains of such undeveloped organisms—

"Alles Vergängliche
Ist nur ein Gleichniss
Das Unzulängliche
Hier wird's Ereigniss."

33, Colet-place, Commercial-road, East,
March 10, 1855.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

VENTRAL HERNIA, SIX YEARS IRREDUCIBLE.—TREATMENT BY ICE.—REDUCTION.

(Under the Care of Mr. LLOYD.)

The reduction of herniæ, which without symptoms have long been irreducible, is not always a matter of moment. They generally consist of omentum, and, excepting they occasion inconvenience by their size, or by dragging upon the other viscera of the abdomen, it is, perhaps, as well to allow them to remain. While in the sac the omentum acts as a sort of plug, and, to a certain extent, lessens the likelihood of the protrusion of bowel. There are cases, however, in which it becomes very desirable to effect reduction, and as a guide to the practice most likely to be successful, the following brief narrative seems worthy of being placed on record.

A few weeks ago Richard B., a labouring man, aged 54, stout and fat, was admitted into Pitcairn ward, on account of an adipose tumour in the right thigh. At the same time he mentioned also a second tumour of much smaller size, and to which he did not attach much importance, which was situate in the abdominal wall. On examination, a lump about the size of an egg, flattened, and giving to the finger exactly the impression of a mass of omentum, was found about an inch to the left of the median line, midway between the umbilicus and pubes. The margins of the aperture in the muscular parietes could be plainly distinguished, and, as the mass received a very decided impulse during coughing, no doubt was felt as to its nature. The man stated that he had known of its existence for six years, during which time he had never been able to get it back. He had never had any symptoms of strangulation, but ever since the tumour had

existed, he had been liable at times to sickness and vomiting, especially after eating freely. A sense of dragging was, he said, very frequently present, when at work, but it had never prevented him from following his occupation. His most comfortable position was the recumbent.

The fatty tumour having been excised, during the time that the man was confined to bed on account of the wound, Mr. Lloyd several times attempted to reduce the hernia, but without success. On each occasion it would seem to diminish somewhat, but could never be quite returned. Such being the case, it was decided to try the ice treatment, and a bladder of ice was accordingly ordered to be kept constantly applied over the part. Mr. Jowers, the House-Surgeon, was to employ the taxis perseveringly every morning. Under this plan complete reduction was effected on the ninth day. No restrictions in diet had been enforced, and the application of the ice had not been quite constant. The man was subsequently furnished with a truss, and up to the time of his discharge no reprotrusion had ever taken place.

The case of a young man, under the care of Mr. Hilton, in Guy's Hospital, for whom a large scrotal hernia, which had been six months irreducible, was returned under the ice and abstinence plan, may be found detailed in our Reports for May 28, 1853, page 554. In it the necessity for reduction was great, as the man had been quite prevented from doing work. Five days' treatment were required, during which time the man was made to almost abstain from fluids, while diuretics and purgatives were freely given. By these means the quantity of the circulating fluid was reduced as much as compatible with health, and so manifest was their effect, that the tumour which had much decreased in size, and become soft and loose in its sac, ultimately slipped back almost without pressure.

M. Malgaigne, to whom belongs much credit for drawing attention to this mode of practice, has recorded several very instructive examples of its success. In one (a) under his care, a scrotal enterocele, unreduced for several years, was got back by seventeen days' treatment. In a second, a scrotal entero-epiplocele, which had been irreducible for seven years, yielded in six days. In both these a very low diet was enforced.

GUY'S AND OTHER HOSPITALS.

AMPUTATIONS THROUGH THE TARSUS.

Professor Sedillot has just communicated to the Académie des Sciences a paper on amputations through the tarsus, which is, in some respects, really amusing. Our readers will find it published in the *Gazette Hebdomadaire* for August 17, page 606. The Professor enters a vehement protest against all amputations of the foot in which more of the tarsus than the astragalus is left, and is confident that "as science advances the operation known as Chopart's will be definitely abandoned." He goes, however, even further than this, and endeavours to prove that unless the patient have been previously the subject of talipes varus, amputation through the tarsus cannot be otherwise than a failure. Now it so happens, that during the past eighteen months, there have been performed in the London Hospitals no fewer than twelve partial amputations of the foot. In the list of operators occur the the names of Fergusson, Cock, Birkett, Hancock, Cutler, Curling, and Moore; and but that the conditions permitting of these procedures are not frequent in civil practice, we doubt not we might have added those of almost all the Hospital Surgeons in London. Since perusing M. Sedillot's communication, we have made many inquiries of those who have had large opportunities of observation in this matter, and have almost always received very satisfactory reports as to the results of these operations. The following conversation took place a few days ago between the writer and a Surgeon than whom perhaps few living have seen more practice or observed it better.

Ego.—What, Sir, has been your experience of amputations through the tarsus? do you approve of them?

Mr. Cock.—Undoubtedly, Sir; they give the very best stumps we ever get.

Ego.—But do you not find that long after the operation the os calcis gets displaced backwards, and that the patient cannot walk?

Mr. Cock.—That is easily rectified by the division of the tendo-Achillis, which, by the way, should be always practised.

Ego.—Have you ever known a second amputation performed, on account of the stump after a Chopart being an inconvenient one?

Mr. Cock.—Never. In several cases amputated by other Surgeons the patients have come to me complaining of their stump, but by the section of the tendon I have always succeeded in giving them useful feet.

Ego.—But, Sir, M. Sedillot ridicules the practice of dividing the tendo-Achillis as founded on ignorance of the cause of the deformity, and as not affording the least chance of benefit.

Mr. Cock.—I cannot help that, Sir; I can only say that it succeeds admirably.

Having cited so much of authority in opposition to his teaching, it is but fair to M. Sedillot to explain the very plausible reasoning which he adduces. This may be done in few words. The foot, says he, is an arch, and the weight of the body is received through the tibia on to its middle. Now, in amputating through the tarsus, you cut away one-half of the arch, and leave the tibia resting upon its unsupported key-stone. This is quite clear; and, by the aid of the Professor's diagrams, it is made yet more plain. After Chopart's amputation, if the patient attempt to walk, his foot must infallibly fall forwards, the os calcis being forced backwards, and the face of the stump brought in contact with the ground. Theoretically, all this is certain to happen; practically, (in England at least,) it does not do so. The absurdity of the position taken consists in the appeal to theory in a matter which facts can alone decide. Thus, the assertion that the tendo-Achillis has nothing to do with the displacement backwards of the heel, it being caused solely by pressure, is demonstrated to be untrue in almost every case which occurs, since the period in which the greatest tendency to such retraction is shown, is during the healing process, and before even the foot has been put to the ground. Had M. Sedillot studied a little more closely what the Germans call the "teleological efforts" of nature, he would have known that arguments founded on healthy anatomy do not always hold when applied to conditions which have been changed by disease or by the Surgeon's art. Nature has a wonderful power of adapting herself to altered circumstances, and generally contrives to put to the very best use whatever is left to her. We have never yet had an opportunity of dissecting a Chopart's stump which had long done duty; but should one occur we shall fully expect to find that by the yielding of a ligament here, and the elongating a tendon there, the bones have been allowed to assume such relative positions as best fit them to their changed circumstances, and enable them to form parts of a useful foot.

(a) Rev. Méd. Chirurg. X., 179. 1852.

ST. MARY'S HOSPITAL.

FISTULA IN ANO.—OPERATION FOLLOWED BY ERYSIPELAS.

[Under the care of Mr. COULSON.]

The following case is given as very well illustrating the course and progress of erysipelas, such as it presents itself in our metropolitan Hospitals. There are some facts relating to this disease, as it occurs under these circumstances, which are well worthy of attentive consideration. It would appear that patients coming from the country, and having undergone an operation in an Hospital, are more liable to become affected with Hospital erysipelas than other patients who have previously resided in London. The patient, whose case is about to be detailed, was a healthy-looking woman from the country, and was seized with erysipelas after having been operated on for fistula in ano. If the proposition we have laid down be, as we have stroug reason to believe, true, there would seem to be an analogy between it and a fact recently noticed in the campaigning experiences of the Crimea, when the men recently arrived were found to have an extreme susceptibility to be attacked with diseases, and especially with cholera, from which those who had been acclimatized enjoyed an almost complete immunity. The great mortality which prevailed for some time after their arrival among the soldiers composing the Sardinian contingent, will be fresh in the memory of all. Erysipelas does not, we believe, often occur after the operation for fistula in ano, although cases of the

kind have undoubtedly been observed; operations about the head or face being, as is well known, much more frequently followed by this very troublesome and often dangerous disease. The treatment adopted in this case is that now most frequently adopted in combating this affection, and the favourable result which was obtained in this instance affords only a confirmation of its propriety.

Susan W., aged 33, a married woman, residing at Carshalton, in Surrey, was admitted into the Beverley Ward, in St. Mary's Hospital, under the care of Mr. Coulson, April 24th, 1855.

She reports herself as having enjoyed good health, and has every appearance of a woman in robust health. About nine months ago she noticed, on stooping, a pain about the anus and on going to the water-closet. An abscess soon after formed in this situation, which was opened. There has been a constant discharge from this neighbourhood ever since. Walking exercise appears to make the discharge greater, and gives her a little pain; but she does not suffer any great inconvenience from it. There is a fistulous opening on the left side of the anus, connected with the interior of the rectum, not far from the orifice.

The next day Mr. Coulson performed the usual operation for the relief of the fistula. The patient bore the operation very well. On the 29th a little castor oil was administered, and produced a tolerably free action of the bowels.

May 1st.—The patient is feeling a little low to-day, but does not complain of pain. Tongue a little dry. Pulse a little too quick and full. Did not sleep well.

To have two ounces of house medicine directly, and one ounce of effervescing saline mixture three times a-day.

3rd.—A very slight blush of redness appeared on the nates. The bowels were freely opened yesterday. Beef-tea and simple diet. A mixture containing bark and two ounces of wine daily.

5th.—The redness has extended over both nates; it is of a dusky brown tint. The edges of the wound are a little sloughy. The colour of the face of the patient is altered remarkably; it has a darkish dusky appearance, contrasting greatly with the healthy hue which was to be seen a few days ago. She feels weak. Pulse 95.

Mr. Coulson ordered the wound to be dressed with water dressing alone, and to be kept very clean. To take three grains of carbonate of ammonia, one drachm of tincture of cinchona, and one ounce of the decoction, three times a day. The patient, not sleeping well, to have twenty minims of tincture of opium at bed-time. The next day the slough was removed, and nitric acid applied to the wound.

7th.—Has had a much better night. No headache. Tongue a little brown along the centre, red at edges. Patient complains of thirst. To have a chop, an egg, and four ounces of wine daily.

9th.—Patient feels better. The redness has extended down the legs, and has somewhat diminished in intensity over the buttocks. Add to each dose of bark mixture five minims of tincture of opium.

12th.—Able to eat meat more comfortably. Countenance has still the dull reddish hue observed before. Redness less intense on the legs. Sleep good.

14th.—Bowels open; sleep and appetite improved.

17th.—The bark mixture omitted, and a combination of it and effervescing saline ordered instead, patient being a little more feverish.

21st.—Patient worse last two days. She is now a little deaf, speaks in a low tone of voice, complains of feeling "very low," but not of pain. Pulse 124. Tongue glazed and brown; lips dry; countenance very dusky. Skin is hot, and conveys a very dry impression to the hand. The patient is lying low in the bed; breathing, 36 in the minute. Ordered solution of acetate of ammonia, and decoction of bark, of each half an ounce three times a day. Chicken, a little brandy and ice.

23rd.—Still very low in the bed, but better. Tongue more moist, and less glazed. Deafness still exists. Redness of both legs considerable, as to extent of surface covered. The right bursa patellæ is much enlarged, and contains fluid, this state having come on since the erysipelatous redness extended down the leg to the neighbourhood of the knee, a few days ago. Bowels a little relaxed.

30th.—Lower part of legs and feet still remained red. Swelling of the right bursa patellæ also remains. Patient sleeps well, and has a tolerably good appetite. Pulse 80, quiet. Tongue clean. To continue the mixture last ordered.

31st.—A lump appeared in the right groin.

June 2nd.—There are now two small swellings in the right groin, along the line of Poupart's ligament, the inner one being about the size of an egg. They are soft, the skin covering them brown; and they evidently contain matter. The patient is now doing extremely well.

5th.—An incision was made into the abscess in front of the knee, and a considerable quantity of matter evacuated. The patient would not consent to having the abscesses in the groin opened at the same time.

12th.—The abscesses in the groin have much increased in size. To-day chloroform was administered, and an incision made into each of them. The wound in front of the knee is nearly healed. There is a spot of redness, and obscure fluctuation on the inner side of the left leg, near the ankle, about the size of a crown piece.

18th.—The abscess on the left leg was to-day opened, together with two others which had formed, the one in the left groin, and the other over the right great trochanter. To take dilute nitric acid and bark mixture. After this date the patient's progress towards recovery was rapid and satisfactory.

July 12th.—Discharged. The fistulous passage into the rectum has not been cured, as, when the erysipelas appeared, it was found necessary to remove the dressing from the wound, and attend exclusively to that.

The fistula, subsequently to the patient's discharge, healed, and when last seen (August 14th) she was quite well.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE STAFFORDSHIRE GENERAL INFIRMARY.

REPEATED ATTACKS OF EPILEPSY.—DEATH AFTER A FIT.—LARGE EFFUSION OF BLOOD INTO THE BRAIN.

(Communicated, with remarks, by Mr. MORETON, House-Surgeon.)

T. H., aged 21, but in appearance much younger, a farm-servant, was admitted into the Stafford Infirmary on Friday, May 18th, 1855.

As far as he is aware, there is no tendency to fits in either branches of his family, and he was not subject to them even when an infant. There is no ascertained scrofulous taint in the family.

The patient always enjoyed remarkably good health, never having had a day's illness in his life. Four or five years ago he was troubled with worms, but, with that exception, has never taken medicine. On April 25th in the present year he had been working in the fields, and was coming home, when it seems that he was quite suddenly seized with his first fit, which, without previous warning, rendered him suddenly senseless. He was found by a neighbour in the lane, who wheeled him home. He supposes that he was quite insensible for ten or fifteen minutes. The person who found him stated that he had not injured himself, nor did it seem that he had struggled much; that he found him foaming at the mouth, but his features were not distorted, nor was his face drawn over to either side. As soon as the patient became sensible, he felt oppressed with severe headache, internally, as he afterwards expressed it, which continued for some time after the fit, and he thought he should be relieved by bleeding. In a fortnight from that same day he had a second fit of precisely similar character, but the coma seemed of longer duration; he foamed at the mouth, was not sick, did not injure himself, and had the same kind of headache afterwards.

On his admission he gave lucidly the above description of his illness, said that he did not now feel ill; but was evidently apprehensive, and afraid of a repetition of the attacks. He appears quite intelligent both in manner and conversation; does not complain of anything, except dull headache occasionally in the morning. Tongue clean; pulse quiet; appetite good. Was ordered common meat diet, and the following prescription:—℞ Olei filicis maris, olei terebinth., āā ʒss.,

mist. acaciæ ʒi., infus. quassiæ ad ʒiv. Misce et fiat mistura cujus capiat partem quartam omni mane. After the second dose this brought away several large lumbrici, and he felt altogether better in his general health. He had entirely lost his pain in the head, and felt so much better, that he wished to go home on the Friday following.

May 23rd.—Wednesday morning, half-past three, a.m., was called to him, as he was then in a fit. He first felt sick, and complained of headache, and in getting out of bed to vomit he fell down in the fit, and, according to the account of the patients in the same ward, was certainly convulsed. I saw him after the convulsive moments had ceased. He was then, or, at least, appeared to be, in the usual comatose state after epilepsy; was frothing at the mouth; features not distorted. Pupils about natural in size, and equally so. The left arm and leg were still tense and rigid. Pulse about 84, and weak but regular. Respiration, quiet, regular, and not stertorous. He was placed upon his back, and left to recover, as is usual in epilepsy. He soon became very quiet indeed, and in about an hour after I had left him, one of the patients becoming rather apprehensive from his silence, went to him, and found him dead.

Post-mortem examination, 12 hours after death.—Head only allowed to be examined.

The vessels of the scalp were much congested, as also were those of the dura mater on its cranial surface. On removing this fibrous investment the right hemisphere of the brain appeared of a dirty straw colour, and seemed remarkably free from moisture. The convolutions were evidently squeezed and flattened out, and the sulci on this side almost obliterated, so that I presumed that we should find some tumour upon that side of the brain. The veins and sinuses were not distended with, but contained a fair quantity of, dark fluid blood.

Upon the under surface of the anterior lobe of this the right hemisphere was a small ragged opening, and within it appeared a dark-coloured clot, which was in close approximation to the parietal layer of the arachnoid (the visceral layer having been torn through), but no blood had been extravasated into the general cavity of the arachnoid. Upon cutting away the sides of this opening we came down upon a large cavity in the interior of the hemisphere, which contained upwards of half-a-pint of clots and bloody serum. From external appearances, part of the blood, at least, had been extravasated for some considerable period before his death, and as far as we could infer, the clots varying in size from a pigeon's egg to a pea, and presenting different conditions of consistence, solidity, and darkness of colour, must have been formed at different periods during his illness. Those clots, which were situated in close proximity to the walls of the cavity, contained within their surface small particles of cerebral substance. This cavity, on further exploration, occupied nearly the whole of the right side of the cerebrum; it communicated with the corresponding ventricle on the inner side and below the corpus striatum. The cerebral structure in the immediate neighbourhood of the clot was rather softer than natural, and stained of a brightish red colour. There was no fluid, not even serum, in either of the lateral ventricles, but in the posterior cornua of the left was a small clot of the size and shape of an ordinary leech, and apparently of quite recent formation; the sides of the ventricle in the immediate vicinity seemed rough and torn. The cerebral substance of the right side, which, even to the naked eye, was softer, contained numerous molecules and corpuscles of different characters, besides those naturally belonging to the central nervous mass; the majority of these were evidently some modification of a blood corpuscle having a strong tendency to a disc-like form, but their outline was extremely indistinct, and, in fact, only appreciable because the walls were studded with small dark granules. Besides these there were a few unmistakable exudation corpuscles. The former were about twice the size of ordinary blood cells; the latter were larger even than this. Upon comparing, under the microscope, the quantity of granular matter and cell formation found in corresponding portions of the two cerebral hemispheres, it was very evident that the side in which the blood had been extravasated possessed much the greater share. No disease of the cerebral blood-vessels was discovered after the most careful investigation, even in the vicinity of the right corpus striatum, from which the extravasated blood seemed to have originated.

Remarks.—In attempting to explain what I believe to have been the true nature of the above case, I would suggest as probable, that upon, or shortly previous to, the first fit, blood was first extravasated into the brain—and from that time until the man's death the effusion was, at times, going on—that the fits were only the indications of a certain amount of mischief having been done, and when the fit was over, although there was the same amount of mischief within the skull as had caused it, yet the excess of nervous force, like electricity, had been discharged, and in due time accumulated until another shock. If this was the case it is very interesting and useful to be aware that so large a clot can tear up the substance of the brain, and give no notice whatever of its presence except by convulsive movements at rather distant intervals; that it can exist and continue to increase without disturbing any of the special senses or interfering in any way whatever with the due regulation of voluntary motion or general sensation, or more strange still, with the proper functions of the cerebrum. These considerations remain the same, whether the clot was caused by heart disease or not; (from which, however, there was no reason to suspect that he was labouring during his residence in the Hospital). A complete post-mortem inspection would certainly have been much more satisfactory; if present, it might in some measure have accounted for the manner of his death; but the cause would, I apprehend, have remained the same.

Our first practical suggestion on the above case is that it was in reality one of apoplexy, and belonged to that class described by Dr. Abercrombie as "cases not primarily apoplectic." Before his last and fatal seizure there certainly was no reason at all for believing the case anything but epilepsy. Considering that he had been quite well, with the exception of slight and occasional headache, during the intervals of the fits, and that he had been able to go about and follow his employment; that he had already had two fits, which, from the account of the patient himself and of those who saw him, both during and immediately after them, were, in all probability, epilepsy; above all, that he had recovered from these attacks, and that his last seizure answered the description of the previous ones, as also of a true epileptic fit, with the unusual superaddition of the symptom of vomiting, there can, I apprehend, be little cause for self-condemnation in having formed an incorrect conception of the nature of the morbid processes then going on. And if we consider that there were no symptoms present by means of which, or not present, by the absence of which, we could form a correct diagnosis, then are we equally free from blame in that no treatment was adopted during the fit. What could have been done? Should he have been bled? but bleeding, whether local or general, is universally condemned in epilepsy, and there were no especial symptoms present in this instance which could even suggest such a proceeding. Should we have given him medicine? If we had been aware of anything likely to have been of service, he was unable to swallow it. In the highest degree is it probable, or in fact we may say certain, that whatever means had been resorted to for relief in his last attack, the result would still have been given as we now have it; and under the peculiar circumstances of the case, with the symptoms which occurred before his admission, it was, I consider, equally impossible to have adopted proper treatment.

Our last consideration is—are there any symptoms or circumstances in this case capable of guiding us in future practice, thus leading us to a more accurate diagnosis, and consequently giving our patients greater chance of relief from proper and prompt treatment being had recourse to? In solving this last question, we are driven entirely to the symptoms presented during his fatal seizure, and with this additional strong disadvantage, that we were prepossessed in favour of epilepsy, from the fact that he had already gone successfully through two fits, and that at a considerable interval, without any impairment of the faculties, and but with slight and occasional headache; under these circumstances, we did not dream of any form of apoplexy. The statement received of his last fit, as already recorded, gives vomiting, pain in the head, convulsions, and absence of the usual epileptic cry. On careful consideration, each of these, in a pure epileptic case, may be present or absent, and still the disease retains its peculiar character. The vomiting was a symptom of great importance, as it is not generally or frequently present in epilepsy, but to the remaining circumstances no importance could be attached. Weighing carefully, then, the symptom

of vomiting against the history of the case previous to admission, and up to the time of his fatal seizure, there was no reason, I think, for coming to any other conclusion respecting the diagnosis during his lifetime. But seeing that the result had proved fatal, the consideration assumed a different character. I was quite convinced that he had not died in consequence of the direct effect of the fit, such as particles of food in the larynx after the vomiting, or from the laryngismus of Dr. Marshall Hall; so that the only alternative forced itself upon us, that the patient died from the same cause which produced the convulsive movements, and that the epileptic seizure was only a symptom. I was prepared for a tumour in the brain, but in what position, or of what size or character, of course I could not even guess; but I certainly was not quite prepared for all that appeared at the post-mortem inspection.

The only instance on record at all similar to the above, is in the Third Edition of Dr. Abercrombie's work on Diseases of the Brain, page 226, which I will relate:—

"A lady, aged 56, enjoying good health, except occasional disorders in the stomach, on Tuesday, July 30, 1816, walked out in perfect health. She had gone but a very short distance, when she was seized with violent pain in the head, and giddiness. Soon after, she lost her recollection, and fell down. She very soon recovered her recollection, and was carried home, being unable to stand. She was then seen by Mr. White, who found her pale and faint; the pulse 70, and weak. She was a little incoherent, complained of severe headache, and had repeated vomiting. The vomiting recurred frequently for two days, and then subsided; the severe headache continued a week. During this period she was generally confined to bed, but was sometimes able to sit up for a short time. Her face was pale; her pulse from 70 to 76, and rather weak. She had some appetite, but bad sleep. She had no paralytic symptom, and made no complaint, except of the constant pain of her head, which was always referred to the back part. At the end of a week, this pain became much less severe; she then complained chiefly of pain in the back and limbs, and some dysuria. Her pulse was as formerly, and her mind entire. In this manner she passed another week, still confined to bed, but towards the end of the week she appeared to be much better. Tuesday, August 13th, exactly a fortnight from the first attack, she was suddenly seized with violent pain in the head, chiefly referred to the back part of it. In less than an hour she became comatose, and in three hours more was dead. The face had continued pale, and the pulse natural.

"*Post-mortem inspection.*—In the substance of the anterior lobe of the right hemisphere of the brain there was a cavity filled by a coagulum of blood, the size of a hen's egg. From this cavity a lacerated opening led into the right ventricle, and all the ventricles were completely filled by coagulated blood. A thin stratum of blood was also found under the base of the brain, which seemed to have escaped from the ventricles, by forcing a passage under the posterior pillars of the fornix. Around the cavity in the right hemisphere the substance of the brain was much softened and broken down."

This case of Dr. Abercrombie's demonstrates that a clot may form in the brain, and continue there, without giving any evidence, by paralytic symptoms, of its presence. The principal symptoms, of pain in the head, vomiting, and comparative health, during the interval between the fits, are very similar, and I have thought that it would be well to place the two cases together.

NEW INVENTIONS.

CAMP AND BARRACK SANITARY CART AND PORTABLE LATRINES OR SOIL PANS.

By JAMES BIRD,
Late Surgeon Royal Glamorgan Militia.

It is a well-known fact that the health or otherwise of troops, or of any other closely congregated community, will depend mainly upon the precautions taken in respect to its refuse matter.

The alvine secretions when fever or dysentery prevails, become rapidly putrid, and generate poisonous emanations intensely contagious to healthy persons exposed to their influence, while the accumulated dejections of persons in health, if not absolutely pernicious, are obnoxious in many ways.

It must be obvious, therefore, that the early and complete removal of all fæculent matter from camp or barrack, is the primary and fundamental means of securing the health of troops, and of arresting the ravages of disease, and without this all other precautions are vain and ineffectual.

These remarks apply with double force to tropical climates.

It is intended to effect this by means of the sanitary cart and portable latrines, or soil pans, as constructed by order of the Government for experimental trial at Aldershott. The cart and latrines are of wood and iron, each latrine being 5 feet long, 18 inches wide, and 2 feet 6 inches deep, and capable, when full, of holding about 115 gallons; there is a spindle at each end, fixed eccentric, and a moveable cover, to be used when the latrine is carted away for the purpose of being emptied. Previous to removal a yoke is attached to each spindle—the yoke having side-triggers, which preserve the latrine in an upright position, and admit of its contents being readily discharged. The cart is constructed on two wheels, having two arms projecting from the back, and resting upon the axle, with curved extremities adapted to the yoke. The shafts act as the long arm of a lever, the axle being the fulcrum. By this simple contrivance, one latrine at a time can be removed with great facility, without risk of overflow, and its contents deposited without any manual labour being necessary, either for filling or baling out.

By an arrangement, the bottom of the cart can be extended so as to admit of four latrines, with the yoke, cover, and other appurtenances, being packed up conveniently for travelling.

Noiseless wheels might be fitted to the latrines, when intended for hospitals, or other buildings of a permanent character, for the more easy transmission to the cart; and in such cases one cart would be sufficient for an indefinite number of latrines.

The cart and latrines, as constructed for Aldershot, were manufactured by Mr. Swan Nash, ironmonger, 253, Oxford-street, and may be seen on application.

The cart may be made to work by manual labour.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No 34.—Early English Military Surgeons.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—"When Henry V. was about to invade France, he engaged by indenture the attendance of one Surgeon, a certain John or Thomas Morstede, having in his company 15 assistants, 3 of whom were to act as archers. Notwithstanding this precaution, there was only one surgeon at the battle of Agincourt, (October 25th, 1415,) namely, Morstede himself, for the 15 assistants he had *pressed* under a Royal warrant had not joined the army, indeed they had not landed."

The above sentence is from "Marshall on Recruiting," etc., p. 254. The only authority quoted on the subject is *Medical Almanack*, 1839. Will some of your readers say on what *real* authority the statement is made, and where further accounts may be obtained of other early English Military Surgeons? Surgeons were *impressed* for service in the Army and Navy by Royal warrant until 1641, when an Act was passed enabling justices of the peace to *impress* "soldiers, gunners, and *chirurgeons*." I am, etc.

Dardanelles, Aug. 23rd, 1855. Bashi Bazouck.

No. 36.—Roman Surgical Instruments.

Sir,—Through the medium of your Notes and Queries, may I ask the favour that you, or some of your readers will inform me of any published description of Roman Surgical Instruments which have been discovered in this country? I have been told that some few years since some Roman Instruments were discovered in the West of England, I believe, in the neighbourhood of Cirencester, and that with much care

they had been named and their uses assigned by one of the Surgeons in Gloucestershire. I want the information in order to facilitate the naming some instruments discovered in the North of England, about the application of which there is some obscurity. The representations of Roman Instruments in some of the old writers, as Scultetus, etc., appear so imaginary, that I wish for reference to representations which are known to have been taken from the actual object.

I am, etc. ARUNDO.

No. 37.—"FORCIBLE FEEDING."

SIR,—In your Impression of the 25th of August last, under the head "Progress of Medical Science," is an article on "Forcible Feeding," in which a Dr. Szigmondy has the credit of suggesting the administration of liquid food through the nostrils, and his rationale is appended.

If you refer to the Lectures of Dr. Marshall Hall "On the Nervous System, and its Diseases," you will find that the suggestion is Dr. M. Hall's. He says, "that if the mouth is fixed, a fluid, forced by a syringe through a flexible tube, passes, *viâ* the nostril, to the *region of deglutition*, viz., the region of the pharyngeal nerves, and is as serviceable as passing a tube into the stomach itself."

Dr. M. Hall also devotes a special article to the mode of introducing the œsophagus-tube.

Not having the original work by me to-day, I transcribe the above from my MSS. The words may not be exactly his, but the essence is

"Palmam ferat qui meruit."

I am, etc. C. B. GARRETT, M.D.

Thames Ditton, September 4, 1855.

ANSWERS.

To QUERY 31.—GLUTEN BREAD.

[*To the Editor of the Medical Times and Gazette.*]

SIR,—In answer to Query 31, I can recommend the following method of making gluten bread. A diabetic patient of mine is now using it, and likes it very much. Take of good potatoes, well washed, etc., 16 lbs., 12 eggs, ½ lb. fresh butter, ½ lb. sheep suet, ʒiij. bicarb. sod., and ʒij. dilute muriatic acid. The potatoes being peeled are grated on a fine calico cloth, placed over a large vessel containing water, and so washed in repeated waters until all the starch is washed away. To the residuum add the eggs beaten up, the butter and suet melted together, and the carbonate of soda; and, lastly, the dilute muriatic acid. Divide immediately into 8 cakes, and bake quickly. I am, etc.

Birkenhead, Sept. 3, 1855. M. J.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 8.

SLOW POISONING.

THE crime of poisoning is, unhappily, a matter of such every-day occurrence, that the mind scarcely, without an effort, forms a true conception of its atrocity. It is not a simple crime: it is murder, and something more. As incest is a something viler than adultery, and sacrilege than robbery, so poisoning adds to the guilt of homicide that which deprives every crime of all shadow of palliation or excuse. Murder may be committed under the influence of a maddening passion; the victim may be attacked openly, may attempt to resist, or to fly the assassin. But poisoning can never be perpetrated without the coldest deliberation and contrivance, and it involves the breach of the most sacred and most religious confidence. The hand raised to smite excites the instinct of self-preservation. The hand that offers food lays all fear and suspicion asleep. Poisoning is murder debased by treachery. It cannot be done by the "open enemy;" it must be the work of the "companion, the guide, the familiar friend." The common murderer does his deed and flies. The poisoner watches, with unrelenting malignity, life slowly wrenched out with unutterable torture. Well may we say with Lord Chief Justice Coke, "Of all felonies, murder is the most horrible; of all murders, poisoning the most detestable; and of all poisoning, the lingering."

It is a crime, too, of which the latest ages are the most prolific, and in which the spirit of evil seems to employ the subtlest and rarest of those discoveries which should tend to the convenience, health, and comfort of civilized communities. Old writers dwell with emphasis on the fact, that it is a crime not mentioned in the Scriptures; and Chief Justice Coke, in his charge to the Grand Jury on the trial of Weston for the murder of Sir T. Overbury, dwells with complacency on the idea that it was rare to hear of poisoning in England, "so detestable was it to our nation." It was peculiarly a crime of hot climates, of the abject slaves of superstition and despotism, who dared not meet their foes in fair stand-up fight.

It has been fondly supposed, too, that it was a crime peculiar to large cities; to communities enervated by long peace, familiar with every luxury that could be an incentive to lust—in which the son, bred in idleness and debauchery, plotted the death of the father; and the father took antidotes for fear of the son. So Juvenal tells the old man—

"'Your destined time the astrologers may know,
But he will think the sisters spin too slow.
You 'll die untimely; your long life destroys
His eager prospects, and defers his joys.
Hie to the doctor—get that dose with haste
In which the Pontic King his safety placed!
For this must be your guard, if you propose
To taste a next year's fig, or smell a rose.
The king or father that would safely eat,
Must take an antidote before his meat.'"

Such a state of things is conceivable enough in Rome under the later Empire, or under the Popes of the sixteenth century; in England, under James the First; and in France, under Louis Quinze. But then, if the crime was great, so was the temptation, and the prize of success. The poor were safe. *Nulla aconita bibuntur fictilibus*, said the Roman satirist—

"No poisonous drug
Was ever swallowed from an earthen mug;
When rich wine sparkles in the bowl superb
With gold and gems—then fear the deadly herb."

We fear that this privilege of poverty no longer exists. Nay, for moral England, in the nineteenth century, is reserved the infamous distinction of an almost epidemic rage for poisoning among the meanest peasantry; of children sacrificed, in order that the money fraudulently obtained from burial clubs may be expended in vulgar junketings at their funerals; of husbands, fathers—nay, of whole families made away with, one after the other, by wives and mothers. That

"A Mammonito mother poisons her babe for the sake of the burial-fee,"

as sings the indignant Laureate in "Maud," is peculiar to England.

Of all modes of poisoning, the lingering, as Chief Justice Coke truly observed, is the most diabolical; and it is curious to notice how prevalent was the belief which he expressed when he said, "That the devil had taught divers to be so cunning in it, that they can poison in what distance of space they please, by consuming the *nativum calidum*, or *humidum radicale*, in one month, or two, or more as they list; which they four manner of ways do execute:—1. *gustu;* 2. *haustu;* 3. *odore;* 4. *contactu.*" It may, perhaps, be interesting, as a portion of Medical gossip which may refresh our readers after their severer studies, if we jot down, out of such books as are most accessible to us, the ideas which have been entertained during the last three centuries respecting the power of accom-

plished poisoners to cause death secretly, and after any fixed limit of time, and of the means by which they effected their purposes.

The infamous Borgias were believed to employ a powder having the taste and smell of sugar, and called *cantarelle*. Of this, it was said to be impossible to detect the admixture in drink or aliments, and it caused death, slowly or quickly, according as it was administered, but without the possibility of detection. They were also said to use a liquid prepared thus :—A bear was made to swallow a strong dose of arsenic; then, at the moment it began to act, he was suspended by the hind feet; convulsions quickly succeeded, and a copious deadly stream of foam was discharged from the animal's throat. This, collected in a silver plate, and kept in a bottle hermetically sealed, formed their liquid poison. There was a poisoned key, too, which the Pope, Alexander VI., kept by him; and "when his Holiness wished to rid himself of one of his familiars, he desired him to open a certain wardrobe; but, as the lock of this was difficult to turn, force was requisite before the bolt yielded, by which a small point in the handle of the key left a slight scratch upon the hand, which was mortal. Cæsar Borgia wore a ring composed of two lions' heads, the stone of which turned inwards when he wished to press the hand of a friend. It was then that the lions' teeth became those of a viper, and the friend died cursing the villany of Borgia." The succeeding Pope was alleged to have been poisoned by his Surgeon, who was bribed to apply poisoned plaster to his leg. The *acqua Toffana*, a solution of arsenic, was believed to have the power of causing death at any determinate period, and was, in the sixteenth century, the dread of every noble family in Naples.

The learned Mead says, "I had once in my possession, given me by an ingenious chemist, a clear liquor, which though ponderous was so volatile that it could all fly away in the open air without being heated. The fume of it was so thin, that if a candle was set at some distance from the bottle upon a table, the heat would direct its course that way; so that it might be poisonous to any one that sat near the light, and to nobody besides. I know, continues he, "the composition of this Stygian spirit; but it is better that the world should not be instructed in such arts of death. It is sufficient for our purpose to observe, that it was salts combined with metallic bodies." There was, too, the "poudre dite *de succession*, inventée sous le Grand Roi, à l'usage des familles trop nombreuses. Rien qu'une pincée de cette poudre dans une paire de gants, ou dans une fleur, suffit pour produire d'abord un étourdissement vague, puis une exaltation au cerveau, et enfin un delire étrange, qui conduit a la mort." This is the description put into the mouth of one of his characters by M. Scribe, in the popular tragedy of *Adrienne Lecouvreur;* and they who had the happiness of seeing Rachel in the rôle of Adrienne, during her recent visit to London, will admit that her representation of delirium and syncope were true studies from nature, whether or not they could be produced by smelling a poisoned bouquet. Thus far, then, concerning the popular ideas of the power of poisoners; who were believed to be able to execute their fell mission, by means undiscoverable, and at what distance of time they pleased.

But when we examine the accounts given us of these arts put into practice, we find rather the evidence of clumsiness and force, than of astute secresy, and feel that the assassins owed their impunity rather to the carelessness and ignorance of the times, than to their own astuteness and skill. We find that they employed the commonest poisons, and so clumsily, that they often were victims themselves. The Borgias were themselves poisoned, through the grossest carelessness, with wine which had been prepared for their guests, and their symptoms were those produced by arsenic. Among the effects belonging to Sainte Croix, the accomplice and instructor of the Marchioness of Brinvilliers, we find enumerated corrosive sublimate, calcined vitriol, opium, regulus of antimony, infernal stone, and a white powder and clear liquid, both, without doubt, arsenical. Sainte Croix, with Glazer an apothecary, and one or two other accomplices, were themselves killed by the fumes of a poison which they were engaged in subliming, and which was, no doubt, arsenic. The poisonings of the infamous Marchioness owed whatever secresy they possessed solely to the ignorance of those about the sick, and to the fact that the deadly agents were administered by household servants, suborned for the purpose. Her first victim was her father, who was seized with symptoms of irritant poisoning shortly after having taken soup at her hands, and died after four days of agony. She escaped detection solely through the ignorance of the Physicians. Then, in order to find out a slower poison, she acts on the principle, *fiat experimentum in corpore vili*. She visits patients at the Hôtel Dieu, and distributes fruit and biscuits to the convalescent. A month afterwards she calls to inquire for them. They were all ill. In another month all were dead. Desiring to make away with her brother, she caused her confidential servant to administer to him the same poison which had succeeded at the Hôtel Dieu. The wine in which it was mixed had the taste and smell of vitriol, and the victim refused it. Three months subsequently, two of her brothers, with five other persons, were poisoned by means of a pigeon-pie, and died, after three months of suffering, from gastro-intestinal irritation. Now, in all of these cases there is no evidence of superhuman craft or skill; in the present day detection of the poison and conviction of the offenders would have been the work of less than one day.

The case of Sir Thomas Overbury owed whatever of secresy or mystery it possessed, to the fact, that he was entirely in the hands of persons who poisoned everything that he took—food, medicine, sweetmeats, and clysters; and this in a manner so barbarous and clumsy, that concealment would have been impossible, had there been any one about the unfortunate man who knew what was going on. Bacon, who was attorney-general, and prosecuted Frances Countess of Somerset for her complicity in this crime, thus sums up the opinions prevailing in the best-informed quarters of that day on the poisons used, and their capability of concealment :—"White arsenic was fit for salt, because it is of like body and colour. The poison of great spiders, and of the venomous fly cantharides, was fit for pig's sauce, or partridge-sauce, because it resembled pepper. As for mercury water, and other poisons, they might be fit for tarts, which is a kind of hotch pot, wherein no one colour is proper." At the present day, if a man could swallow spiders and Spanish flies in his bread-sauce, he would surely rebel at corrosive sublimate in his apple-pie, and there would be no long doubt as to the presence of arsenic in his salt.

Our own sentiments, as to the slow poisoners of past times, are, that their skill was overrated, that their success was due to opportunities of treachery, and their impunity to the ignorance of the times in chemical and pathological science. As regards the speciality of *slow* poisoning, it is evident that it may be effected in one of these two ways.

In the first place, a dose of arsenic may be given, not sufficient to destroy life by its earliest effects, but enough to produce a degree of disorganization of the gastro-intestinal canal, from which the patient cannot recover. This appears to have been the *système Brinvilliers;* and, as we observed above, it is so clumsy, that it is scarcely likely to be attempted at the present day by a slow poisoner, who desired to be a secret poisoner also. That the symptoms began speedily after taking

food or medicine, with intense and continuous vomiting and purging, would be enough to excite suspicion.

The other method is, that of giving incessantly and continuously small doses of the poison, no one of which shall be capable of exciting symptoms severe enough to cause alarm or suspicion; but which shall gradually impregnate the whole system, and derange the action of the digestive organs and nervous system, and so kill by a kind of slow fever. We proceed on the supposition that arsenic will be the drug selected, because it is so easily procurable, so easily administered, and because it produces the greatest range and variety of symptoms.

That this kind of poisoning is often, or, at least, occasionally, attempted, is not incredible; but, cunningly as it may be carried out, it strikes us, that practically, speaking, the difficulty will lie, not so much in the detection, as in the first suspicion. The person who is attempting this crime can only be one much about the patient, entirely in his confidence, and who probably possesses the power of keeping away any Medical visiter whose attentions might interfere with his scheme, and of misrepresenting symptoms so as to mislead him. Yet, if once suspicions are aroused, if there are symptoms of violent irritation of the stomach, and of the whole track of the intestines; if the air-passages are also affected, including the nose and eyes; if the skin is pustuled, the urinary organs heated, and there is a state of feverishness and prostration inexplicable on any other hypothesis, and rebellious to all remedies; then we hold that it is the duty of the Practitioner to endeavour to protect the supposed victim, by stating his suspicions that arsenic is being imbibed in some form, and to set on foot an analysis of the excretions, for the purpose of detecting the mineral which Nature endeavours to eliminate through these channels.

FRENCH AND ENGLISH HYGIENE.

It frequently happens that countries most favoured by Providence with rational liberty and free institutions, are least attentive to matters relating to the general health of the population. The spirit of freedom which rises up in indignation at a real or supposed act of political oppression, slumbers apathetically during the decimation of the people by preventible disease, and though energetically defending individuals from public wrong, often neglects altogether to guard the subjects of a State from the influences which undermine their health, embitter their existence, and shorten their lives. The opposite extremes of despotic and republican systems of government, often exhibit to our view more enlightened schemes of preserving the health of the population, and guarding against the invasion of disease, than those mild forms of constitutional monarchy, which, in fearing to break down the barriers of popular freedom, encourage, in reality, some of the worst species of tyranny, namely, national misery, physical deterioration, and premature death.

Nor can the unprejudiced lover of free institutions fail to notice with regret that respect to sanitary science, and recognition of its exertions, are often more conspicuous in governments where real liberty can hardly be said to exist, than under a limited monarchy, where the balance of different and often opposing powers is maintained with difficulty, and where the welfare of the subject is often made a subordinate aim to the more pressing necessity of preserving the equilibrium of the state machine.

Reflections like the foregoing have been forced upon us by comparing together the systems of Hygiene respectively existing in France and England, and we are indebted to a valuable Report, lately presented to the English Government by Dr. Waller Lewis, for important information on the means taken in France for guarding the community from disease.

In confirmation of the remarks which we have just made, it is interesting to observe that, notwithstanding the violent social convulsions which have shaken the French empire to its foundation, and introduced in succession the most opposite forms of political government, the physical health of the people has always been guarded by stringent laws, and the professors of science held in merited respect. In the present century, France has seen a Republic, an Empire, a Bourbon dynasty, an Orleanist rule, a second Republic, a second Empire; yet, throughout the whole of this time, amidst the furious riot of Republican licence, as well as during the iron sway of Imperial despotism, the health of the people has occupied the attention of its rulers, and hygienic science has not only survived each successive political catastrophe, but has pursued an even and an onward course.

We learn from Dr. Lewis's Report, that at a period when France had barely recovered from the fury of the First Revolution, namely, on the 12th of February, 1806, the Prefect of Police prohibited the establishment in Paris of any workshop, manufactory, or laboratory, which could endanger health, without a statement of its nature being made to the Prefecture, and a strict examination being instituted as to the mode in which it was to be conducted, and its probable influence upon the physical condition of the population. But as these regulations were imperfectly carried into execution, the Minister of the Interior consulted the Academy of Sciences on the measures necessary for the regulation of manufactures in regard to their effect on public health. Now, mark the persons chiefly concerned in reporting on Sanitary Measures —not lawyers, nor placemen, nor politicians, even at a time of intense political excitement—but men eminent in science, namely, Guyton Morveau, Chaptal, and George Cuvier; and upon *their* Report was based a decree, dated the 15th of October, 1810, and an ordonnance dated the 14th of January, 1815, which two documents regulate all sanitary subjects up to the present day. Thus, while France was distracted by political excitement, while she was emerging from her First Revolution, while she was under the empire of the first Napoleon, and while she was struggling with the military forces of all Europe, she still was attending to the physical welfare of her people, and establishing laws for the preservation of public health, based upon scientific data. During the stormy periods of French history which have succeeded the memorable year 1815—during the reign of the Bourbons—a second Revolution—an Orleanist dynasty—a third Revolution —a second Republic—a second Empire—no attempt has been made to reverse the laws and ordonnances relating to the public health in France. The changeable population of that great country, fickle in almost all other respects, have yet learned to regard the sanitary condition of the nation as one of the chief objects of every form of government, whether imperial, monarchical, or democratic, and have cheerfully submitted to the necessary and wholesome restraints imposed by hygienic laws and enforced by executive authority.

All dangerous, unhealthy, or inconvenient establishments in France are divided into three classes, and Councils of Health are appointed in different localities to regulate and control the formation and the operations of such establishments. The establishments of the *first* class are those which must be kept at a distance from private habitations, and which require for their legalization the authority of the Government; those of the *second* class are such as do not rigorously require to be kept at a distance from habitations, but are compelled to give an assurance that the operations proposed to be carried on in them are executed in such a manner *as not to be a nuisance to the neighbourhood, and not to*

cause damage; those of the *third* class are such as may remain without inconvenience near dwellings, but are subject to the *surveillance* of the police.

Among the establishments of the first class, which must be kept at a distance from private habitations, we find *abattoirs*, sheds for bone-calcining, manufactures of glue, and leather, and varnish, knackers' establishments, and many others, which might, perhaps, be considered salubrious by Dr. Snow, but which our Gallic neighbours consider, and we think justly, to be detrimental to the public health. These, and similar places, are superintended by Government officers, who carry out the orders of the Council of Health; and we are not aware that any difficulty has ever been experienced by the authorities in enforcing obedience to their directions. On the contrary, we are assured that the Government Superintendents and the proprietors of the different establishments work well together, and that the latter cheerfully acquiesce in the measures ordained for the general welfare.

Now, we cannot but contrast this state of things in France with our own proceedings in sanitary matters. Here the Legislature, though expressing itself convinced of the necessity of Hygienic measures, practically leaves their execution to the tardy and uncertain operation of the Courts of Law. Does some rich bone-boiler, or grease-melter, or horse-knacker, in this country poison the air, and endanger the health of his neighbours, by the emanations from his trade, the only redress is to summon him before a magistrate, or indict him for a nuisance. Mr. Horse-knacker then pays fees to Counsel and Attorneys, who forthwith browbeat the witnesses for the prosecution, and to complete their case, probably bring up a score of witnesses on their own side, who swear that the odours which perfume the air are the very gales of health, like those which blow over the plains of Araby the blest! or, which is worse, pleads a prescriptive right from time. The magistrate, who is bound to judge according to evidence, probably dismisses the case, and Mr. Horse-knacker departs triumphantly to resume his odoriferous employment.

We do not assert that convictions *never* take place, but we maintain that the difficulty of obtaining a conviction, where the defendant has means at his command, is so great as to present a practical obstacle to the institution of any proceedings, and thus nuisances are perpetuated in spite of the voice of science, the calls of humanity, and even the dictates of common sense.

Whether the late enactments on the subject of the management of the Metropolis will introduce any effective improvements into our hygienic condition, we are as yet unable to conjecture; but we fear that the delegation of power to Parish Boards, and the recourse to the old and clumsy machinery of summoning before a magistrate, or preferring indictments, will tend only to perpetuate the present defective system. Already, as we learn from the newspapers, the division of the parishes into districts, for the purpose of carrying out the late Act, has been the signal for brawling and agitation at Vestry Meetings, in the tumults of which the beneficent objects of the measure will probably be defeated: while the patronage thrown into the hands of the local cliques, and the powers vested in them, will, no doubt, produce results as unsatisfactory as those which the Board of Health has already often had occasion to lament, but has no power to obviate.

THE WEEK.

The Hospital for which, under such auspicious circumstances, the foundation stone has just been laid in Manchester, is one which claims the hearty approval of the Profession. The Institution to which we allude, is to be called St. Mary's Hospital, and is to be devoted to the treatment of the Diseases of Women and Children. Dr. Radford having given it his Museum and Medical Library, may be taken as a guarantee of the excellence of its plans. One wish, however, arises in the minds of all who are conversant with the practical questions relative to Medical education when they hear of new Special Hospitals,—it is that they may be kept in close connexion with the Medical Schools. If they are, the advantage to Students is great. We hope, therefore, that in this instance some liberal arrangement will at once be made to allow of the attendance of Students.

The Medical Officers of the British Army serving before Sebastopol have memorialized the Home Government, setting forth the grievances which they suffer in being denied the rank and honours which have been showered, with no niggardly hand, upon their military brethren; and complaining that mere routine and seniority are still held to be paramount to matured experience and active service in the field of battle. They also show, that although the Medical Officers are denied military honours and rewards, their services are quite as valuable, and the dangers they encounter, quite as great, as those of the other branches of the Service.

Dr. Armstrong, Surgeon of the Cornwallis in the attack on the batteries of Sandhamm, east of Sveaborg, and who was the Surgeon in medical charge of the boats of H.M.S. Cornwallis, Hastings, and Amphion, in two attacks on a frigate and batteries of Sveaborg, on the nights of the 9th and 11th of August, is the same officer who, as Surgeon of H.M.S. Investigator, went through all the unparalleled hardships and privations incidental to the discovery of the north-west passage, and whose distinguished and meritorious conduct we had the pleasure of noticing in the columns of this Journal on his return. We mention these facts, because (as in many other cases) Dr. Armstrong's services have been treated with great neglect, he never having received the slightest reward or public acknowledgment for them.

The Medical Officers attached to the Turkish Contingent have signed a Memorial to Lord Panmure, complaining that their pay is utterly inadequate to compensate them for their onerous duties, and to maintain them in the station which they are expected to occupy. In case of the non-compliance of the Authorities with their just demands, the Medical Officers of this branch of the service have sent in their resignations *en masse*.

REVIEWS.

Pathological and Clinical Observations respecting Morbid Conditions of the Stomach. By C. Handfield Jones, B.A. Cantab., F.R.C.P., F.R.S., Assistant-Physician to St. Mary's Hospital. London: John Churchill. P. 226.

This book well supports the high reputation of its author. We find in its pages the records of laborious, careful, and accurate observation. Its style is good, the diction being concise and explicit. The illustrations are well executed. With the stomach and the thousand ailments of digestion for his theme, we cannot, of course, pretend to congratulate Dr. Handfield Jones on having in any way exhausted the subject. Such a feat is not to be accomplished within the limits of a thin octavo. In the work before us, however, is material of far more value than any general compendium of knowledge in this matter could have possessed. The author is no retailer of other men's opinions, far less is he of the school of speculators who trust an ingenious imagination where the scalpel, the microscope, and the case-book ought alone to avail. His observations are original, and what is yet more, they bear the stamp of scrupulous accuracy. With thus

much of general praise we will pass on, in our own justification and for our readers' profit, to a brief analysis of the work.

Concerning the Anatomy and Physiology of the Stomach, the subjects of the first two chapters, much need not be said. Under the latter head are detailed some original experiments respecting the digestive power of the duodenum, the results of which fully bear out the conclusions of Bidder and Schmidt, that this tract possesses a digestive function little, if at all, less active than that of the stomach itself. The importance of this conclusion is apparent. As the author remarks, it would seem to indicate that the acid part of the gastric juice is not the efficient digestive element, since here we have a like power manifested in a part the secretion of which is alkaline.

Chapter III. treats of the "Morbid Conditions of the Stomach." The different causes of "Passive Congestion" are first investigated and six illustrative cases are detailed. With regard to the appearance of congestion in the mucous membrane after death, the author seems to agree with the opinions of Andral, that only the history of the case can enable the Physician to state whether it was of post-mortem origin or otherwise. The influence of obstructive disease of the liver in throwing back blood upon the stomach, causing congestion, and not unfrequently hæmatemesis, is much dwelt upon in this section. Inflammation, which forms the subject of the next section, is considered under the two forms of Catarrh and Gastritis, terms which are certainly much preferable to those of Enteritis Erythematica and E. Phlegmonodes, which Cullen applied to the same diseases. Catarrh is stated to occur under precisely the same circumstances as catarrh of the air-passages, and to be almost equally common. Out of 100 autopsies, taken indiscriminately, catarrhal inflammation existed in 23. Although admitting it, *à priori*, very probable, Dr. Jones does not find that his collected facts support the conclusion that spirit drinking has any marked tendency to produce this condition. Of acute idiopathic gastritis, the author remarks that it is known to be very rare, and that he has not met with an instance of it. In order to procure specimens illustrating it, it was necessary to poison dogs, etc., by the introduction of arsenic into wounds. The third Lecture considers Hypertrophy and Atrophy of the Solitary Glands, and in this the excellent plan of description, by means of well-selected cases, is adopted. Of "Atrophy of the Glandular Tubes," of "Mammillation," of "Changes in the Epithelial Contents of the Tubes," of "Softening," and of "Fibroid Thickening of the Tissues," which respectively form the subjects of the 4th, 5th, 7th, 8th, and 9th, we must not say more than that they are investigated with the author's usual ability. The sixth section, embracing the important subject of Ulceration, deserves some detailed remarks. Dr. Jones does not confirm the long-entertained opinion that young females are especially liable to this disease. The eight cases he has met with were all in-patients, above the age of 48, and six of them were males. The number collected is, it must be admitted, very small, but the conclusion indicated is further strengthened by the citation of Rokitansky's facts, who, out of 79 cases, found a larger number above 50 than below 30. Should we, as seems probable, be compelled to give up the old and universally received opinion, another most cogent example of the danger of trusting to "general impressions" will have been afforded. As to the causes of ulceration of the mucous membrane of the stomach, Dr. Jones does not add anything to our very scanty knowledge. He is unable to trace any intended connexion between it and lesions of other organs, which sometimes accompany it. He considers it quite a local disease, and states that it is clear that general degeneration of the mucous membrane, spoiling and washing of its tubes, constitutes nothing in the way of causal agency to it. The tenth and last section of the chapter treats of Cancerous disease. The author does not believe in the existence of any characteristic cells, which are invariably present in cancer, and states, that in none of the cases cited (four in number) did the growth consist "of cells or corpuscles which could have been declared positively to have belonged to a malignant tumour."

The fourth and concluding chapter is devoted to Clinical Observations. Five interesting cases are narrated as illustrating the causes, the various phenomena, and mode of treatment of gastric catarrh. In all its relations the author insists strongly on its close analogy with the like affection of the bronchio-nasal tract. Respecting one "inveterate case of gastric catarrh" it is remarked, that "the effect of cold in exciting it was quite as apparent as if it had been bronchial." Other exciting causes are, of course, admitted besides cold, as, for instance, exertion after meals, whether bodily or mental. A very large proportion of the cases of dyspepsia to which other writers have assigned different names are brought together in this class. The form of it attended by most flux produces those affections more commonly known as pyrosis, and has its analogue in bronchorrhœa. Like its congener, it varies in degree of severity, and may be acute or chronic, or even pass into a stage in which such slight causes produce exacerbations, that it may almost be called persistent. In treatment, the remedies must vary according to the stage, those suited to the earlier ones being sedatives, mild mercurials, and counter-irritants, those of the later ones, astringents and peptic tonics. Amongst the sequelæ of gastric catarrh is mentioned a condition of irritability or hypersthesia sometimes very difficult of relief. Two or three good cases are cited as showing the beneficial effects of sedatives. Among the author's favourite sedatives, opium (liq. sedat.), nitrate of silver in half-grain doses, and hydrocyanic acid, appear to be the chief. Case 49 is cited as an example of a "not very common occurrence," viz., of rheumatism constituting the sole exciting cause of gastric inflammation. Case 50 is of a similar nature, the narrative, in both instances, making it clear that a treatment directed against the rheumatic poison succeeded in curing the disease. Case 51 is of more doubtful nature, being believed to exemplify the occurrence of syphilitic gastritis.

In this chapter the reader will find many very interesting practical observations. In the above notices we have but jotted down a very few of what appeared of most importance. If he be a practical man he will be glad to recognize in so exact an investigator as Dr. Handfield Jones one who yet retains a firm faith in the curative powers of drugs, and in the efficacy of well-directed treatment. Whether, indeed, he be regarded as a physiologist, a minute investigator of morbid changes in structure, or a practical Physician, the author of the work before us commands our high esteem, and we have, therefore, great pleasure in recommending the work itself to all classes of our Medical readers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

OILY FRICTIONS IN MESENTERIC DISEASE.

(By Dr. BAUR.)

In this Paper, Dr. Baur reports the great success that has attended the friction of the whole surface of the body, night and morning, with a sponge imbibed with tepid oil, the patient being kept in bed, wrapped in a blanket, for two hours after. The first effect produced is abundant general sweating; the skin, losing its dry aspect, becomes supple, turgescent, and of a fresh colour, a rubeloid eruption sometimes occurring. A secondary and highly beneficial calming effect is produced, which is manifested in the production of tranquil sleep. As a third, there is increased secretion, especially of the kidneys and liver. It is evident that many affections may be rendered tractable by such an agent, and Dr. Baur regards it as almost possessed of specific properties in diseases of scrofulous origin, as tabes mesenterica, or glandular tumours. He believes the frictions are powerful adjuvants in scrofulous hydrocephalus, and may even prove curative in phthisis, when steadily persevered in. *Rev. Méd. Chir.* 1855. Pp. 295.

ON PROGRESSIVE MUSCULAR ATROPHY.

By M. ARAN.

In reference to three patients suffering from it, M. Aran recently delivered some clinical observations upon this affection, already described by him (a) and M. Cruveilhier.

Emaciation is the most prominent symptom, but this may affect but one limb, or muscle, or but part of a muscle, the congeners frequently suffering while the antagonists escape. Thence arises a strange appearance of the affected limb, and

(a) Vide Brit. and For. Med. Chir. Rev. Vol. vii. p. 538.

that in persons who seem in the enjoyment of perfect health. Partial at first, however, it may afterwards become generalized. It is preceded by debility, cramps, fibrillatory contractions, and subsultus. The muscles, and the parts to which they are attached, are agitated by involuntary movements, and these continue even during sleep. The fibrillary contractions are characterized by a vermicular motion coursing along the muscles affected like a current, being produced by isolated and successive contractions of the different fibres, or bundles of fibres. These fibrillary contractions exist almost constantly in the muscles that are, or are about to be, atrophied, and are especially induced by fatigue or friction, while contractions observable in disease of the spinal marrow are induced by the action of stimulant agents, the sudden application of cold, tickling, etc.

The weakness felt is at first, like the atrophy, partial, the patient finding himself unable to perform some particular movement, although all others may be possible to him. There may be temporary cramps only, or these may be prolonged for weeks, inducing a kind of contraction of the limb. They are rarely painful, but the extension of the limbs causes severe suffering.

The atrophied muscle imparts to the hand a peculiar sensation. It is not a homogeneous mass, hardening through its entire substance; but a soft, spongy, non-homogeneous mass, hardening more or less incompletely under contraction. Besides the strange aspect given to a limb by the predominance of the healthy over the atrophied muscles, the defeat of antagonism that may become established imparts sometimes to the limbs strange positions, or causes deformities.

The diagnosis is of importance. Various forms of paralysis not infrequently determine muscular atrophy, and in various affections of the brain and spine we find it; but then a whole side, both limbs, etc. are simultaneously atrophied. There is, in fact, an entire paralysis, and there are special symptoms that clear up the diagnosis. Saturnine paralysis sometimes leads very rapidly to partial atrophy; but localized electricity, as employed by M. Duchesne, serves to distinguish it. As long as the fibres of the affected muscles, in progressive atrophy, are not entirely destroyed, they respond to this stimulus, and contract with various amounts of force. In saturnine paralysis, the muscular excitability is always lost. In whatever quantity the electricity is applied, and although it may induce pain, the muscles will not contract. This is a constant diagnostic sign, and cannot deceive. It is also available in distinguishing progressive muscular atrophy from progressive general paralysis.

M. Aran at one time believed that this affection was incurable, and its termination necessarily fatal. Cases have, however, occurred in which it has become spontaneously arrested, and in which the muscles affected recover their size; and M. Duchesne has shown also the great power localized electricity exerts over this affection. Employed with perseverance, it suspends the fibrillary and other contractions, arrests the atrophy, and rapidly restores a part of its strength to the limbs, inducing, only later, a favourable change in their size. These effects are immediate, but not very durable. The electricity requires to be long continued, and so applied as to excite the affected muscles without fatiguing them; and it succeeds best during the warm months of summer. Sulphureous baths are very useful adjuvants, and when the pains are very persistent, cold applications or douches are of service. Means which analogy would lead us to employ, experience teaches us to reject as injurious, viz., blisters, setons, issues, and especially frictions, which bring on a tetanic spasm. Bleeding, too, should be avoided as far as possible, being always followed by a great loss of power. Repose of the part is indicated, and forcible exertion of it, in spite of the pain it may cause, is very injurious.

Gaz. des Hôpitaux, 1855. No. LXXIV.

GENERAL CORRESPONDENCE.

ON TOWN SEWAGE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your "leader" of last week on this subject is good, for of the evils that infest this world, few are worse than filthy sights and foul stinks, notwithstanding what Dr. Snow may say in their favour, whose beautiful name by-the-by suggests purity and not offence. But let me do justice to this gentleman. His laborious investigations on the unwholesomeness of Thames water deserve the praise of town and country, and if you Londoners do not universally benefit by them, you will deserve to keep the name of "Cockney"

But to your "leader." I fear we must take the proverb, "What can't be cured must be endured," so far as the Thames is a city drain; but none but a fool would drink from a drain if he could help it, and Dr. Snow has shown how this may be helped. People must, therefore, put up with the slight discoloration of your noble river. If the celebrated Professor, the other day, had taken his test paper or rag down to some of the country rivers, he would have found it black from a dip instead of stained. I was at Trowbridge the other day, and there the river looked like the Styx, but I do not suppose the folks are so silly as to drink it.

How can a running stream be noxious? Its motion preserves its life. It will not at least hurt a man's lungs, though it may his stomach. We may depend upon it, if the fish like it its emanations will not injure. There would not be so many fat aldermen enjoying whitebait if the sewage was turned away from the Thames, any more than we should eat ducks if they lived at the crystal fountain, or pigs were kept on acorns.

The truth is, that two great provisions are wisely made for the purity of rivers,—the circulation and the fish. Life against death is the order of nature. Like as when a swarm of flies collect upon a dead partridge above ground, or worms about it beneath, the bones will soon be picked clean, so we know do the fishes dispose of the fouled water, and make it again comparatively sweet and good. Woe betide the lovers of salmon, and mackarel, and oysters, and lobsters, when the English people shall religiously guard their rivers from all naughty stuff.

You are quite right, Mr. Editor. Genteel people, "now-a-days, will not take their little walk" under the blue sky, and therefore the coat must be cut according to the cloth, and flushing be the order of the day. The river must be the drain. By-the-by, one cannot help thinking, that if the *delicates* were to take a leaf out of Miss Nightingale's book, the old-fashioned way might come in again. A week without the camp in the Crimea, would cure lots of *civets*.

As to using in any extensive way what belongs to worms and fishes, we, as a cleanly nation, ought not to think of it. Let Mr. Mechi be a unique in the country. If the Jews could afford to lose the blood, surely we may the stools. If, indeed, by a process speedy enough earth be mixed so as to destroy offence, let the artificial guano makers pursue their trade, which they will as long as they find customers. I, for one, like the American, prefer the genu*ine*. There was, indeed, a farmer in my neighbourhood, who, having a spite against a piece of land, said he would poison it. He therefore sent his night carts to it plentifully. They say in process of time it flourished again, but it lay long under interdict.

In conclusion I repeat my conviction, that this subject of drainage and abatement of nuisances is as you say, a very consequential one. All filthiness of flesh as well as spirit is are commanded to be purged away. It has been well said that cleanliness is next to godliness. The Jews would not have had such particular directions about it had it been a trifling matter. We want no foreign ways. England is still the glory of all lands, barring her traducers.

I am, etc.

St. Ives, Hunts. J. Leigh.

RESUSCITATION OF A DEAD CHILD IN JERSEY.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the *Lancet* of the 28th July, appears, from the pen of John Wills, M.D., Jersey, one, certainly, of the most extraordinary cases ever chronicled in the annals of the profession Had the *soi-disant* miracle obtained publicity from oral testimony alone, one might naturally have believed that some casual remarks of the accoucheur on a case (so frequently occurring) of asphyxia, in a new-born child, had shared the fate of the three crows in Peregrine Pickle, and by dint of repetition, had grown into the marvellous. But the wonder is derived from the fountain-head, and thus the dead child,

the goose quill, and the illustrious M.D. himself, become public property, and as such, subject to the ordeal of public criticism. Dr. Wills first states that he "cannot say how long life had ceased before the head was born;" no fault can be found here, for it matters little to establish his future fame, whether the baby had been dead a week or more; this was a mere bagatelle, but "c'est une autre chose," where immediately after, he affirms, "that evidently life was quite extinct at birth." When it is said that life is quite extinct in a body, we presume, and the recognized principles of Aristotelian logic support the notion, that it is impossible to cause life to return to that body. The term "suspended animation" would have been more appropriate, for the stillness of apparent death may be mistaken by the inexperienced for actual death, but no rational understanding can be imposed upon by the relation of a case of restoring the dead to life. Ignorance has reached its climax when it assigns to mortal hands a power that belongs to Deity alone.

Yes, "evidently life was quite extinct." May I ask what were the evidences of the so-called death? If, as appears to be the case, the sanious discharge filling the mouth and air passages, be adduced as the proof of the putrefactive changes having begun, Dr. W.'s further practice of Obstetricy will show him that this is not an unusual phenomenon with newborn children. Again, the child is said to have been "quite cold;" and yet he employs "cold shocks" to revive it. Whence the rationale of this procedure? Perhaps the Doctor practises Homeopathy. All the usual means fail, and then it is that a goose-quill figures in the scene. This is not the first time the Anserine race has been made subservient to saving of life, but never before to giving life where it did not exist. I do not know whether Frankenstein needed a goose-quill to animate his clay, but the cackling of geese it was that saved the capital. So the highest genius chooses the simplest means of attaining the end it has in view. What an important event has been brought about! What a practical fact established! What a skilful reputation enhanced! and all by the instrumentality of a goose-quill!

It, however, seems *primâ facie*, from the anatomical conformation of the part, a very difficult thing to introduce a goose-quill into the larynx of an infant, for, in order to effect this purpose, it must be curved, and, even if this could easily be done, its permeability would be destroyed. Possibly the Doctor mistook the arches of the palate for the rima glottidis, and was satisfied with inflating chest and stomach both. But to retain it there for half-an-hour, and carry on sufflation by its means, enhances the difficulty. Pardon my scepticism, Sir, when I say I have my serious doubts that even suspended animation could have been well marked. Were the pupils insensible to light? Had the heart ceased its action? Were there no evidences of torpid reflex actions? These are rational questions to be answered before death can be said to triumph. Resuscitation proves the case to have been one of slight asphyxia, and, probably, the country midwife's remedy in such cases, *i.e.*, a sharp slap on the nates, might alone have answered the purpose. Half-an-hour's inflation of the lungs with carbonic acid and other impure expired airs ought to have killed the child outright had it not been tenaciously alive, even without considering the cold shocks on the cold body. The Doctor has certainly much cause for gratulation, for he blew life, and not air only, into the nostrils, since the former "was evidently extinct;" and thus half an hour's praiseworthy blowing "was crowned with success."

"Exegi monumentum ære perennius,"

must have been his exclamation when he delivered the once dead infant, now "crying lustily," into the nurse's arms.

No mention is made in this wonderful case whether the miracle was achieved on a male or female baby; if on the former the Doctor's influence, which, according to his own showing must be great indeed, had better be exercised, and if it is not too late, let him insist as a token of gratitude to himself that the child be christened Redivivus.

I am, etc. CHARLES VAUDIN, M.R.C.S.

The above letter was sent to the *Lancet*, but not inserted. The following is the case referred to by Mr. Vaudin:—

On the 8th instant I was summoned to attend Mrs. J., with her first child, and after a natural labour of twelve hours she was safely delivered of a still-born child, and great was my disappointment at finding such to be the case, as Mrs. J. came from France here to be under my care.

How long life had ceased before the head was born I cannot say, but evidently life was quite extinct at birth, and the child's mouth and nose full of dark, sanious discharge, a large quantity of which passed with the child. There had been no liquor amnii.

After having divided the cord I determined on trying to recover the child, and after having tried the usual means—shocks of cold water, etc.—to no effect, I requested the nurse to bring me some hot water, into which I immersed it, the child then being quite cold, and sent to the husband to ask if he had a tube of any sort; but he had not, so I procured a goose-quill, of which I made a tube, one end of which, guided by my finger, I passed into the larynx, and inflating the lungs with my breath, and emptying by pressure on the chest, which process I continued for more than half-an-hour, when I perceived slight motion of the abdominal muscles, and, still persevering, my efforts were crowned with success, and I delivered the child to the nurse crying lustily, much to the joy of the parents, as well as my own satisfaction. The child has since done well.

This case, I think, fully proves that we ought always to make the attempt at resuscitation in still-born children, and it also proves by what simple means it may be brought about. Had I lost the child I should have blamed myself for having neglected taking with me which I invariably do, an elastic catheter.

RECLAMATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I lay claim to the discovery of the formation of Tubercle, mainly from the carbon and other impurities retained in the blood, owing to the imperfect performance of the function of respiration. This I assume to demonstrate in my Treatise on Consumption, presently to be published.

I am, etc.

Belfast, August 26, 1855. HENRY M'CORMAC.

THE CURE OF DEAFNESS.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few days since, I was asked by a country clergyman to give him what information I could respecting a Dr. Hoghton, the author of an advertisement which I now enclose for your inspection. One of my friend's parishioners had been in correspondence with the aforesaid Dr. Hoghton, who had guaranteed a cure for the sum of 2*l.* 1s., as you will see by the enclosed letter. The deaf man, though possessing but scanty means, would willingly pay a larger sum than that mentioned, for an actual cure; but, having read Dr. Hoghton's treatise on Deafness (which I also enclose for your inspection), and having learnt from it that there are quacks and pretenders in the department of aural surgery, the patient took the precaution to seek my advice in choosing a practitioner.

I scarcely need assure you that my advice was adverse to any further dealings with Dr. Hoghton; and remembering that you, sometime since, directed attention to this individual, I thought you might be interested to know that he is still pursuing his career of disinterested benevolence.

I inclose my card, And am, Sir, yours, &c.

London, Sept. 3, 1855. F.R.C.P.

"INSTITUTION FOR THE CURE OF DEAFNESS AND NERVOUS COMPLAINTS.

9, Suffolk-place, Pall-mall, London.

Hours of consultation, 11 till 4 daily.

FRANCIS ROBERT HOGHTON, M.D., Consulting Surgeon to the above Institution;

Member of the London Royal College of Surgeons, May 2, 1845; and Licentiate of the Apothecaries' Company, April 30, 1846.

"Dr. Hoghton will esteem it a favour if each person writing to him, on every occasion, will enclose in their letter a stamped and directed envelope for his reply.

"All Money Orders to be made payable at the Charing-cross Post-office, London, to Francis Robert Hoghton, 9, Suffolk-place, Pall-mall, London.

"August 23, 1855.

"Sir,—I have given your answers due consideration, and it is my candid opinion that your case will speedily yield to the curative principle lately discovered and practised only by

myself. It is one that I am daily—I may say hourly—in the habit of meeting with, and scarcely an instance has occurred of failure, the majority of cases being of a more inveterate nature than the one described. The treatment is easy, and can be applied by the most timid or nervous person, without assistance, and the benefit is great and immediately experienced. It enables persons extremely deaf to hear with ease the usual-tone conversation, and permanently removes all distressing noises in the head and singing in the ears. My charge for forwarding the means of cure will be 2*l.* 1s. On receipt of that sum by Post-office Money-order, the same will be sent, with plain directions for use to effect a perfect and permanent cure.

"An early reply will oblige,

"Yours respectfully,

"F. R. Hoghton.

"P.S.—The description of your case is entered in the patients' book; and if the means are applied as I will direct I can guarantee a cure.

"DEAFNESS, DISTRESSING NOISES IN THE HEAD.

"Just Published, Gratis, for the Protection of the Deaf.—Truly miraculous discovery.—An infallible method by which sufferers can positively cure themselves explained in a book of thirty pages, sent free of charge to any deaf person, through the post, who may write for the same. Published by the Consulting Surgeon to the Institution for the Cure of Deafness, 9, Suffolk-place, Pall-mall, Dr. F. R. Hoghton, M.D., Member of the Royal College of Surgeons; date of diplomas, 2nd May, 1845, L.A.C., 30th April, 1846. It will save many sufferers from the dangerous advertised impositions and deceptions set forth by unqualified and assumed aurists of the present day. By means of this book, thousands have been restored to perfect hearing in distant parts of the world, without absence from home or business. Dr. Hoghton has published this new discovery as a help and hint, NOT FOR GAIN, BUT TO BE GIVEN AWAY for the benefit of deaf persons, and a stop to quackery and extortionate fees. It contains startling cures, deaf persons having cured themselves—many instantaneously effected. All letters, post-paid, to be directed to Dr. Hoghton, 9, Suffolk-place, Pall-mall, London.

"Personal consultation, 11 till 4 every week-day."

MEDICAL HEROES AND MARTYRS.

[To the Editor of the Medical Times and Gazette.]

Sir,—From the deep interest always manifested by you in asserting the just claims of the Medical officers of the army to those honours and rewards which their courage and devotion justly entitle them to, I have no doubt you will be happy to place another name beside those of Brady and Phelps, and from the same gallant 57th, too, ever foremost, as at Albuera, "where life is lost or victory won." The officer whose conduct at Inkermann gained such honourable mention in the subjoined official report, and whose uniform was actually torn by rifle bullets, is now unhappily an invalid, owing to the hardships of a Crimean winter. I enclose my name and address. I am, etc.

August 29th, 1855. A Retired Medical Officer.

"Heights above Sebastopol, Camp,
7th November, 1854.

"Sir,—Owing to the lamented death of Lieutenant-General Sir George Cathcart, I beg to bring to your favourable notice the conduct of Assistant-Surgeon John James Scott, of the regiment under my command, who, on the 5th day of November, 1854, during the action with the enemy, exerted himself to the utmost in having the wounded removed from the field of action, and who was to be seen in the thickest of the fire, attending to those who had fallen, and bringing up the stretchers, not confining his attentions to this regiment only, but extending them to all within his reach. I have, etc.

(Signed) "J. S. Powell, Lieut.-Col.,
"Major Commanding 57th Regiment.

"Colonel Windham, Commanding 4th Division."

ALLEGED HOMŒOPATHIC TENDENCIES AT THE LIVERPOOL MEDICAL INSTITUTION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I must leave the questions as to whether I pleaded guilty to any of the charges brought against the Liverpool Medical Institution by a member of its Council, and whether I misrepresented his assertions, and whether my arguments were merely *ad captandum*, to be answered by those who will take the pains to read his letter and my answer.

Some points, however, in his last communication, require notice. I find that we have two members who practise Homœopathy, so that your correspondent is right in asserting that we have "more than one;" but he is wrong when he goes on to say that there are several others whose sympathies are with the "globulists," and who would be found ranging on their side in any contest for rights and privileges, and adduces as a proof, the number of votes in favour of the admission of a Homœopath as a subscriber to the Library. Any one reading his letter would naturally conclude that the application was for admission to the membership of the Institution. To state the case fairly, it should be mentioned, that the subscription to the Library is open to persons of any profession or trade, and confers no right to attend any meetings of the Medical Society, or to give any vote as to the control of the affairs of the Institution; so that electing a person to such a position is an essentially different thing from admitting him into an association which is strictly Medical.

A very offensive and unjust imputation is conveyed when he says, in reference to the meeting which negatived the proposal to reject all Homœopathic books, that "the bias and feeling of the meeting were quite evident;" which, if it means anything, implies that the bias and feeling of that meeting were in favour of Homœopathy. This I beg most emphatically to deny, and I appeal to any unprejudiced person to say, whether the fact of our declining to exclude heresy from our library-shelves, by establishing a sort of Medical "Index Expurgatorius," for the benefit of our members—is any proof of a bias or feeling in favour of that heresy?

The dispute as to whether there was any compromise in the withdrawal of the case of Homœopathic cure of cancer is now, I perceive, reduced to a mere question as to the meaning of the word "compromise," which, according to Johnson, signifies "a compact or bargain in which some concessions are made on both sides;" and as we, on the Allopathic side, conceded nothing, and the Author of the Homœopathic paper withdrew it unconditionally, I think that it rests with your correspondent, and not with me, to "favour us with a new rendering of the term not found in Johnson;" for I should hardly imagine that he, or any one, could regard as a "concession" the fact, that the gentleman who threatened to bring forward a motion to the effect that Homœopathy is unworthy the notice of the Society, did not think it needful to propose it.

I assert, then, that the Liverpool Medical Institution does not, directly or indirectly, sanction any "apostasy from rational medicine;" for, as it has never demanded a declaration of belief from any of its members, it cannot be held answerable for the errors of any of them. We have no laws as to what opinions the members must or must not hold. Homœopathy has not frightened us into adopting a single piece of that panoply of protective laws which, like the armour of old times, makes a show of usefulness, but, in reality, does more harm by its incumbrance, than it does good by its protection. In conclusion, allow me to say, that I know at least as much of the state of feeling of our Institution as your correspondent, and that I give a complete denial to his repeated implication that we are biassed in favour of Homœopathy.

Doubtless there is error among us; but I feel assured that, if any occasion should render desirable an expression of our collective opinion on this subject, it would be to the effect that Homœopathy is false in theory, and in practice either useless or mischievous. I am, Sir, your obedient Servant,

F. D. Fletcher,
Secretary to the Council of the Liverpool Medical Institution.

1, Mornington-terrace, Liverpool, Sept. 4, 1855.

[Having now allowed both parties to be heard on the subject, we must decline to insert any more letters in reference to it, merely remarking that we are glad to find both disputants equally anxious to repudiate Homœopathy.—Ed. *M. T. & G.*]

THE LATE DR. J. BOWEN THOMPSON.

It is with feelings of deep regret that we have to record the death of an eminent member of the Medical Profession, Dr. James Bowen Thompson, who has fallen a victim to malignant typhoid fever, at the early age of 41. He died on the 5th of August, at the British Hospital at Kululee, Constantinople, whither he had been attracted by his desire to minister to our suffering army in the East.

Dr. Thompson was a native of the county of Kerry, and having taken his degree as B.A. and M.D. at the University of Dublin, where he obtained many honours, he was subsequently appointed to the Royal Dispensary in London. But his ardent zeal in the pursuit of his Profession, made him desirous to investigate the more formidable maladies incident to man, and he accordingly accepted the post of Physician and Surgeon, under the Syrian Medical Aid Association, to the British Hospital at Damascus, which he conducted from the years 1843 to 1848, latterly entirely at his own expense, the funds from home having failed.

Here he carefully trained several Syrian youths, and gave every encouragement and facility to the native Doctors to acquire scientific knowledge, especially in the practice of dissection—so utterly repugnant to the Turkish mind. Ere long he had the happiness to see many deep-rooted prejudices give way, and the aid of Medical science applied to arrest the frightful mortality arising from the diseases of the climate, which had hitherto been abandoned to the charm-vendor, the magician, or, worse than either, to the charlatan.

His conciliatory manners and active benevolence quickly gained him the confidence of the many mingling tribes and sects which inhabit this part of Syria: Syrians, Greeks, Jews, Bedouins, Turks, Maronites, Druses, Kurds, Georgians, Nubians, Circassians, Persians, etc.; and in the course of a single year, from 1844—45, he relieved no less than 8137 cases of various ailments. The Hospital was visited by many English and foreign travellers, who bore their testimony to its usefulness and importance.

During a very severe visitation of cholera at Damascus, Dr. Thompson was most indefatigable and successful in his endeavours to arrest its progress, and his efforts were highly appreciated by the Turkish authorities, as well as by the Christian Patriarchs, and others, who presented him with an Address, and many flattering tokens of regard. He was also appointed Inspector of Health to the Turkish Government; rèmodelled the Leper Asylums, and introduced the classification of the inmates of its wretched prisons. Indeed, it was a position altogether suited to his comprehensive and inquiring mind; and while he studied the diseases, the languages and manners of the people, his Christian philanthropy led him also to labour for their religious and social improvement; and while he distributed numerous copies of the Bible, the Jews, as well as Moslems, declared that his example was its best commentary.

On his return to England, in 1850, he married Elizabeth Maria, the daughter of H. Evans Lloyd, Esq., and had the promise of an extensive practice. But his heart was in the East—and to thismay be traced his conception of the plan of the "Short Route to India, viâ Antioch and the Euphrates." The project was submitted to H. R. H. Prince Albert, and a committee having been formed for carrying it out, he proceeded to Constantinople, and would no doubt have succeeded in securing the necessary firmaun, had not the absorbing politics of the day called off the attention of the Ottoman Government.

He once more repaired to Antioch, in Syria, and, in conjunction with Mrs. Thompson, laboured to improve the religious condition of the natives. The latter had free access to the Turkish harems, and at once opened a school both for the higher and lower ranks of females among the Jews, Turks, and Christians, and succeeded in overcoming the prejudices of these conflicting sects to receive instruction together. The sufferings, however, of our brave soldiers in the war, aroused all Dr. Thompson's sympathies; he considered that they had the first claim upon his professional experience, and he resolved upon proceeding to the Bosphorus and tendering his services to the Medical Department. It was in the pursuit of this patriotic object that he lost his life by an attack of typhdoi fever, under which so many of our noble countrymen have sunk. He received the most unwearied attentions from the Medical Staff, as well as those "ministering women" whose presence has been so signally blessed in that land of strangers. Mrs. Thompson, too, was permitted to watch beside his dying bed, and to receive the consolatory assurance that his religious principles enabled him to triumph over all his sufferings. He was interred with full military honours in the quiet graveyard at Kululee on the following evening.

THE TURKISH CONTINGENT.

The following memorial has been presented to the Right Hon. Lord Panmure, Secretary of State for War:—

"The respectful Memorial of the Medical Staff of the Turkish Contingent humbly showeth:—

"That your Memorialists were engaged in London to serve with the Anglo-Turkish Contingent on certain rates of pay, with lodgings or lodging-money, and free rations.

"That on making inquiry previous to their engagement regarding the lodging-money, they were informed by the Inspector-General, the officer deputed by your Lordship to offer your Memorialists employment, that the lodgings or lodging-money had only reference to such periods as they were on duty at fixed Hospitals; but that, on taking the field with the army, such allowances as Government granted to other officers of the force would in like manner be granted to your Memorialists.

"That on these terms your Memorialists cheerfully tendered their services for their Queen and country, leaving, in many instances, their wives and children, and renouncing lucrative practices in their Profession, and that, too, at a period when they had every reason to anticipate much increase in their respective positions from the fact of so many Medical Men having already left the country for services in the East.

"That your Memorialists, on arriving in Turkey, were at once ordered to take the field, and provide themselves with horses and field equipments in like manner with other officers of the force.

"That your Memorialists have done their duty cheerfully, faithfully, and to the best of their ability; that they have conformed to the orders of their superiors, and are equally prepared with other officers of the force to fulfil their engagements.

"It is with extreme regret that your Memorialists appeal to your Lordship; but in justice to themselves and to their families they are constrained to do so, because field and servants' allowances granted to all other officers, clerks, interpreters, etc., are denied to them, gentlemen by birth, and members of a learned Profession, obliged to support their positions, and at the same time to make remittances to their families in England; that their duties are most onerous, brought perpetually in contact with disease; and, equally with their military brethren of the force, exposed to all the perils of war, but, unlike them, without any other resource save their temporary employment to provide for the future.

"That your Memorialists most respectfully and most humbly beg to submit their case to your Lordship, feeling confident your Lordship will award to them the allowances they consider their right.

"Your Memorialists feel satisfied that, independent of all private reasons whatever, your Lordship (having in the official *Gazette* granted your Memorialists the rank of officers in Her Majesty's army) will not withhold the allowances of their respective ranks, in like proportion conceded by your Lordship to officers with whom they are in friendly contact and good fellowship, and thus place them in a most humiliating and degrading position.

"That the better to enable your Lordship to form some estimate of the expenses attendant on their position with this force, your Memorialists will take, for example, the pay and position of a Surgeon attached to the force:—His pay per diem is 25*s.*; he is obliged to keep up, to render him effective, two riding and two bât horses, which will cost him to purchase at least £60 or £70. To look after these horses and his other property, the Surgeon has to keep up three servants, at from 3*s.* to 5*s.* per diem each, out of which, with the purchase and keeping up of his field equipments, your Lordship will see that there is very little remaining for the support of his family in England. The position of the junior grades, who have considerably less pay, and equal expenses in proportion,

will, without these local allowances, be much more distressing. And your Lordship will be pleased to bear in mind that many of the Assistant-Surgeons are men of maturer years than are generally found filling the grade in the army, who have been tempted to take service in a very pressing period for the love of their country, and the advancement of their Profession.

"That it has been stated in Parliament, that, to compensate for the deduction of Income-tax from the pay of officers now in the East, field allowances have been granted. Now, your Memorialists humbly represent that Income-tax is regularly deducted from their pay, but they receive no compensation in the shape of field allowances.

"In conclusion, your Memorialists will only urge that, with duties doubly laborious, they are receiving emoluments far less than their contemporaries in civil employ in several Hospitals of Smyrna, Scutari, and elsewhere. Your Memorialists, therefore, trust that your Lordship will take their claims into your Lordship's favourable consideration, and, as in duty bound, etc.

(Signatures.)

"While fully concurring in the prayer of the above Petition, we, the undersigned, request that, should your Lordship not see fit to give a favourable reply to its humble prayer, your Lordship will accept our resignations according to the term of our agreement, reckoning three months from the 1st proximo."

(Signatures.)

DR. ANDREW SMITH.

Army and Ordnance Medical Department.
13th August, 1855.

Sir,—I have the honour to acknowledge the receipt of your communication of the 6th instant, setting forth the views and opinions of the Faculty of Physicians and Surgeons of Glasgow, in reference to the accusations which have been made against myself and the Medical Department of the Army since the commencement of the present war; and further, acquainting me that I had been elected an Honorary Fellow of the Faculty by acclamation.

The incessant efforts I made after I was informed that a war was imminent, nay certain, gave me fair reason to expect that the Medical Department, at least, of the army about to take the field, would be found fully provided; therefore, when the *Times* newspaper began to proclaim it as not only defective but even the most defective of all the Departments, the disappointment was crushing; and had I not felt convinced that there could be no just grounds for the accusations which were made, assuming the measures I had recommended had been adopted, I should not have been able to have borne up against the obloquy which was cast on me. The full conviction, however, that I had neglected nothing, and a constant belief in the truth of the old adage, "Magna est veritas et prevalebit," carried me through the storm; and now I have had the pleasure to receive from yourself and your distinguished associates, the first proof, and a convincing proof it is, that I reasoned rightly.

Thousands of persons have reprobated the injustice to which I have been subjected; still their sympathies have given me little satisfaction as compared with that which I have derived from the act of the Faculty of Physicians and Surgeons of Glasgow; as the approval of even one honorable and unbiassed Medical man is, in such a case as mine, better than that of thousands of any other class.

This being my feeling, I beg to offer to every Member of the Faculty my most sincere thanks for the noble and generous treatment they have extended to me. Generous in the extreme, I feel it to be, because generosity in favour of those whom popular clamour has hunted down, requires an amount of courage which but few comparatively possess.

I have the honour to be, Sir,
Your most obedient, humble servant,
(Signed) Andrew Smith, M.D.
Director-General.

Dr. A. D. Anderson, President, etc.
Faculty of Physicians and Surgeons, Glasgow.

DR. HALL AND THE LATE MR. STOWE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—May I request the favour of your perusal of the enclosed correspondence with the Editor of the *Times* newspaper? I had hoped, after the severe attack made on Dr. Hall's character, that that journal would have had the generosity to allow him an opportunity of clearing himself from an unjust and untrue accusation. As you will see, I have failed in obtaining this justice for my husband, as this week has closed without the letter appearing. May I hope that you will give publicity in your Journal to Dr. Hall's and Mr. Fitzgerald's letters? My sole object is to clear one who is absent, and thus unable to defend himself. I am, etc.

Lucy C. Hall.

Craig Crook, Black Hall, Edinburgh, August 25.

I.—(copy.)

TO THE EDITOR OF THE TIMES.

Sir,—On Friday, the 3rd of this month, I forwarded a letter from Dr. Hall addressed to you, relative to an accusation of inhumanity to the late Mr. Stowe, "Commissioner to the *Times* Fund." I also forwarded a letter from Mr. Fitzgerald, the purveyor at Balaklava, in hopes that it might aid in disabusing your mind of any impression that Dr. Hall had been instrumental in excluding the late Mr. Stowe from the Military Hospitals in the Crimea. It is now more than ten days since I forwarded these inclosures; and I had hoped, Sir, from your well known impartiality, that after the attack made on Dr. Hall's character, you would have allowed him a fair opportunity of clearing it from such a stain as inhumanity to a dying man.

In case the letters forwarded have not come safely to your hand, I inclose you copies with this, and would feel much obliged by your letting me know whether you object to publish my husband's letter. I remain, Sir, yours truly,

Wednesday, August 15. Lucy C. Hall.

II.—(copy.)

Printing-house-square, Aug. 17.

The Editor of the *Times* presents his compliments to Mrs. Hall, and has only abstained from publishing the letters from Dr. Hall and Mr. Fitzgerald because he thought that the letter of Mr. Hayward, which reached him by the same mail, entirely disposed of all possibility of imputation upon Dr. Hall as regards the treatment of Mr. Stowe, and did so more effectually than Dr. Hall's letter could do, as Mr. Hayward wrote as an impartial person—an eye-witness, and a friend of Mr. Stowe; whereas Dr. Hall wrote in reply to an erroneous charge, was not himself present at the time of Mr. Stowe's last illness, and might be supposed, however unjustly, to have a prejudice against Mr. Stowe, and the mission he had gone out to execute.

The Editor thought, therefore, and still thinks, that Dr. Hall's character would not gain by the publication of his letter; but if Mrs. Hall is of a contrary opinion, the Editor will publish it immediately upon the receipt of a note from her to that effect.

Mrs. Hall.

III.—(copy.)

TO THE EDITOR OF THE TIMES.

Sir,—I regret that my having left Warwickshire has delayed my reply to your note. I should very much wish to have the letters I sent you published, and would feel obliged by your giving them room in your journal. The impression of Dr. Hall having, from vindictive feeling, committed an act of inhumanity, has been so widely circulated that I am anxious it should be quite removed, and I cannot think that Mr. Hayward's letter does this. He might easily, when writing, have stated the fact that Dr. Hall was never informed of Mr. Stowe's illness, or applied to to rescind his order regarding the Castle Hospital in Mr. Stowe's favour; and which, considering the nature of that gentleman's mission, still more his personal amiability and talent, would, I am sure, have been a mark of respect and favour that my husband would have readily granted to one so universally esteemed and beloved as the late Mr. Stowe seems to have been.

I remain, Sir, yours truly,

Craig Crook, Black Hall, Aug. 20. Lucy C. Hall.

IV.—(COPY.)

TO THE EDITOR OE THE TIMES.

Head-quarters, Camp before Sebastopol, July 19.

Sir,—In the *Evening Mail* of the 4th inst. I see I am accused by some one of having prevented Mr. Stowe's admission into any Military Hospital under my control, and that I had even been instrumental in getting him excluded—poor man!—during his last illness from that of the Royal Marines.

Now, Sir, I trust you will allow me to contradict through your columns this vile calumny, this gross libel on my humanity. I assure you I had never even heard of Mr. Stowe's illness until after his death. I could not, therefore, have been instrumental in excluding him from the Army Hospitals, the doors of which, particularly the General Hospital at Balaklava, are never closed against any one requiring Medical aid, as is evinced by the very large number of extra patients at all times under treatment in it. Nor are we or our establishments held vile and cheap, except by the writers in your columns. Men as high in rank as General officers in the Sardinian Contingent have solicited as a favour to be admitted into the wards when ill. But, as I said before, of Mr. Stowe's exclusion from the Military Hospital I knew nothing, and over the admissions into the Hospital of the Royal Marines I had about as much control as you have.

The church to which Mr. Stowe is reported to have been carried, and where many others were lying in a similar condition, was the private residence of the Rev. Mr. Hayward, the garrison chaplain; but to have said so would not have sounded so cheerless as taking him to a church. His reception by Mr. Hayward was an act of personal and private friendship, not part of a system of admitting patients. Mr. Hayward, good and charitable as he is, has other duties to perform; and beyond Mr. Stowe, I do not believe there was another sick person in his house—or church, if you will, for part of it is appropriated for the purposes of public worship. The inference the writer has drawn of my motives is worthy of the premises on which it is founded, and does not require, or rather does not deserve, comment.

It is quite true I have been frequently censured in your paper; but as most of the accusations have been as groundless as the present, they have not disturbed my peace of mind—the *mens conscia recti* preserved me from that; but as the present attack imputes paltry and unworthy motives for doing an uncharitable act towards a fellow-creature in distress, I am called on to set myself right with the public, and I feel assured you will assist me. I can understand the envenomed malice of certain parties; but that you, who are a perfect stranger to me, and could not benefit by my downfall, should lend your powerful aid to crush a man after forty years' honest and conscientious toil in all climates and in every quarter of the globe, is to me an enigma. You are much too shrewd not to know and see that I have been censured for things over which I had no control, and, contrary to every principle of English equity, condemned unheard.—I have the honour to be, Sir, your most obedient servant,

J. HALL,
Inspector-General of Hospitals.

V.—(COPY.)

General Hospital, Balaklava, July 20.

SIR,—In reference to your inquiries respecting the illness and demise of the late Mr. Stowe, I have the honour to state that shortly after he became unwell the Rev. Mr. Hayward called; and in the course of conversation he asked if Mr. Stowe would be admitted here. I replied that I could see no objection, as civilians of all grades were received into the Hospital.

Mr. Hayward was at that time aware that Sardinian officers of all ranks had even sought admission. A sovereign prince attached to the Sardinian Contingent admired the arrangements; and a count, the second of two in the Hospital at that time of that rank, observed that "the English fed their sick on luxuries."

Mr. Hayward seemed undecided and unwilling to part with his friend, whom he thought too ill for removal, and, I conceive, preferred having him under his own immediate care and attendance. Soon after, Mr. Stowe's illness increasing, the Rev. Mr. Hayward called on me for some articles, a bedstead, mattress, pillow, and close stool-pan and frame, which I immediately supplied. The disease becoming more serious, and a constant attendant being necessary, the reverend gentleman called on me, and proposed the attendance of an orderly. I observed that the orderlies were very limited, and even insufficient for attendance on the wards, and, under such circumstances, I could not feel myself justified in ordering a soldier to attend, but that the same objection did not apply to nurses, and that one must be detached to the attendance required. I added, if, however, a nurse cannot be had, I shall risk all the consequences, and send an orderly.

The nurse was furnished by Miss Weare, the Superintendent, and attended on Mr. Stowe, not in the church, but in a room of the Rev. Mr. Hayward's, where the same excellent gentleman bestowed his kindness on the late Dr. Smith, and who bestowed more than fraternal solicitude and attention on the deceased gentleman. Medical comforts, of every description required, were prepared and issued for his use from the kitchen of this Hospital.

Independent of the calls of duty I felt a personal friendship for the deceased gentleman, from his urbane manners when he called, and esteemed him for his acquirements, and was prepared to render him every possible assistance. His illness and demise were announced to you at the same moment by me, when you asked me who he was, and I replied, "the *Times* Commissioner." I have, etc.

DAVID FITZGERALD, Purveyor to the Forces.

Dr. Hall, Inspector-General of Hospitals, etc.

THE BRITISH HOSPITAL AT RENKIOI.

(From the *Times* Correspondent.)

RENKIOI, AUG. 25.—On the 18th inst. I embaked on board the screw transport Lady Eglintoun, which left Smyrna with soldiers for the Crimea, for the purpose of visiting the new Civil Hospital at Renkioi, now in process of erection.

The village of Renkioi lies imbedded in the hills at the mouth of the Dardanelles, on the Asiatic side. The plain on which the hospital stands is about two miles off, and runs down on the slope to the coast; the town of Dardanelles is about eight miles further north. Thus there can arise none of the inconveniences which are stated to ensue from the proximity of a large city. The plain of Renkioi consists of a sandy loam: it is bounded by an amphitheatre of mountains, 1000 feet high, whence an abundant supply of excellent water is collected. The Medical superintendent conducted me to the springs by which the hospital is supplied. Most magnificent scenery struck the eye at every turn. The first spring was about 700 feet above the level of the sea, the second, on the summit of the mountain, nearly 1000 feet high. From these springs, the engineer, Mr. Brunton, has collected the water by earthen pipes into tanks, which will receive, when the works are completed, not less than 50,000 gallons *per diem*. Some idea of the magnitude of this undertaking may be formed when I say that the springs are two miles distant, and that there is not a part of the building in which this important necessary does not flow in profusion. When cooled in porous jars it tastes as fresh and as pure as at the fountain-head. Should the hospital require it, other springs can be directed into the same channel; but at present this does not seem likely, inasmuch as the abundant supply has been continuous during the period of summer.

The amphitheatre of hills protects the hospital against the land wind, which, however, rarely blows; the rush of water between the Mediterranean and the Sea of Marmora seems to keep up a perpetual sea-breeze. Much warmer clothing is required here than in Smyrna, and the nights are positively cold; therefore one may enjoy the comfort of a good sleep wrapt up in a blanket, and undisturbed by a perpetual visitation of mosquitoes and flies.

Several of the families of Smyrna come to this neighbourhood to recruit during the summer and autumn, and the young people regain here the bloom of health.

As far as I can form an opinion, this place seems most admirably adapted for an hospital. Those who have known the coast for many years have spoken to me of the spot in the same way. There are many who say it is very cold in winter; but then the Asiatic notions of temperature are different from those entertained in England. But I believe a short winter is very beneficial to European constitutions, and I heard with satisfaction that occasionally the rivers in this part of the

world are covered with ice. A warm greatcoat or a fur jacket will doubtless be sufficient for all emergencies. Confidence must be placed in the judgment and opinion of Dr. Parkes. He has, after infinite trouble, selected a site which is approved most generally, and no tangible objection of any kind has yet been raised. He has commenced the hospital; let him therefore complete it, unfettered by any fears or restrictions, and supported by his countrymen.

The landing places for the sick are two little bays, one protected from the north, the other from the south wind. From the tongue of land which separates them runs a wooden passage, or corridor, which will ultimately be nearly half-a-mile long, and wide enough to constitute a carriage drive. On each side are arranged "the huts," as they are called, but a fitter appellation would be "the wooden hospitals," for each building is formed to receive 50 men, each patient having 1300 cubit feet of air. A longitudinal partition divides each ward into two compartments; at one end are rooms for the wardmaster, orderlies, baths, and necessary stores; at the other end are lavatories, urinals, and waterclosets, as complete as at a railway-station. The roof is covered with felt and sheet tin; the windows are numerous and supplied with blinds, which do not exclude the air; there is an underground apparatus for forcing air into the wards, but if the wind commonly prevails, as at the present moment, there can be rarely any necessity for artificial ventilation. One hut is fitted up with medicines, etc., and it is purposed to provide a distinct dispensary for every 500 patients, that there may be no delay in attending to the Surgeons' orders. These buildings, situated on an inclined plane, the lowest part 30 feet above the level of the sea, are admirably drained. Iron kitchens are erected at intervals, one, I believe, for every 500 patients. There are storehouses and quarters for the officers and attendants. At some distance are the engineering department and Mr. Brunton's hut. This establishment would require a special communication, being of considerable extent. Each Medical officer has a single boarded apartment, 12 feet by 15, which serves for bedroom and sittingroom. It is quite innocent of paint or paper, and usually contains a camp-bed, a washing-stand, a deal-table, and chair; but all the Staff seem in good health, cheerful, and contented, and certainly constitute a very efficient and well-informed body of men. All will agree that these arrangements are what they ought to be. Every necessary, as regards cleanliness and health, is provided, but all superfluities are scrupulously avoided. Nothing could be in better taste. The residence of the Medical superintendent is but a small wooden hut, divided into four small compartments or rooms, and but little superior to the rest.

So actively has this work progressed, that at the present moment 500 patients, and, indeed, upon a pressure, 700 patients, could be readily received and treated. The separation of the huts allows of a scientific classification of cases, and the collection of the fever patients into buildings where their presence is not dangerous to others.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 30, 1855:—

DE LA GARDE, JOHN LEMPRIERE, Exeter, Devon.
MORRISS, E. JOHN, Victoria Dock-road, Plaistow, Essex.
PINDER, JOHN BAYNES, Whalley, Lancashire.

DEATHS.

BUCK.—August 23, J. B. Buck, Esq., Surgeon, Winchelsea, Sussex.

JOHNSTON.—August 3, at his residence in Woolmarket, George Johnston, Esq., M.D., aged 58. Dr. Johnston's eminent talents reflected honour on the place of his residence, no less than the active part he had been accustomed to take in the local government and other public affairs. Two years back he was exposed for a long time, when visiting some country patients, to a shower of rain, the immediate effect of which was a severe cold, with general debility. From the injury then sustained he never altogether recovered. A month ago he went to Edinburgh for a consultation. The result of that consultation was the advice to retire to the Bridge of Allan for repose and relaxation; which advice he complied with, and it was there that on Saturday morning he was attacked by palsy. The attack was so severe that it completely paralyzed him. From Thursday last he was in a state of unconsciousness, relieved only at brief intervals, and on Monday morning at seven o'clock, surrounded by his family and one or two friends, he breathed his last. Deceased was born at Simprin, in Berwickshire. Dr. Johnston received his early education at the Grammar-School of this town, then under the management of the late Mr. Gardiner. From this he went to the High School of Edinburgh, and thence to the college, where he matriculated and qualified for a Surgeon. He had been apprenticed to Dr. Abercrombie. He also studied in London under Mr. Brooks. He practised in Bedford for about two years, and returned to this town in 1818, where he commenced practice as a Physician, and from the very commencement met with great success. He early had a taste for literature, and his studies in botany and marine animal and vegetable life occupied all the leisure of his early residence here. The result of these studies appeared in his publication of "the Flora of Berwick." In 1835 he was elected one of the first members of the Town Council. He continued a member till 1850, and in the course of that period he was three times elected to the office of Mayor, was twice Sheriff, and for ten years was an Alderman. He was also a Justice of the Peace for the borough from 1836. His later publications on British Zoophytes and other marine productions, and his lectures to the Mechanics' Institute on various parts of Natural History and ancient local traditions, have invariably been successful, commanding great attention from his auditors and great respect in literary criticism. He was oldest Physician to the Dispensary in this town, and was the Secretary to the Berwickshire Naturalists' Club, in both of which offices he was most zealous and efficient. The public have all along shown an appreciation of his talents and his worth, and by general consent he has been awarded a leadership in all public movements. During one of his mayoralties the great Agricultural Show under the Highland Society took place here—an event which imposed an immense amount of labour and responsibility on the local authorities. For the liberality he displayed on that occasion the public exhibited their estimation by the presentation of an elegant silver épergne. At deceased's funeral the Town Council attended in a body. Dr. Johnston was a Fellow of the Royal College of Surgeons of Edinburgh; and Honorary or Corresponding Member of most of the Societes in Britain instituted for the promotion of Natural History. His works which have been published comprise,—1. A Flora of Berwick-upon-Tweed. 2 vols. duod. 1829 and 1831. 2. Illustrations in British Zoology. 3. A History of the British Zoophytes. 1 vol. 8vo. 4. Contributions to the "Annals of Natural History." 5. A History of the British Sponges and Lithophytes. 6. The Mollusca and Acarides of Berwickshire described. 7. An Introduction to Conchology; or Elements of the Natural History of Molluscous Animals. 8. Botany of the Eastern Borders. 1 vol. 8vo. 1853.

LONGMORE.—August 25, of chelera, at Sebastopol, John Longmore, Esq., Acting-Assistant-Surgeon, attached to the 19th Regiment, third son of Thomas Longmore, Esq., Surgeon, London.

MOODY.—Recently, of Mortimer-street, Cavendish-square, John Duffy [Query, Doble?] Moody, Esq., of disease of the heart, aged 60. In practice prior to 1815.

IMRAY.—August 27, at Stonehaven, N. B., Keith Imray, Esq., M.D., F.R.S.

NELSON.—August 19, at Burnley, Lancashire, Joseph Dunn Nelson. Esq., Surgeon, M.R.C.S. Eng., 1839; L.S.A. 1852, late Surgeon H.E.I.C. Service; late Medical Officer to the Dispensary.

THE BOURNEMOUTH SANITARIUM.—A short time since an amateur theatrical performance, in aid of this Charity, was held at Colonel Waugh's residence, Campden-house, Kensington. Colonel Waugh has followed up his generosity upon that occasion by holding a grand bazaar at his marine residence, Brantisea Castle, Poole, which commenced on Wednesday, and terminated on Saturday last. The object of

this Institution (which is in connexion with the Hospital for Consumption, Brompton) is to receive patients afflicted with consumption who have a fair prospect of being cured by a residence in the mild air of Bournemouth, a watering-place situated midway between Poole and Christchurch. The bazaar was of the most extensive nature, and the arrangements for the public accommodation complete. It was announced that £1000 had been given by one person, and £500 offered by another, if the same sum could be raised. Independent of the sums, between £500 and £600 were realized at the bazaar.

Baron Liebig has arrived on a visit to Her Majesty.

Mr. J. S. Gamgee left London for Novara the evening of Saturday, 1st September, as 1st Class Staff-Surgeon and Chief of the Medical Corps to the Anglo-Italian Legion, now assembling in the north of Italy under General Percy. We have reason to know that before his departure Mr. Gamgee expressed high admiration of the liberal and very wise manner in which the authorities at the Army Medical Department are providing for the health of the troops in Her Majesty's service.

Mr. Gordon Cumming, who has become celebrated from his exploits in Southern Africa, has opened his rooms in Piccadilly for the public exhibition of the skulls, horns, skins, tusks, and bones of the different animals killed by him in his hunting expeditions. He illustrates this collection by a lecture, and is assisted in his descriptions by well-executed paintings of the scenes he visited and the wild animals he encountered. Independently of its other attractions the series of specimens of Natural History brought together in this collection is well worthy the attention of zoologists and comparative anatomists.

The "Boy with the real Tail."—Dr. Sexton, in a letter to the Editor of the *Morning Advertiser*, states that immediately the paragraph appeared, Dr. Kahn sent a telegraphic message, and caused inquiry to be made among the Medical men and others interested in science at Middlesboro', but none of them knew anything of such an extraordinary phenomenon. The Surgeons who held the consultation are like the boy's tail, not to be found, so that there can be little doubt the whole affair is a hoax.

Death from the Bite of a Tarantula.—Captain Foster, of the 12th Regiment at the Cape, lost his youngest child, a boy seventeen months old, under all the symptoms of a poisonous bite. Just before death a small bladder appeared in the spot where the swelling was first noticed; and on examining this vesicle after death, two small punctures could be distinctly seen. It is supposed to have been the bite of a mygale (tarantula), common in old thatched houses in Graham's Town.

The Cholera has increased at Madrid.

Statistics of France.—M. Boudin has extracted from the Census Returns, just published by the French Government, many interesting particulars, some of which we here reproduce. In 1851 the population of France amounted to 35,783,170 souls, 379,289 being foreigners, and of these 20,357 English. From 1846 to 1850 there were—

In France . . .	1 birth to	37·48	inh.	1 death to	41·97
In Towns (except Paris) . . .	1 ,,	37·81	,,	1 ,,	37·32
In Paris . . .	1 ,,	33·17	,,	1 ,,	32·36

The total number of houses amounted to 7,462,545, or a little less than 5 persons per house. They were thus distributed:

	To a House.	To a Family.
In France . .	4·84 persons	3·95 persons
In Towns . .	9·05 ,,	3·58 ,,
In Paris . . .	35·17 ,,	2·99 ,,

From among the list of occupations we may specify that there were 906,666 servants (287,750 males and 618,916 females,) 26,758 Medical Practitioners and Pharmaciens, 12,666 midwives, and 16,239 prostitutes. There were also 39,471 prisoners (31,324 males and 8150 females). From the list of infirmities we select the following:—

Blind	37,662	. 105	per 100,000
Blind of one eye . .	75,063	. 210	,,
Deaf and dumb . . .	29,512	. 82	,,
Insane	44,970	. 125	,,
Goîtreaux	42,382	. 118	,,
Deviation of spine . .	44,619	. 125	,,
Loss of one or both arms	9,077	. 25	,,
Loss of one or both legs	11,301	. 32	,,
Clubfoot	22,547	. 62	,,

Mortality Notabilia.—The returns of the Metropolitan Registrars continue to exhibit a rate of mortality which is not high for London at this period of the year. In the week that ended on Saturday the deaths from all causes registered were 1031, of which 559, or considerably more than a half, occurred under 20 years of age, 19 at 80 years or above that age; and the remained occurred, in nearly equal numbers, in the three intermediate vicennial periods of life. Zymotic diseases preponderate in the aggregate of deaths ascribed to them; they number 317. Diarrhœa was fatal in 134 cases last week, of which 111 occurred to infants less than two years old. Eighteen deaths are returned variously as caused by cholera, English cholera, choleraic diarrhœa, infantile cholera. In one case the disease is described as "Asiatic," and is stated to have occurred without premonitory symptoms to a man who lived in Drummond-crescent, Somers-town, and died after 12 hours' illness. In 8 of the 18 cases enumerated the sufferers were adults, 20 years of age and upwards.

Births.—The births of 840 boys and 831 girls, 1671 children, were registered. Average, 1393.

Meteorology.—The mean height of the barometer in the week was 29·979 in. On Saturday its mean height was 30·212 in. The mean temperature of the week was 61·4°, which is 2·1° above the average of the same week in 38 years. The *highest* temperature occurred on Tuesday, and was 79°; the *lowest* occurred on Thursday, and was 47·3°. The highest readings of a thermometer in the sun were 102° and 104° on Tuesday and Wednesday respectively. The mean dew-point temperature was 52·4°, and the difference between this and the mean temperature of the air was 9°.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	..	7	2	12	7
North	490,396	8	4	5	7	38	10
Central ..	393,256	3	..	12	4	24	5
East.....	485,522	1	2	5	7	39	8
South	616,635	3	1	14	6	21	15
Total..	2,362,236	15	7	43	26	134	45

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, September* 1, 1855.

Causes of Death.	In the Week ending Saturday, September 1, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	61.4						60·5
All Causes	1031	559	140	157	156	19	1306·1
Specified Causes	1030	558	140	157	156	19	1300·4
Diseases:—							
1. Zymotic Class	317	250	18	23	24	2	625·8
2. Dropsy, Cancer, and others of uncertain seat	49	2	5	18	23	..	43·9
3. Tubercular Class	192	81	69	34	3	..	171·3
4. Of Brain, Nerves, etc. ..	117	50	14	26	25	2	112·9
5. Of Heart, etc.	34	4	5	9	15	1	30·8
6. Of Respiratory Organs ..	100	50	5	21	20	4	78·7
7. Of Digestive Organs ..	55	26	9	13	6	1	67·9
8. Of Kidneys, etc.	8	..	1	4	3	..	10·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	9	..	6	2	1	..	10·0
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	3	..	3	..	..	..	6·2
11. Of Skin, etc.	2	1	1	..	..	..	1·0
12. Malformations	5	5	..	..	..	..	2·5
13. Debility from Premature Birth, etc.	29	28	..	1	..	..	27·9
14. Atrophy	46	38	..	1	7	..	34.2
15. Age	31	..	..	..	22	9	39·7
16. Sudden	5	3	1	..	1	..	5.7
17. Violence, Privation, etc...	28	19	3	5	1	..	31·4
Causes not specified.. ..	1	1	..	..	..	..	5 6

BOOKS RECEIVED.

The Pharmaceutical Journal. September.
The Edinburgh Medical Journal. September.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

Amended Regulations in regard to the Transmission of Newspapers to British Colonies and Foreign Countries:—

General Post-office, August, 1855.

Henceforth it will not be necessary that Newspapers sent abroad, whether to the British Colonies or to Foreign Countries, should bear the Impressed Stamp (the old Newspaper Stamp); but, as at present, a Postage of One Penny must be prepaid (either by means of a Postage Label or in Money) on every Newspaper sent to a British Colony, with additional Postage (according to the Table in Instructions No. 45), when a Newspaper passes through a Foreign Country.

The Postage on Newspapers to Foreign Countries remains the same as given in Instructions No. 45; but, as already stated, it is no longer necessary that the Newspaper should bear the Impressed Stamp.

In future the Impressed Stamp will be required only in cases of repeated transmission of the same Newspaper in this Country, though it will of course be available also for single transmission in this Country.

In the transmission of Newspapers abroad (whether to the Colonies or Foreign Countries), the use of the Impressed Stamp will entirely cease; it will neither be required nor will it count as Postage, as it will be presumed that, where it is employed, it has already served for the transmission of the Newspaper in the United Kingdom.

From these Regulations it will necessarily follow—

1st. That every Newspaper going abroad must hereafter have the Postage to which it is liable represented by adhesive Postage Stamps, or paid in Money.

2nd. That a Newspaper, whether published with or without the Impressed Stamp, will be placed in the same position for transmission abroad.

3rd. That the Impressed Stamp will hereafter apply only to transmission and retransmission within the United Kingdom. Rowland Hill, Secretary.

In our next Number we shall commence a series of Lectures on Orthopædic Surgery, by Mr. William Adams, Assistant-Surgeon to the Orthopædic Hospital.

Dr. Hilbers.—This gentleman, who is a Homœopath, writes to inform us of the circumstances which led to the withdrawal of a paper, written by him, from the Liverpool Medical Society, and to which allusion has been indirectly made in some correspondence from Liverpool which has appeared in our pages. It seems that the paper was spontaneously withdrawn by the author. The subject of the proposed communication was, we are informed, a case of *schirrous* (?) tumour of the tongue, which had got well under Homœopathic treatment. Probably the Homœopaths entertain peculiar views of the pathology as well as of the spelling of scirrhus; but, as for ourselves, we do not believe in the curability of that disease. It is possible that in Homœopathic language *schirrous* means any swelling; but we must observe that perhaps the Homœopaths employ these, and similar words, as they use Professional titles, not really for the purpose of definition, but in order to delude the public.

J. L.—The Reports alluded to would be very acceptable.

Dr. Handfield Jones will receive a private note.

Addenbrooke's Hospital.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Mr. Humphry presents his compliments to the Editor of the *Medical Times and Gazette*, and will be obliged by his correcting in the next Number the statements contained in the reply to *Students* this week.

Addenbrooke's Hospital is recognized by the Royal College of Surgeons, and Clinical Lectures are delivered weekly, in accordance with the regulations of the College; *Students* may, therefore, save time in London by availing himself of the opportunities it affords.

Moreover, the attendance on the Anatomical and Chemical Lectures, delivered by the respective Professors in the University Medical School, dissections, etc., are recognized by the College of Surgeons and the Society of Apothecaries as an equivalent for one winter session in London.

Hence, if *Students* be desirous of qualifying for the membership or fellowship and licence of these bodies, he may complete his first winter session, in accordance with their curriculum, in Cambridge.

It may be added that, with the view of encouraging the more frequent combination of University and Medical study, the Bachelor of Medicine of Cambridge is admitted to examination for the membership of the College of Surgeons on adducing proof of having completed the anatomical and surgical education required by the College; no other certificate being demanded. He is also admitted to examination for the licence of the Apothecaries' Society, provided he is able to produce the necessary indentures of apprenticeship.

The facilities afforded to Graduates at the Universities who may be desirous of obtaining the Fellowship of the College of Surgeons are sufficiently well known.

Cambridge, September 3, 1855.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Would you be kind enough to inform me, through your valuable paper, whether there is any remedy for the following apparent injustice to the Professiou?

A child was brought here dead, the wheel of a vehicle having passed over it. I am the only Medical man who saw it, yet I am not appealed to in any way—not to give a certificate of death, not to make a P. M., not as witness at the Coroner's Inquest. I am told that the Coroner here usually acts in this way. To me it seems strange and improper.

Is there any work which treats of the Duties and Privileges of our Profession (legal)? I am, etc.

Royal Infirmary, Manchester, Sept. 1855. J. L.

[We fear that there is no legal remedy.—Ed. *M. T. and G.*]

Dr. McLoughlin has sent us two small pamphlets, in one of which, detailing the premonitory symptoms of cholera, he has stated that we are able "to walk about for pleasure or business after our blood has ceased to circulate, and our heart has ceased to beat." The second pamphlet supports these rather strong assertions by one or two cases, which Dr. McLoughlin thinks satisfactory. One of these cases was that of a gentleman, who was amusing himself in the Gallery of the Louvre, and who soon afterwards, when he imagined that he had little the matter with him, presented a blue, icy cold skin, covered with the clammy dew of death; he had no pulse at the wrist, nor could Dr. McLoughlin discover any beating of the heart. The cases are not so satisfactory to us as they appear to be to Dr. McLoughlin.

Erratum.—In the report of the case of tapping the cranium by Mr. Craven, in our last Number, for "the bones of the cranium were *snapped*," read "*strapped*."

COMMUNICATIONS have been received from—

A Retired Medical Officer; Mr. W. Smith, Blackheath; Dr. McCormack; Mr. William Adams; Mr. J. H. Tutin; Amicus; Arundo; Mr. Spencer Wells; Mr. T. Westropp; Bashi Bazouck; The Army Medical Department; Mr. D. H. Monckton; Mr. Duigan, Sebastopol; Mr. Richard Barwell; Mr. J. Z. Laurence; J. L.; Mr. Humphry, Cambridge; Mr. Thomas Hunt; Dr. Henry Dicken; M. J.; Mr. J. T. Lambert; Mr. C. W. Dasent; F.R.C.P.; Mr. Charles Vaudin; Mr. Henry Smith; Dr. Rigby; Dr. Handfield Jones; Mr. F. D. Fletcher; Dr. Anderson; Dr. Helliers; Dr. Garrett, Thames Ditton; Mr. J. Leigh; Mr. Bird; The Registrars or Secretaries of the following Institutions:—University and King's College, Aberdeen; Manchester Royal School of Medicine and Surgery; Leeds School of Medicine; Sheffield Medical Institution; London Hospital; University College; Westminster Hospital; Charing Cross Hospital; St. Bartholomew's Hospital; King's College Hospital; St. Mary's Hospital; Dr. Tannahill; Dr. Andrew Smith; Mr. John Lang; Mr. John Gamgee.

APPOINTMENTS FOR THE WEEK.

SEPTEMBER.	Miscellaneous Register.
8. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
10. Monday.....	
11. Tuesday	Operations at Guy's, 1 p.m.
12. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
13. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
14. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

The Cholera is at this moment raging in Tuscany. The number of cases throughout the Grand Duchy averages, according to the *Monitore Toscano*, seven hundred per day.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE]

Grosvenor Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-place School, etc.

LECTURE I.

GENTLEMEN,—From the desire of the Surgical Professors of this School that the course of instruction should include every department of Surgery, I have had the honour of being appointed to deliver a course of Lectures on Orthopædic Surgery, a subject which I hope will be found to possess at least two great attractions, viz.: a direct practical importance, and a certain amount of novelty; attractions, however, which I cannot but distrust my own power of bringing before you in a manner equal to the importance of the subject.

Orthopædic Surgery has for its object the scientific treatment of deformities, congenital and non-congenital, whether affecting the feet, the hands, the spine, neck, eyes as in squinting, knees, hips, or other portions of the body. However dissimilar some of these affections may appear on their first mention, further observation will show their intimate relations to, and not unfrequently their mutual dependence upon, one another. Having frequently the same origin, depending upon the same laws, and affecting structures physiologically similar, they will be found to be amenable to the same principles of treatment.

The term Orthopædy appears to have been first used by M. Andry, Dean of the Medical Faculty of Paris, who in the year 1741 published at Paris a work in two volumes, on "Orthopædy; or, the Art of Preventing and Correcting the Deformities of the Body." He derives the term from the Greek words ὀρθὸς, straight, and παιδὸς, genitive of παῖς, a child; and, as the practice which it represents is by no means limited to the cure of deformities of the feet, I think there is sufficient reason for retaining this definition.

The treatment at present adopted is based chiefly upon the discovery of the safe division of tendons by subcutaneous section, which has brought the treatment of deformities directly within the sphere of scientific surgery; and when we consider the importance of the subject, and the good which has resulted to the public from this discovery, it appears, indeed, a strange and remarkable fact, that, up to the present time, Orthopædic surgery can scarcely be said to form a part of the ordinary surgical instruction at our large metropolitan Hospitals. One or two lectures may occasionally have been given on the subject at some of them, but many of the older Surgeons are still very sceptical about the cure of deformities. They know that tendons can now be divided, but I have repeatedly been asked whether the club-foot cases really turn out well, whether they do not generally return, whether the feet become really useful, etc.; so that little or nothing has been done in this country towards diffusing a knowledge of Orthopædy in any of our Medical schools.

At the Royal Orthopædic Hospital, lectures have been for many years delivered annually to members of the Profession, but I believe I am not wrong in stating that the present will be the first course of lectures on this subject delivered in any Medical School in England. This general neglect appears the more remarkable, because a very large proportion of the cases are curable without much difficulty, and most of them admit of considerable relief. Moreover, the cases are far from being uncommon, and occur as frequently among the middle and upper classes of society as with the poor; the names of the celebrated Lord Burleigh, Pope, Talleyrand, Sir Walter Scott, Flaxman, and Lord Byron, are among those who were deformed.

Mainly from the want of public teaching, the Profession in England have not yet divested themselves of the idea that these cases are best treated by mechanical supports, or mechanical compensation in some form or other; and that, therefore, they still belong to the province of the Instrument-maker, rather than the Surgeon. The claims of Orthopædy to a high rank in scientific Surgery, I shall endeavour to establish in these lectures. It will be impossible for me, in the present course, to treat of more than a few of the subjects which the term includes. I have, therefore, selected the Pathology and Treatment of the different forms of Club-foot, and Lateral Curvature of the Spine.

To-day, as introductory to these subjects, I propose to give you an historical sketch of Orthopædic Surgery, and particularly of subcutaneous tenotomy, to which it is so largely indebted; tracing it through its different phases in France, Germany, and England. We shall examine the special means for promoting this branch of Surgery in England, noting the obstacles which appear to have retarded its diffusion through the Profession in this country, and suggest some mode of remedying these defects.

The treatment of deformities was limited to mechanical means till the year 1784, when a Physician of Frankfort, named Thilenius, proposed division of the tendo-Achillis in the case of a young lady, aged 17, affected with talipes varus, which had resisted mechanical treatment. That operation was performed under his direction, on the 26th of March of the same year, by a Surgeon of the name of Lorenz. The heel immediately descended two inches, enabling the patient to tread on the entire sole. From this fact I infer that it was a non-congenital case. The cicatrization of the "large wound" was completed on the 12th of May, and the cure is said to have been perfect.

The operation of Thilenius and Lorenz was repeated by Sartorius on the 10th May, 1806, in a case of talipes equinus, in a boy aged 13, the result of abscesses on the back of the leg. These cases are related by Dr. Little in his work on Club-foot (London, 1839). A tourniquet having been applied to the femoral artery, a longitudinal incision, four inches in length, was made over the centre of the tendo-Achillis, the integument dissected off, and the fascia divided on a director to the same extent. The tendon was then cut across, and force employed to bend the foot. This failing, however, the incision was extended to the os calcis, the cicatrices divided, and the tendon isolated. Still the joint would not yield, and Sartorius tells us that he employed his entire strength, when the joint gave way with such a noise and cracking as if the whole of the bones had been broken. It is said that no fracture was discovered, but the operator was very uneasy concerning the probable consequences. Symptomatic fever, with suppuration, occurred, but the latter was not extensive. In nine weeks the wound cicatrized, complete anchylosis of the ankle having resulted; the patient was, nevertheless, able to walk with ease, unaided by a stick.

Such was the treatment of a case of talipes equinus fifty years ago! The result was more fortunate than might have been expected, or than would generally attend such a procedure.

In the year 1809, Michaelis, of Marbourg, in Germany, operated on several cases of talipes equinus, by partially dividing the tendo-Achillis; but, as he is said to have brought the feet at once into a natural position, it is presumed he either ruptured the undivided portion, or made complete sections.

Delpech, of Montpelier, next suggested an important modification in this operation, viz., a diminution of the external wound. He did not expose the tendon by dissection, but transfixed the limb between the tendo-Achillis and the deep muscles with a common scalpel, the wound on the integuments on either side being an inch in length; he then introduced a convex-edged bistoury, and divided the tendon from before backwards, carefully leaving the bridge of skin over the space between the divided ends of the tendon. This operation he performed in May, 1816, on a boy, aged 9 years, affected with talipes equinus. Here we see the first step in advance towards the present subcutaneous method. But Delpech also conceived the idea that the divided ends of the tendon should be retained in apposition after the operation till union had taken place, after which, the uniting fibrous substance should be gradually and carefully extended till it assumed a degree of length equal to the shortened muscle.

This was indeed a most valuable suggestion, and is the method we adopt at the present time, though by no means universally followed (a).

Not long since, a Hospital Surgeon of this metropolis argued with me in favour of immediately forcing the foot into the normal position, and in cases of equinus, in which the heel will often descend freely, I have repeatedly seen, in the practice of the Surgeons of one of the largest metropolitan Hospitals, these patients sent to bed, after subcutaneous section of the tendon, without any splint, bandage, or other apparatus to retain the divided ends in apposition, and remain so for several days, perhaps a week, when a Scarpa's shoe will be applied at once at a right angle. Indeed, I may say this is the ordinary practice at this Hospital, if not generally. It is true that the practice may be adopted without injury in many cases, and that in rabbits and dogs union will, as a rule, or perhaps invariably, take place. But human beings are not like rabbits and dogs in the power of repairing injuries, any more than in their higher characteristics. Many cases have occurred in which union has not taken place under these circumstances, and I have one example of this kind under my care at the present time, which occurred in the practice of the Hospital to which I refer. I need hardly tell you that the boy, with his swinging foot, is in a much worse condition than if he had never been operated upon. I hope, by keeping the foot in an extended position for a long time, two or three years, to obtain a shortening of the muscle; but the result is doubtful. This comes from an Institution in which Orthopædic lectures would be regarded as a most serious innovation, and the pupils, therefore, will leave the Hospital only to perpetuate the practice of 1809; while in Bloomsbury-square the method of treating these cases, in accordance with the scientific improvements of the day, has been adopted and publicly taught for the last seventeen years. From this I am induced to hope, Gentlemen, that when you embark in the active duties of your Profession, you will not regret the time passed in attendance upon these lectures, and I know you will not be unmindful of the liberality of your teachers, who have sanctioned them.

To return to my historical sketch: the case in which Delpech carried out his method of operating, though ultimately successful, was not unaccompanied with serious consequences from the extent of the wound made. Symptomatic fever, suppuration, and sphacelus of some portions of the tendon and cellular tissues ensued; extension was not commenced until four weeks after the operation, at which period the wounds were still uncicatrized. After three months, the intermediate substance appeared to be two inches in length, much smaller than the original tendon, but sufficiently firm to prevent flexion of the foot beyond a right angle. The general health having suffered, indolent abscesses formed on the inside of the leg, the inside of the patella, and in the inguinal region, and neither these nor the wounds from the operation were healed for some months. The patient was, however, enabled to stand on the limb, and to take exercise, and ultimately obtained a cure. In the year 1836, he was still living, the cure having proved effectual. It appears that Delpech never repeated the operation, although he still believed it might occasionally be successfully resorted to (b).

The rules laid down by Delpech for the performance of the operation, if taken verbally, appear to be much better than his practice.

He says,—"1st. The tendon to be divided should not be exposed; its section should be accomplished by turning the instrument on one side, so that the line of incision may not be parallel to the division of the skin. Without this precaution, risk of exfoliation of the tendon is incurred."

From these words it might be inferred that Delpech performed the subcutaneous division of the tendon; but from his own account of the operation it is clear that his idea of not exposing the tendon was comparative in relation to the large incisions and complete dissection of his predecessors, and that he had no idea whatever of the true subcutaneous method. This great improvement was left for Stromeyer to accomplish. The other rules laid down by Delpech relate to the after-treatment, and are as correct in principle as if they had been written at the present day; in fact, precisely those upon which we at present act. They are as follow:—

"2nd. Immediately after division of the tendon the divided extremities should be brought into contact, and kept in this position by suitable apparatus until their union is effected.

"3rd. As reunion can only take place by an intermediate fibrous substance, which is capable of elongation prior to its solidification, it should be gradually and carefully extended to a length sufficient to compensate for the shortening of the contracted muscle.

"4th. When this degree of extension has been effected, the limb should invariably be retained in the improved position, until the new tissue has acquired the firmness of which it is susceptible."

It seems strangely inconsistent, that the Surgeon who could lay down these excellent rules, so well calculated to prevent disturbance of the parts after the operation, and favour the reparative process, should have accompanied his own operation with so much violence. In explanation, however, we at once recognize the absence of Pathological observation—the true basis of scientific Surgery.

And yet it may be a proud reflection for us to know, that the great pathological law, deduced directly from accurate pathological and surgical observations, which should have determined the practice in this case, and a knowledge of which would have enabled Delpech to have carried off more than the full meed of praise which his warmest admirers have awarded him, had many years previously been published in the works of the illustrious Hunter.

In his "Treatise on the Blood, Inflammation, and Gun-shot Wounds," published in the year 1794, twenty-two years, mark you, before Delpech performed his operation, and thirty-seven years before the imperfectly subcutaneous operation of Stromeyer, Hunter points out as a great fundamental principle, in reference to the healing of injuries, the difference between those two forms of injuries, of which one is subcutaneous, the other open to the air. He says, "The injuries done to sound parts, I shall divide into two sorts, according to the effects of the accident. The first kind consists of those in which the injured parts do not communicate externally, as concussions of the whole body, or of particular parts, strains, bruises, and simple fractures, either of bone or of tendon, which form a large division. The second consists of those which have an external communication, comprehending wounds of all kinds, and compound fractures. Bruises which have destroyed the life of the part may be considered as a third division, partaking, at the beginning, of the nature of the first, but finally terminating like the second. The injuries of the first division, in which the parts do not communicate externally, seldom inflame, while those of the second commonly both inflame and suppurate." The deviations from this law in particular instances are then adverted to. Here, then, is the law of the reparative process in these two great classes of injuries. In these sentences, observes Mr. Paget, in his Lectures on Surgical Pathology, "Hunter has embodied the principle on which is founded the whole practice of subcutaneous Surgery; a principle of which, indeed, it seems hardly possible to exaggerate the importance." With truth, indeed, has it been said, that those who trace the progress of modern Surgery to its source will not fail to discern in the principles which Hunter established, the germs of almost all the improvements which have been since introduced.

Whether Hunter ever divided tendons subcutaneously may perhaps be somewhat doubtful, but it is believed that he did. In the Museum of the Royal College of Surgeons there are five specimens of Achilles tendons from the ass and deer divided by Hunter, for the purpose of investigating the process of repair; and in the descriptions of three of these specimens in the Pathological Catalogue, Vol. II. Nos. 349, 351, and 352, it is stated, "The tendon was divided transversely, and, it is believed, by subcutaneous section." In one of the other two specimens, No. 348, the experiment was performed by open wound; and in the other, No. 354, it is stated that the operation was "probably not by subcutaneous incision."

It has been generally regretted that Delpech's first case was so unfortunate as to prevent him repeating the operation with such modifications as further reflection and experience would have offered; but he was ignorant of the true pathological basis upon which alone such operations can be con-

(a) This practice is now adopted, and has been recently recommended by Professor Syme, of Edinburgh. See *Lancet*, March 17th, 1855, and a Reply by Mr. W. Adams in the *Medical Times and Gazette*, April 28th, 1855.
(b) L'Orthomorphie. Tom. II. § 327. Paris, 1829.

ducted with safety to the patient, though it had been clearly enunciated by Hunter, twenty-two years previously, it may be as well that further experiments were not made. When he wrote his celebrated work, "L'Orthomorphie," thirteen years after this operation, he did not recommend any modification of his mode of procedure.

From the year 1816, in which Delpech's operation was performed, to the year 1831, when Stromeyer (c) divided the tendo-Achillis upon a greatly improved method, though not quite subcutaneously, Dr. Little states that there are no recorded repetitions of the operation.

In the month of February, 1831, Stromeyer, of Hanover, divided the tendo-Achillis, and in 1833 and '34 published two memoirs (d), detailing the history of six successful cases. From this period we may really date the commencement of Orthopædic Surgery. "To Stromeyer," observes Dr. Little, "is due the honour of establishing the division of tendons on a secure and permanent basis, and of insuring its reception as a standard operation in the art of Surgery." Stromeyer not only fully appreciated the value of the rules laid down by Delpech, and the soundness of the principles on which he recommended that the subsequent treatment should be conducted, but he also recognized the great source of danger in his predecessor's method of operating, viz., the large external wound, and disturbance of parts. In this respect, therefore, Stromeyer improved the operation. He operated by "puncture," as he expresses it, without external incision. He used a small bistoury, but still he transfixed the limb between the tendons and the deep muscles, making two small wounds, and effected division of the tendon, by pressing it against the edge of the knife, rather than cutting it by any movement of the knife, which he considered would have endangered an increase in size of the cutaneous wounds. Stromeyer describes his mode of operating in his great work on Operative Orthopædic Surgery (e), and his account is translated by Dr. Little.

Stromeyer remarks, "I have frequently divided the tendo-Achillis in this manner without producing a second puncture; but this is of little moment, as two minute punctures heal as quickly as a single one." Here, then, is the true subcutaneous section described in the year 1838, in juxtaposition with the plan of transfixing the limb, which Stromeyer preferred for the following reason. "The performance of the operation with the point of the instrument is less to be relied on, partly from its being too weak, and also because the operator can be less certain of not causing injury to other structures in the event of the patient not remaining quiet throughout the operation." The preference given to the plan of transfixing the limb is remarkable; but the number of cases so operated upon proves to us, on sufficient evidence, that it is a proceeding generally free from risk when the wounds are small. I have myself seen it done accidentally two or three times without exciting inflammation, but, at the same time, I think its adoption by Stromeyer goes far to show that he sought to improve the operation, by diminishing what he correctly conceived to be the great defect in the operations of his predecessors, rather than to establish it on the broad basis of the pathological law pointed out by Hunter as regulating the reparative process of "injuries in which there is no external communication," above adverted to.

Nevertheless, whether this result was arrived at as a mere practical suggestion, looking to a diminution of what appeared to be the source of failure in the method of his predecessors, or as a scientific deduction from pathological and surgical observation, the credit still belongs to Stromeyer of having re-introduced this operation, and performing it in the only way in which it can be undertaken with safety to the patient. Stromeyer soon had the gratification of witnessing the splendid results of this operation, which he had deprived of all its terrors. He had to contend with the strongest opposition and the severest criticism from his contemporaries, but these he overcame by his determined perseverance, and by a multitude of cases was enabled to demonstrate the safety of the operation. Dr. Little states that it was two or three years before his example found imitators. Dieffenbach, of Berlin, appears to have been among the first and most energetic followers of the Stromeyerian operation. Dr. Little states that in 1839 Dieffenbach had, up to that period, divided the tendo-Achilis in upwards of 150 cases of distorted feet. Bouvier of Paris, Poli in Germany, Duval, who first divided the tendo-Achillis in Paris in 1835, Jules Guérin of Paris, Bonnet of Lyons, and Scoutetten of Strasbourg, also quickly adopted it.

Now, I think it very likely to occur to you to ask me why, in tracing the origin and development of Orthopædic Surgery, I refer so much to the history of the subcutaneous operation in club-foot, when we know the treatment of every other deformity of the body: wry-neck, contractions of joints, curvatures of the spine, and long bones, squinting, etc., are generally included in this branch of Surgery. My reply is, that the art of curing deformities rests its claims to be ranked and incorporated with the general science of Surgery, almost exclusively upon the perfection of this operation, which I may confidently state, without fear of contradiction, to be, in reference to the extent of its application, and the benefits it has conferred upon many thousands of our afflicted fellow-beings, the greatest improvement in modern Surgery. In saying this, I am by no means unmindful of the numerous and important improvements in modern Surgery which have been suggested and perfected by the genius and industry of our Professional brethren both abroad and at home, many of them arrived at after a much larger expenditure of mental labour; but a reference to the statistical tables I shall bring before you, of 17,000 cases of deformity, which have been treated at the Royal Orthopædic Hospital; and the knowledge that, probably two or three times that number have been treated on the Continent, some of the statistical results of which I shall also be enabled to bring before you, will amply bear out the assertion I have made in claiming for subcutaneous tenotomy the highest rank among the practical and scientific improvements of modern Surgery.

Some exception may perhaps be taken to my statement of the essential dependence of Orthopædic Surgery upon the discovery of subcutaneous tenotomy, in respect of the numerous cases of deformity remediable by mechanical treatment, and especially to the large class of cases included under the head of curvatures of the spine. How far subcutaneous tenotomy or myotomy may have been advantageously applied to this class of affections may still be matter of doubt. This subject I shall especially refer to in a subsequent lecture, but I may here state, that this class of cases has been and is now being fast rescued from the hands of notorious empirics and mere mechanicians, by those Surgeons who have been induced to pay special attention to the treatment of club-foot and other deformities, proved to be remediable by the assistance of subcutaneous tenotomy. Whatever has been done in the way of improvement, whether by operative or mechanical means, is mainly dependent upon the fact of this Association; and, therefore, the improved treatment of spinal curvatures, and other affections generally treated by mechanical means, is still essentially, though it may be less directly, dependent upon this operation.

[To be continued.]

(c) Rust's Magazin. Band XXXIX. p. 195; and Band XLII. p. 159. Archives Générales de Médecine, Tome IV. p. 103.
(d) Rust's Mag., above cited.
(e) "Beiträge zur Operativen Orthopädik," p. 17. Hannover, 1838.

ORIGINAL COMMUNICATIONS.

CASE OF PARIETAL EXTRA-UTERINE PREGNANCY.

By FRANCIS H. RAMSBOTHAM, M.D.
Fellow of the Royal College of Physicians, Obstetric Physician to the London Hospital, and Lecturer on Obstetric and Forensic Medicine in the Medical College.

Maria M., aged 25, became an out-patient at the London Hospital, under my care, last March. She was married nearly four years ago, till which time she enjoyed good health. She miscarried soon after her marriage, and in a few months she again supposed herself pregnant. She experienced all the symptoms of pregnancy,—her breasts were fuller, she enlarged in the abdomen, was quite sensible of the movements of her child, which were strong and caused her much suffering, and rather more than two and a-half years since she was seized with pains, like those of labour. She had ceased to feel the child three weeks before the accession of these pains. At this time a neighbouring Practitioner was

called, who believing her in labour, remained in attendance for forty-eight hours. During the whole of this period the pains were regular and strong, and a sanguineous discharge, in which there were some solid, shreddy matters, came away. The pains gradually became weaker and less frequent, and at last passed off altogether; the discharge, however, continued for a month, and disappeared in a manner similar to the lochia. She remained subject to occasional violent attacks of pain in the region of the uterus for five or six months; the abdomen decreased in size; and she became weaker and thinner. She was, however, able to get about in time, suffered less, and considered herself better till last November, when she had an attack of what was called rheumatism; this illness confined her to bed again for a few weeks; she was, however, able to leave town for the neighbourhood of Northfleet; and the Medical man whom she there consulted recommended her on her return to London to obtain an out-patient's ticket for the Hospital, and place herself under my care. When I first saw her she was a good deal attenuated, had a cachectic appearance, and was evidently in a bad state of health. The pulse was frequent and small; the appetite was bad, the tongue loaded, the bowels were generally relaxed, and she had a considerable leucorrhœal discharge. There was a hard, very painful tumour on the right side of the linea alba, reaching from the pelvic brim upwards, above the umbilicus; which prevented her lying on her left side. On examination, per vaginam, the os uteri was found to be perfectly natural in character; but the uterus itself was considerably enlarged, and felt as though it was tuberculated. As she had of late been gradually getting worse, I admitted her into the Hospital on July 10th. From that time she never left her bed; the bowels continued very much relaxed; a large quantity of offensive putrid matter was voided per anum, which was the flesh of the fœtus in a broken down, semi-fluid condition; a little purulent discharge flowed constantly from the vagina; she became very much emaciated, and died exhausted on August 11th.

The following appearances were discovered on post-mortem inspection:—The transverse colon was drawn down below the umbilicus, and was adherent to the fundus uteri. On separating the two from each other a ragged aperture, larger than a crown piece, was displayed in the coats of the colon, communicating with a cyst in the parietes of the uterus, the result of ulceration. This cyst, nearly the size of two hands doubled one over the other, was pretty uniform in its surface, and contained apparently the whole of the bones of a fœtus, nearly at full time, detached from each other, the soft parts having entirely disappeared. A portion of one of the long bones protruded from the cyst into the cavity of the colon. Another communication of a smaller size also existed between the cyst in the uterine parietes and the rectum. The bladder was perfectly natural. On examining the parts, after their removal from the body, the vagina was found to be quite natural; the os uteri quite healthy, of the shape and dimensions it possesses in its unimpregnated state. The left half of the uterus was natural in structure, though turned laterally downwards, as I shall presently describe. Neither the left ovary nor the fimbriated extremity of the left Fallopian tube could be found, being lost in adhesions with the anterior face of the rectum; but a portion of the broad ligament on that side, connected with the uterus, could be easily traced. The whole of the right side, and towards the fundus of the uterus, was occupied by the cyst containing the fœtal bones; the right ovary was only about half its natural size, and there was no appearance even of the remains of a corpus luteum; the fimbriæ of the right Fallopian tube floated unattached. On tracing the uterine cavity, it was observed to be turned towards the left side of the body, at a complete right angle, the bend being situated at the upper part of the cervix; so that the fundus uteri pointed straight to the left fossa iliaca, being pressed down, no doubt, by the cyst that occupied the right side of the uterine walls. The cavity of the uterus was about its natural size and shape, (except for the bend,) empty, and the inner membrane was quite healthy. There was no communication between the uterine cavity and the cavity of the cyst.

Here, then, we have a very interesting instance of the rarest of the four varieties of extra-uterine pregnancy; where the ovum is detained in that portion of the Fallopian tube which perforates the substance of the uterus, forms a bed for itself within the very walls of the uterus, and continues to enlarge, for a certain length of time, the cyst increasing in extent, for its accommodation. Generally, the cyst bursts long before the ovum has arrived near to its maturity, and the woman dies of internal hæmorrhage; but, in this case, the fœtus lived until three weeks of its full age, and acquired a corresponding magnitude, as is evidenced by the development of its bones. On its death, nature made an effort to get rid of the offending mass by ulceration; putrefaction of its body took place; the soft parts were evacuated in a semi-fluid condition, and the patient sank under the debilitating effects of the process. This particular kind of extra-uterine fœtation is usually treated of under the term "interstitial," but I prefer calling it "parietal," because that phrase distinctly describes the part of the maternal body in which the ovum has lodged, and become developed. I believe there are only eighteen other cases of this variety on record, one of which came under my notice, and I have detailed it in the second, third, and fourth, editions of my work on Obstetric Medicine and Surgery. The first case of this kind published in England will be found in the thirteenth volume of the Medico-Chirurgical Transactions, 1827. It was sent by Breschet to that Society in the French language, and the gentleman into whose hands it came, requested me to assist him in translating it into English, which I did.

7, Portman-square, Sept. 10, 1855.

THE MODERN TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By THOMAS HUNT, F.R.C.S.

Surgeon to the Western Dispensary for Diseases of the Skin.

No branch of Medicine has improved more satisfactorily during the last seven or eight years than the pathology and treatment of Cutaneous Disease. Ten years ago, few Medical men in this country were disposed even to attempt the cure of the more intractable forms of these severely-afflictive maladies; and those who were pressed to prescribe for them were generally content with trying, consecutively, a few popular remedies, in the efficacy of which they had little confidence, or in prescribing topical applications, with a view to alleviation rather than cure. Not a few adopted the more convenient alternative, of regarding these odious diseases as "safety-valves," or, at least, as exercising some salutary influence on the system at large, and so preaching patience to the sufferer. The fallacy of this theory has now, happily, been demonstrated by experience. Indeed, it has been found that, so far from the health suffering, it is very generally improved by the medicine which cures the local disease. There is, however, yet much to be learned. Cases of extreme difficulty are still occurring occasionally, which are very annoying to both patient and practitioner. It is with a view of lessening their number, by offering a few clinical illustrations from the practice of a Dispensary established for the special purpose of treating diseases of the skin, that I now beg the attention of my brethren.

It is unnecessary to observe that these diseases are generally of constitutional origin, and that they will very rarely yield to local treatment; but it is important to remark also, that even those local affections which are contracted by contagion or other local causes, often become, as it were, intangled with other morbid influences, and cannot be treated effectually without due regard being paid to their systemic complications. Thus scabies, porrigo, sycosis, and certain forms of pityriasis, though demonstrably dependent on parasitic development, become, under certain circumstances, not only constitutional but endemic diseases. Hence the well-known difficulty often experienced in curing both scabies and porrigo by topical appliances. The difficulty vanishes when once the general *malaise* is detected and removed. Children crowded together in very large numbers in one habitation and fed on one unvaried diet, almost uniformly become affected by endemic disease of the skin, call it by what name you will. No cleanliness of person nor of household, no draining nor ventilation, no plentifulness nor purity of food, no local treatment, will either prevent or remedy this wholesale succumbing to parasitic influence. A thorough and frequent change of diet, a change of habits and of air, with active exercise away from the house; these are all that are required

to remove the difficulty. I have repeatedly been consulted about numerous cases of scabies and ringworm occurring in large schools, easily cured for a time by local treatment, but perpetually recurring. No trouble has been found when once sufficient changes have been made in the diet, habits, and air. The evils of crowded dwellings are indefinitely multiplied by identity of food and habits. Trampers and costermongers rarely suffer from over-crowded dormitories. They do not feed together, nor breathe nor associate together during the day. The emanations from their lungs and skin are, therefore, less poisonous to each other; the excreta contain a greater elemental variety of *effete* matter; thus, the dose of each individual poison so excreted becomes less in quantity, and consequently less injurious to the individual by whom it is absorbed. I believe there is a great deal of truth hidden under this view of the case, although I may not have succeeded in expounding it intelligibly.

But with regard to diseases originating in the system from some internal derangement, the case is different. After due attention to the health, a kind of specific or alterative course of medicine is generally required. This is especially the case with the scaly group of diseases,—lepra, psoriasis, and pityriasis; and of these specifics, mercury, iodine, and arsenic are the chief. In regard to the latter, I find that those writers who recommend arsenic the most sparingly, actually use it the most liberally, and trust it the most confidently. Those who extol iodine, almost invariably prescribe it in union with arsenic, and sometimes with mercury also. Arsenic, which is the efficient remedy, is thus made to occupy the second place, whereas, in fact it is the principal, and its union with iodine and mercury, often without in any degree adding to its therapeutic efficacy, just serves to make it unmanageable and dangerous. Indeed, my own experience justifies me in asserting, that if there be any efficient medicine more safe and manageable, in careful hands, than another, it is arsenic united with chlorine or potass; but if there be any medicine more dangerous and unmanageable than another, it is the compound of arsenic, iodine, and mercury, known by the name of "Donovan's solution."

Nevertheless, the unfounded prejudice entertained by the public (and shall I say, in some degree, by the Profession?) against arsenic, as a medicine,—a prejudice fostered and augmented by some silly accounts from Germany, lately published in the popular periodicals, and to the truth of which I have ineffectually challenged the Editors to the proof,—this prejudice, I say, throws a practical difficulty in the way of efficient treatment; and I have consequently been for years anxious to discover some medicine not less sinning, but less sinned against, than arsenic, as a substitute for it.

Three anti-squamous, or "anti-scorbutic" remedies have of late been extolled by the Medical press, namely, *Urtica*, *Galium*, and *Cod-liver Oil*. I am surprised that any author should have mentioned the urtica as a new remedy. Fifty, if not a hundred, years ago, the stinging nettle was "*the* cure" for nettle-rash, and other eruptions, used by the country people. The same observation applies to the Galium Aparine, which has had for centuries a similar reputation.

The *Urtica Urens*, (dwarf stinging-nettle,) I tried in decoction many years ago. It appeared to exercise no influence over the system other than that of a mild diuretic, and certainly has no specific power over cutaneous disease. It relieves those aggravations of disease which depend upon imperfect action of the kidneys and the skin; but this is just as easily effected by colchicum, antimony, taraxacum, digitalis, and other vegetable diuretics and diaphoretics.

The *Galium Aparine* (clivers, or goose-grass) probably acts in a similar way. It is certainly no specific for lepra, and I greatly doubt if it will, in any case, supersede the necessity of administering arsenic. Two or three years ago this medicine was, however, mentioned in the periodicals by Practitioners of high repute as a remedy for lepra, and I consequently determined to give it a trial. In order that there might be no mistake, I obtained the green and fresh herb from the fields near Kentish Town, boiled it down in as little water as possible, after the method of making decoction of sarsaparilla, and directed the patient to take a wine-glass full, or as much more as the stomach would bear, three times a-day. I took care that the decoction should be always fresh and clear, and when it could not conveniently be prepared for the patient he was supplied with the plant, either fresh or carefully dried, and directed to boil it himself. It was thus administered or prescribed in about twenty cases. Of its effect in ten of these cases I am not able to give any satisfactory report. Of the remaining ten, six were cases of lepra or psoriasis, most of them severe and obstinate, two were cases of eczema, one of acne, and one of lichen. In the scaly class the benefit was the most obvious, but in every case only temporary. The most successful case was that of a young man who had suffered from childhood from psoriasis diffusa. Living in the country, his mother was recommended, when he was about 12 years old, to try the expressed juice of the "clivers," which he took with such benefit that he thinks it nearly cured the disease; but the symptoms returned under its use. He was ultimately cured by arsenic, which failed until the patient adopted an exclusively vegetable diet. He was of a full plethoric habit, subject to febrile reaction and constipation. I found the decoction of the galium very useful in the intervals during which it became necessary to suspend the arsenical course, and likewise occasionally in conjunction with the mineral itself.

In four other cases of scaly disease, temporary benefit was certainly derived from the galium, but in a fifth case no benefit whatever; and as in no case did it appear to exert a permanent or specific influence on the issue of the treatment, I have of late had recourse to remedies on which I could place more reliance. In other forms of cutaneous disease, as little success attended its use. In one of the two cases of eczema it did no good, and made the patient sick; in the other, the patient got worse under its use. In the case of lichen, some slight temporary improvement was effected; in that of acne no advantage whatever accrued. I should feel disposed to give this remedy, as well as the urtica, a much more extended trial if any facts could be brought to my knowledge which would justify such a course.

Cod-Liver Oil.—I had never heard that Cod-liver Oil had been found extensively useful in skin diseases, (excepting those of strumous origin,) until I happened to meet with the widely-circulated observations of Dr. De Jongh. Although some of the cases detailed by him are far from satisfactory, and calculated to excite a suspicion that there is a considerable bias in favour of the oil recommended by the writer, as being an article of commerce, yet I resolved to put it to the test of experiment, and I have now prescribed it in about 120 cases of skin disease. It is bare justice to Dr. De Jongh to say, that the success attending its use in dispensary practice fully satisfies me that he has not exaggerated its value. It is not possible for me to form an accurate estimate of the comparative merits of the different fish-oils in the market; but to avoid the chance of adulteration, and to secure uniformity of quality, I have invariably prescribed, in the cutaneous cases herein alluded to, the oil sold in bottles with Dr. De Jongh's seal upon them.

In tubercular affections, as might be anticipated, the most good resulted from the oil. I will first specify a few cases, and afterwards give a general account of the whole.

ACNE.

Case 1.—*Acne Indurata.*—S. W., a middle-aged single woman, of constipated habit, had been disfigured with the larger and deeper-seated tubercles of acne indurata for twenty years. Her face was literally covered with them, and her shoulders were sometimes similarly affected. She improved slowly under arsenical treatment, which was continued for nearly three years; but the disease did not get well, and the medicine began to disagree with her. She had a slight sanguineous discharge from the bowels, which might have been occasioned by the drastic purgatives required to keep her bowels open. She also lost flesh, and complained of a troublesome cough. She now desisted from the arsenic, took the cod-liver oil in teaspoonful doses thrice a-day for a month, and at the end of that period, her health was greatly improved, she gained flesh, and no fresh tubercles had become visible in the face after the first week of this treatment.

Case 2.—*Acne Indurata.*—H. C. This was a very similar case to the above, except that the patient was married, though without family, and had only suffered with the disease for two years. There was, likewise, more regular pustulation, and the tubercles were more superficial. She was troubled with occasional head-aches, and menstruated very irregularly. She was treated variously for fourteen months, according as her symptoms varied, and with considerable improvement in the

local disease; but by far the most marked improvement was observable under the cod-liver oil, which she has now taken in small doses for two months. There were no indications of a strumous habit about this patient.

Case 3.—*Acne Rosacea.*—W. P., aged 48, temperate and otherwise healthy, had been disfigured for two years with an eruption of red tubercles on his nose and face, with patches of red pimples on other parts of his body. He improved slowly for six months under arsenical and purgative medicines, but recovered much more rapidly when the use of the cod-liver oil was added to the other treatment.

Case 4.—*Acne Rosacea.*—W. R., aged 46, a healthy subject, had been also suffering for about two years from a red eruption of tubercular character on the nose. He took the oil for a fortnight only, with no other medicine, and there was, in this short time, a decided improvement in the disease. He then absented himself, and the result is not known.

LUPUS.

Lupus is a comparatively rare disease. It appears in two forms: the ulcerative (lupus exedens) and the non-ulcerative (lupus non-exedens). Both begin insidiously, and generally deceive both patient and surgeon into the opinion that there is nothing serious or permanent, either in that little scab which covers a minute ulcer—which ulcer, left to itself, will assuredly spread till it has destroyed every feature of the face, if the patient lives long enough—or in that little dull red patch, covered with a thin scale, which, left alone, will spread over the whole face and neck. Every therapeutic fact connected with a disease which is seldom cured, and as seldom kills, but makes life miserable, must be acceptable to the Profession. Arsenic is the only remedy for lupus exedens yet acknowledged by the Profession. A barbarous practice once prevailed of applying arsenic locally to the ulcer. This gives great and long-continued suffering, and does no permanent good. It does good so long as the arsenic is being absorbed into the blood, and no longer. I have demonstrated, in my work on the Skin, that it may be administered internally so as to destroy the disease. In lupus non-exedens, this is not so sure a remedy.

Case 5.—*Lupus Exedens.*—J. W., a widow, aged 67. Has suffered from lupus exedens fifteen years. She applied at the Dispensary for Diseases of the Skin, after being under various treatment.

February 6, 1855.—She is in good condition, but not in good health. There is no reason to suspect a syphilitic taint. She has a large family, all healthy, and never had any genital disease. But her nose is gone, and the place it occupied is covered by an ulcer. The soft palate is also ulcerated, and the disease has extended to the bones. Part of any fluid which is swallowed is returned by the nose. There is no offensive odour, except once a month, corresponding with the menstrual period. The catamenia ceased when the disease commenced, at the age of 52. She took the cod-liver oil alone for five or six weeks, at which period she could swallow better, and there was a great improvement both in her general health, and in the appearance of the ulcers.

March 13th.—Continue the oil, and take liq. arsen. chlorid. ♏ x. ter in die, with an aperient pill at night.

April 7th.—A piece of bone has exfoliated from the nose. Continue the medicines.

May 1.—The conjunctiva membrane inflamed; eyelids puffed; sore on nostril looks less healthy. Discontinue the arsenic; persist in the oil.

June 5.—Much better; health improving. Continue.

August 28.—Very much better; external sore healed.

Case 6.—*Lupus Exedens.*—M. R., aged 22, single. A disease which commenced twelve years ago in the nose, now occupies the whole face, which is more or less scarred and ulcerated in almost every part, the non-ulcerated portion being red, hypertrophied, and slightly scaly. Her nose is nearly eaten away, flattened and misshapen, and a face evidently once handsome and delicate presents a most frightful and repulsive appearance.

June 19th, 1855.—Health very good; bowels rather constipated; catamenia regular; the face worse at these periods. The usual dose of chloride of arsenic was prescribed for her, with some compound rhubarb pills.

26th.—Complains of shortness of breath; face puffed. Discontinue the arsenic. Continue the pills, and take a teaspoonful of cod-liver oil thrice a day.

August 28.—She has persevered regularly for two months, taking no other medicine, and using no other means of recovery. The ulcers are all healed; the face less swollen, and less angry-looking. Health good.

In the former case the arsenic was given in conjunction with the oil, and might be said to have shared the credit of the cure. In this case the oil alone appears to have been happily the means of benefit; I say happily, because nothing would rejoice me more than to find, in any case, an efficient substitute for arsenic.

Case 7.—*Lupus Non-Exedens.*—G. K., aged 54. A tubercular disease commenced in the face when he was only two years of age. It has now extended into the neck, and palms of the hands. The mucous membrane of the mouth and tongue is also affected. After taking the oil for a fortnight, there was a marked improvement.

The progress of lupus is so extremely slow, that I am by no means disposed to draw any general conclusions from temporary improvement; but enough has been said to justify a long and persevering trial of this harmless remedy. I have occasionally applied it locally to the non-ulcerated cases, and I think with benefit.

There is no cutaneous affection in which the cod-liver oil has proved more effectual than in *sycosis menti* or *mentagra*; but the account of this must be deferred to the next paper.

Alfred-place, Bedford-square, Sept. 3, 1855.

ON METHODS OF DIAGNOSIS.

By THOMAS WINDSOR,
Late House-Surgeon, Manchester Royal Infirmary.

Case 1.—On February 23rd, 1854, I saw with my friend Mr. Marsland, of this city, an elderly woman, residing in Ancoat's-lane, of intemperate habits, who, seven weeks previously, had fallen down some steps, striking the back of her head; some little time after great dysphagia came on, and the head became twisted towards the right shoulder.

Present state.—Torticollis; head twisted towards right shoulder; dysphagia, with absolute impossibility of swallowing solid food; difficulty in swallowing liquids; sensation of choking, and spasmodic contraction of the palate on passing the finger to the back of the mouth; pharynx painful to pressure; violent pain referred to upper part of neck on motion of the head; constant, deep-seated, aching pain referred to left side of neck, where also there seems some slight, indistinct swelling.

The pulse is perfectly calm, rather slow; the intellect unaffected; there is no paralysis; liver somewhat enlarged; all other organs apparently healthy.

Remarks,—This might be a case of

(*a*) Idiopathic paralysis of pharynx, etc.;
(*b*) Cerebral disease (inflammatory);
(*c*) Disease (inflammatory) of medulla oblongata or spinalis;
(*d*) Vertebral fracture;
(*e*) Subluxation of one of the cervical vertebræ;
(*f*) Idiopathic spasm of pharynx, etc.;
(*g*) Sprain (*entorse*) of some of the vertebral ligaments.

(*a*) Idiopathic paralysis may be at once excluded, for she swallows liquids more easily than solids; there is a sensation of choking, an apparent spasmodic action on swallowing, or when the finger is passed to the back of the mouth.

(*b*) Cerebral disease: this we may exclude, for the pulse is calm, the intellect is unaltered, there is no paralysis, etc.; and for similar reasons we exclude

(*c*) Disease of medulla oblongata or spinalis.

(*d*) Vertebral fracture: this we have no reason to believe, for she fell on her head; again, there is no paraplegia; no acute inflammation of spinal cord; and, lastly, no displacement of the vertebræ could be detected.

(*e*) Subluxation of cervical vertebræ: if it were this, we should find the spinous process of the luxated vertebra changed in position, the face turned towards the opposite side from the luxation; it is probably not this, for the head has become somewhat straighter, and certainly not, if she could straighten her head immediately after the accident (a).

(a) This I could not ascertain with certainty. I have thought it better, however, to preserve the remark, as it shows, to a certain extent, how a diagnosis is sometimes decided.

(*f*) We have no reason to consider this as an idiopathic spasm of the pharynx; and again, that would not explain the torticollis: consequently, there remains, (*g*) Sprain of some of the vertebral ligaments, the principal symptoms of which are pain and difficulty in the movements of the head and neck; deglutition sometimes difficult and painful, owing to proximity (b)—all these she has. Again, what are the secondary effects of a severe sprain, say of the ankle-joint?—dull, deep-seated, aching pain; œdema; difficulty and pain in movements; followed not unfrequently by caries of bone, and destruction of the joint. Such are the symptoms there;—what should we then naturally expect in the neck? Obviously, deep-seated pain; effusion into surrounding parts, pressing upon, or irritating important nerves; pharynx painful, probably slightly swollen, etc. etc.

Again, what are the nerves affected? Evidently the spinal accessory and pneumogastric. Now, the spasmodic affection of the spinal accessory is generally a symptom of an inflammatory affection of the cervical vertebræ, (*vide* Romberg on diseases of the nervous system,) and the spasm of the pharynx may be explained as a reflex action, caused by the irritation of the pharynx consequent upon the inflammation of parts immediately behind.

Diagnosis.—Sprain, followed by inflammation of some of the vertebral ligaments. March 8th.—Mr. Marsland informed me that she was worse; the dysphagia, pain, and swelling have increased.

Post-mortem examination.—March 22nd, about thirty hours after death:—

The head could, without any difficulty, be placed perfectly straight.

Pharynx healthy, no pus between it and the vertebræ; larynx perfectly healthy; cricoid cartilage partially ossified.

Anterior atlo-axoid ligament destroyed; commencement (for about an inch in extent) of anterior common ligament, dark, black, pultaceous.

The odontoid process and body of the axis, red, vascular; the point of junction between the two apparently almost carious, the knife passing through it easily, and feeling as if it were passing through cartilage containing bony spiculæ; the cancelli there much enlarged, filled with almost black matter, somewhat like coagulated blood.

Transverse ligament white, perfectly healthy; articular surfaces of the oblique processes perfectly healthy.

Considerable quantity of spinal subarachnoid fluid; spinal cord healthy.

Pneumogastric nerves apparently healthy; lungs and heart healthy; liver enlarged, somewhat granular.

Remarks.—This case is interesting owing to its rarity and importance; I have met with no English account of it. In the *Medical Gazette*, Vol. XIII. p. 572, 1834, is a translation of one of Dupuytren's clinical lectures, in which we may notice Case V.: "Tumefaction of the Intervertebral Ligaments of the Cervical Region, etc." J. B. F. Léveillé (c) gives a rather lengthy account, and quotes several cases, which he considers examples of this affection. MM. Denouvilliers and Gosselin (d) say, that "since death does not occur in these cases, there has been no opportunity of describing exactly the anatomical lesions; but the experiments of M. Bonnet show us in what they consist—rupture of the rectus capitis anticus major and longus colli; rupture of the anterior and posterior vertebral ligaments of the intervertebral disks: such are the results, which have been often noticed by this observer, occasioned by forced movements of the column at points where the vertebræ had neither been fractured nor luxated. This disease has generally a favourable termination; still it is common for the pain and difficulty of motion to continue many weeks or months. Sometimes it has originated suppurating osteitis: MM. Léveillé and Bonnet have seen cases; but perhaps the patients were constitutionally predisposed to that complication."

We have not considered fracture without displacement; because it is an injury which we have no means of diagnosing, and, *per se*, is of little importance.

Case 2.—April 28th, 1853, I was called to W. P., aged 9, of choleric temperament, of nervous disposition; with dark hair, bright sparkling eyes, clear pale skin, etc.

He had been employed as an errand-boy in a blacksmith's shop, sometimes having to carry considerable weights. Thirteen days since he went to his work, but soon returned, complaining of the lower portion of his right thigh, which has since become more painful, and rather swollen.

Present state.—Right leg bent on thigh, immovable (owing, apparently, to the pain caused by motion); on comparing it with the other, bent at the same angle, and in the same position, we notice that it is somewhat swollen; this swelling feels tense, but is unequal in consistency, being harder at some parts than others, and extends up the back of the thigh nearly as high as the trochanters; no œdema; pressure much increases the pain; very doubtful feeling of fluctuation; skin natural; pain of a burning sensation; knee-joint healthy; hamstring muscles rigid, contracted; tongue white, furred; appetite not very good; face flushed at times; sleeps badly; pulse full, strong, and rapid; complains of a little pain about scrobiculus cordis; bowels open.

Remarks.—Now, the acuteness of the attack, and the febrile symptoms, sufficiently demonstrate, that we have to do with an acute inflammation of one or more parts contained in the popliteal space; these parts are skin, fascia, muscles, cellular tissue, glands, vessels, nerves, periosteum, and bone.

We see at once that no affection of the popliteal nerves or vein would account for the symptoms. If it were an affection of the artery, from its extent it must be diffused aneurism; but then, in this length of time, it would have caused gangrene of the leg, typhoid symptoms, etc.

From osteitis and periostitis, it is distinguished by the local character of the swelling, the absence of œdema, etc.

Inflammation of the skin and fascia alone is obviously inadmissible. Hence we conclude that acute inflammation has attacked the cellular tissue of the whole space between the outer and inner hamstrings; and, since the swelling feels indistinctly lobulated, it is not improbable that the glands are affected; as to the muscles, it is probable that they are also involved, for the cause was apparently a sprain, and thus we could account for the contracted muscles, etc.

Diagnosis.—Inflammation of the cellular tissue under the popliteal fascia, and between outer and inner hamstring muscles; complicated, probably, with inflammation of the glands, and possibly of the muscles.

May 10th. No fluctuation could yet be felt; but feeling confident of my diagnosis, and that, from the length of time, pus must have formed, I opened it, and a large amount of tolerably healthy pus was evacuated.

May 25th.—The abscess still discharged, but he could extend his leg more, and is in all respects much better. He ultimately recovered.

Remarks.—This case shows, to some extent, how a knowledge of the anatomy of a part may sometimes be employed in diagnosis. As to the affection itself, I copy the following remarks from a clinical lecture by M. Velpeau (e), who says: "Abscesses are formed in this part, as in every other under the influence of various causes. Some are subcutaneous, and as they do not differ from those formed in other parts of the body, we will pass them without remark; but others are situated deeper, and frequently are very difficult to recognize, because of the thick layer of different tissues which separate them from the skin; and it is impossible, before a certain period, to form a precise diagnosis"—and concludes by stating, that "what we have said upon abscesses of the popliteal space is sufficient to prove that these purulent collections differ essentially from all those situated in other parts of the body, and that they merit, whether from their serious nature, or from the difficulty of diagnosis, all the attention of the Surgeon."

Case 3 (f).—"Muscular relaxation having been attained by means of chloroform, it became easy to determine that there was no fracture of the clavicle, nor of the acromion, nor of the spine, nor body of the scapula, nor of the head, nor tuberosities of the humerus. When, with one hand we fixed the external angle of the scapula, and with the other moved the head of the humerus, using the arm as a lever, we determined no crepitation; but when, on the contrary, we seized this angle with the right hand, placing the thumb behind, and the index finger in front, over the coracoid process, so as to embrace the neck of the scapula, while with

(b) Compend. de Chir. Prat. V. II., p. 663.
(c) Nouv. Doct. Chir. Paris, 1812. T. II., p. 3 and 5.
(d) Compend. de Chir. Prat. (*Loc. cit.*)

(e) M. Velpeau, Clinical Lecture on Abscesses of Popliteal Space, *Medical Times*, Vol. IV. p 289, to which I must refer those who wish for a detailed account of their causes, varieties, prognosis, and treatment.
(f) M. Maisonneuve, Gaz. des Hôp. 2 Avril, 1853.

the left hand we fixed the rest of the bone, the least motion sufficed to obtain distinct crepitation."

Diagnosis.—Fracture of neck of scapula.

Remarks.—This case is interesting not only for its extreme rarity, its possiblity having been denied by some writers; but more especially to us, for the method of diagnosis, the use of chloroform, etc.

Case 4.—(g) "Mavant remarked, for the first time, when nine years of age, a tumour situated on the left side of the neck, some centimetres below the mastoid process. This tumour, of the size of a little nut, hard in consistency, indolent, and movable, at first grew slowly and regularly, so that, four years later, it might have the dimensions of a pigeon's egg. At that time, leeches and emollient cataplasms were applied. This treatment, according to the patient, induced a notable increase of the tumour; however, its growth was always slow, and it continued indolent. From the age of twenty years, he perceived there a murmur, (*bruissement*,) especially when lying on his left side. Four years since, it had the size of a fist; since then it has increased more rapidly. At the present time, there is on the left side of the neck a tumour, of which I shall now mention the principal characters: ovoid in form, extending from the jaw to two centimetres above the clavicle; its large extremity directed upwards, extends from three millimetres outside the median line to beyond the mastoid process, thus passing along the lower border of the jaw, beyond the angle of which it extends, raising the lobule of the ear. Measured with the *compas d'épaisseur de Mayor*, it presents a vertical diameter of 32 centimetres, and a transversal of 30 centimetres; its thickness is 6 centimetres 6 millimetres. Well circumscribed, it presents to the touch a slightly lobulated surface; it is elastic, softest at its postero-superior part, not allowing us, however, to feel there any distinct fluctuation. It seemed adherent along the whole extent of its deep surface. It is not the seat of any bruit, nor of any other motion than that communicated to it by the pulsations of the common carotid, lying along its anterior border. By compressing above the inner extremity of the clavicle, we see over its centre the external jugular, but cannot clearly find the internal jugular. The compression of the carotid has no influence over the size of the tumour. The sterno-mastoid muscle is stretched and spread like a membrane over its superficial surface. The integument covering the tumour does not adhere to it, and is perfectly healthy. Respiration, deglutition, and circulation, do not seem in the least impeded by it. The larynx, though partially covered by the tumour, enjoys all its movements. Mavant is in good health; he has never, according to his account, been ill. We find, however, below the mastoid process on the right side, a gland enlarged to the size of a little nut."

"*Reflections.*—These tumours only presented to the touch and auscultation the motion and bruit of the carotid arteries, lying on their superficial surface; moreover, at their origin, they were hard in consistency. These symptoms would suffice to distinguish them from aneurism, and even from an erectile tumour, an error which has been committed(h). The age of the patients, the absence of pain, and of every cachectic symptom, the very slow progress of the disease, the preservation of the integument in its normal state, the mobility and distinct circumscription of these tumours, were sufficient reasons for separating them from cancer, either scirrhus, encephaloid, or fungus hæmatodes.

"The tumours being clearly circumscribed, and appearing to me to fluctuate, I presumed that they were not composed of fat, nor of fibrous nor fibro-plastic tissue.

"Dermoid cysts are not formed below the sterno-mastoid and carotid vessels; they are more superficial.

"Chronic abscesses could not become so voluminous, without having been the seat of some pain, and without the skin covering them becoming altered; although their progress is slow, could they exist from thirteen to twenty-six years without opening?

"If fluctuation had been clear, I should have had to decide about the existence of a serous or sanguineous cyst. Analogy inclined me to diagnose an extra-thyroid sanguineous cyst. I announced to my hearers this provisional diagnosis, and I told them that if this tumour did not contain fluid, I should have to treat a fibro-plastic tumour of the neck."

M. Michaux then made an exploratory puncture, and it proved to be a sanguineous cyst.

The preceding cases may, perhaps, sufficiently exemplify a method of diagnosis which is often useful in difficult cases,—the method by exclusion, a method which all who have followed M. Velpeau's clinical lectures will remember. But to be more methodical, we have to consider, What is Diagnosis? What must we know before we try to diagnose? What are the uses of method? The methods of diagnosis? Their employment: when and how to be used? The influence of diagnosis on the prognosis and treatment?

What is Diagnosis?—This word is employed in at least two senses; to signify a thorough knowledge of a disease, and also the intellectual process by which we arrive at that knowledge; considering it in the latter sense, we may say that Diagnosis is that intellectual process which leads us from signs and symptoms of disease to a knowledge of the diseases themselves, instructing us as to their nature, place, and name, in the living being, and thus forming the only rational basis to the great art of Medicine.

What then is its use?—To know the nature and situation of any particular disease in actual practice. How should we proceed to gain that knowledge? Obviously we examine our case most carefully; we collect all the signs, symptoms, etc., that we are able; we scrutinize the history; we employ percussion, auscultation, the microscope, chemical tests, etc.; and by those means we obtain a certain amount of facts, dead, brute facts, so far, to work on; and then we diagnose, we arrange our facts, we reason on them, we compare them with the descriptions of disease in various works, and with what we ourselves have seen, and by their similarity or otherwise, determine the nature and situation of the disease; we give it a "local habitation and a name;" it is no longer a mere phantom, we are no longer guessing, we no longer think it may be this or that; no, our mind is settled, we see clearly what disease it is.

What must we know before we diagnose?—Rostan (i) has shown, that to diagnose justly, three points are indispensable; 1st. Symptomatology, or the knowledge of symptoms; 2nd. Semeiology, or the conversion of symptoms into signs; and 3rd. The knowledge of the characters of particular diseases, or special diagnosis, as he terms it.

Of what use is method in Diagnosis?—Its great advantages are: 1st, to lead us by the shortest and safest path, and 2nd, to bring conviction to our mind. This question may appear to some men trivial; yet does not the absence of method, to a certain extent explain the empiricism, etc., so largely prevalent in this country? Students are taught the A B C (signs of disease), but never reach their use, the combination of them into words; thus they are taught that crepitus, pain, etc., are signs of a fracture, but they are not shown how to pass further, how to make use of these signs to learn the nature and situation of a fracture; and hence how frequently, even experienced practitioners fail in diagnosing fractures in the vicinity of joints, simply because they follow no method; they try to solve a mass of problems collected together, instead of eliminating a certain portion, and thus reducing the question to its simplest and easiest form.

What are the methods of Diagnosis?—1st. The method of exclusion, the method of elimination, or the indirect method. 2nd. The *à priori* method, or the direct method. The former takes the whole of the diseases, to which any given case bears some resemblance, examines them one by one, dismisses them from contemplation when they are seen to be inapplicable, and thus gradually reduces the question to its simplest form; the latter at once compares the case with the disease which it most resembles, and is, of course, in the cases to which it is applicable, the readiest method; thus in a case to which you have previously seen others similar, the mind at once perceives a certain resemblance; you compare the two instinctively: they agree, and you conclude them to be identical; this occurs in such cases as wounds of parts exposed to view, ulcers, etc., and this is the method that most men employ or think they employ, for without apparently knowing it, they use, imperfectly, it is true, the former method of elimination, that is, they compare the disease not only with what they think it is, but also with what they think it might be.

(g) Note additionnelle à une communication relative à l'hématocèle ou les cystes sanguins du cou. Par M. Michaux.—*Encyclop. des Sciences Méd.* Juin, 1853. *Archives de la Méd. Belge.* P. 211.

(h) *Vide* the thesis of M. Voillenier. P. 30.

(i) M. Rostan. *Corres. de Méd. Clin.* T. I. P. 97.

Practically there are, and can only be, two methods of diagnosis; for let *a* be any disease, whose diagnosis we wish to determine, and let A B C . . . . X Y Z be the whole of the diseases to which the human frame has been, is, or ever will be, subject, it is obvious that *a* must be one of these terms; to determine which, we can either commence by comparing *a* with the term it most resembles, the direct method, or with the term it least resembles, the indirect method(j).

When should these methods be respectively used?—Where the disease is exposed to view, in ulcers, burns, wounds of bloodvessels, etc., or generally where the symptoms of a disease are very clear and well understood, or where the practitioner is treating a case similar to others, of which he has seen a large number of examples, the direct method is obviously all that is required; but in doubtful cases, in deep-seated tumours, in fractures near joints, etc., or generally in cases where the symptoms are not very clear and defined, or of which the practitioner has not seen examples, the method of exclusion is more applicable.

What is the influence of Diagnosis on the prognosis and treatment?—As we have already stated, the object of diagnosis is to know the situation and nature of a disease, the two most important points; but this is not sufficient to treat a case well; we must consider the age, constitution, etc., of our patient. In many cases we form a provisional diagnosis; we decide that our case is one of two things, and then a puncture, an incision, etc., will often decide the matter; sometimes the microscope will assist us, sometimes chemical re-agents: thus B. Cooper has pointed out, as means of diagnosis, the large amount of phosphate of lime in pus connected with diseased bone, the presence of urea in the fluid of fistulæ connected with the urethra, etc.

In many cases, again, we are obliged to act on probabilities, without feeling perfectly certain about the exact diagnosis. Thus, for example, we may have vomiting, with a tumour resembling a hernia, etc. It may be peritonitis, it may be some mechanical obstruction, or the tumour may be an enlarged gland, etc. We are unable to satisfy ourselves about the nature of the case; our diagnosis is doubtful; shall we do nothing? No; experience says, "Operate at once;" still our first object should always be to arrive at as full and satisfactory a diagnosis as possible.

A. Bérard (k) so well describes the dangers the Surgeon runs in diagnosing, that I translate the following passage:—"In whatever manner he may have arrived at a suspicion of the nature and seat of diseases, the objects of his search, the Surgeon cannot definitively fix his diagnosis, save by the comparison of his cases with those which are more or less analogous. Here he finds two paths almost equally dangerous, and runs the risk of error if, in this intellectual operation, he attaches himself too exclusively to the resemblances or differences of objects. The first proceeding may lead to error, by inducing him to regard as similar or identical two affections, which, however, have only a few points of similarity; the second leads to uncertainty, by making him not recognize analogies sufficiently evident to legitimize the establishment of the diagnosis. If we reflect a little, we shall find in these two tendencies of the human mind, tendencies opposed to one another, and whose influence upon the sciences and philosophy Bacon has so well pointed out, the explanation of the rash decisions and unreflecting conduct of some Surgeons, as well as of the hesitation and excessive timidity of others. It is to guard against these two equally fatal excesses that all who wish to practise Surgery with distinction and success should apply themselves. 'Maximum et velut radicale discrimen ingeniorum, quoad philosophiam et scientias, illud est; quod alia ingenia sint fortiora et aptiora ad notandas rerum differentias, alia ad notandas rerum similitudines. Ingenia, etiam constantia et acuta, figere contemplationes et morari et hærere in omni subtilitate differentiarum possunt; ingenia autem sublimia et discursiva etiam tenuissimas et catholicas rerum similitudines et agnoscunt et componunt. Utrumque autem ingenium facile labitur in excessum prensando aut gradus rerum aut umbras.'—*Novum Organum*, etc. Lib. I. Aph. 55.)"

(j) Perhaps, in reality, the direct method is included in the indirect, for if any one refers *a* to A, it is not from chance, which is obviously absurd, but because in his own mind, for some reason or other, he excludes all the others; hence, perhaps, one reason why old practitioners should excel younger ones in rapidity of diagnosis: they exclude more rapidly a larger number of diseases.

(k) Compend. de Chir. Prat. T. i. p. 36.

Summary.—I have endeavoured to show the nature of diagnosis, to prove that there are but two methods of diagnosis, and to explain when and how they should be used. So far as I am aware, no English writer has entered on this subject. A. Bérard (l) has pretty fully explained the methods but from him I more especially differ about their respective value. I conclude that, in difficult cases, it is best to employ the method by exclusion and if then we are unable to arrive at a satisfactory diagnosis, we must act on probabilities, following the dictates of experience.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

PHAGEDÆNIC SORE OF GLANS PENIS, EXPOSING THE CORPUS CAVERNOSUM.—TREATMENT BY MERCURIALS, AND IODIDE OF POTASSIUM.

(Under the care of Mr. LAWRENCE.)

The following two cases, which are from the notes taken by Mr. Morris, Mr. Lawrence's House-Surgeon, illustrate some important points in the treatment of syphilitic phagædena.

Edward Hoyland, aged 57, a stout, healthy-looking Irish man, a bricklayer's labourer, was admitted into Lazarus' ward, complaining of the severe pain caused by a sore on the penis. He stated that about a month previously, he noticed a small ulcer on the glans, just by the orifice of the urethra. He went to a Medical man, who gave him some medicine and a lotion to be applied to the sore, which got larger, and became rather painful. He continued, however, at his employment for three weeks, when the pain was so severe that he was obliged to give up work. He then kept at home for a week (still under treatment), but the sore continued to enlarge, and he had no rest either by day or night, on account of the pain. He then came to the Hospital.

On examination, there is seen an excavated ulcer on the outer part of the right side of the glans penis, which has taken away about one quarter of the whole glans. The surface of the ulcer is concave, and its edges are sharp, well-defined, and rather overhanging, as though the destroyed portion had been removed with a gouge; it is covered with a light-brown or tawny-looking slough, which extends on to the body of the penis, beneath the prepuce, and, seemingly, inwards also, between the corona glandis and the free margin of the prepuce; but this latter appearance is found to be due to an accumulation of filth in that part; the remaining portion of the glans is hot and swollen, and of a bright-shining red colour; the prepuce, also, is highly inflamed, and there could be felt a small circumscribed induration in it, which appeared to be involved in the phagedænic action. The parts generally were so painful, that it was necessary to have the patient held down in bed while the examination was being made. The glands of the right groin are indurated and enlarged. The patient has a good appetite, clean tongue, and natural pulse. It became a question whether it would not be advisable to slit up the prepuce, and expose the whole extent of the ulcer; but it was considered as well to try the effect of soothing measures for the night, and act according to the circumstances which might present themselves in the morning. He was ordered:—Lot. opii 0j. e. acid. nit. dil. 5j. pro lotione. Hydr. c. cretâ gr. ijss., ter die. Pil. saponis co. gr. v., omn. noct.

14th.—Has passed a very good night. He felt an increase of pain on application of the lotion, but this soon passed off, and he became quite easy, and slept well. A great portion of the slough has come away, leaving exposed a healthy surface, in the middle of which is seen a reddish body, which is found to be the extremity of the corpus cavernosum; the inflamed state of the parts has subsided to a great extent, and the patient can bear to have them touched without feeling much pain. The portion of the ulcer beneath the prepuce appears to be in pretty much the same state as it was yesterday. The patient has not effectually applied the lotion to it. Cat. panis, pt. pil.

(l) Comp. de Chir. Prat. (*Loc. cit.*)

18th.—Patient complains of pain which has disturbed his rest at night. He says the poultice gets dry towards the morning, and causes some irritation. It appears that he is a very unruly sort of person, and is continually getting out of bed during the night, and disturbing the dressing. He was ordered to apply the lotion again.

19th.—Slept very well, and feels much easier. The surface of the ulcer looks pretty healthy, but the inner edge is getting rather irregular in one or two places, where he feels a pricking kind of pain. There appears to be still a sloughing state of the part beneath the prepuce, which was now slit up, and the whole extent of the ulcer exposed. It was found to extend along the body of the penis to the base of the prepuce. The gums are slightly affected. Pt. lot. et pil.

21st.—The ulcer is not looking so well. There is increase of pain, and the sore on the glans is evidently extending, and the edges are more irregular, and have a whitish margin. This state of matters is entirely owing to the patient's obstinate conduct in continually meddling with the lint with which the sore is covered. The part of the ulcer on the body of the penis looks healthy. Ordered cat. panis. The poultice to be applied on a piece of linen, and then covered with oiled silk to keep it moist.

23rd.—The ulcer on the glans has increased to a very great extent; the white margin has increased in breadth, and in one part there is a black discoloration, about one-eighth of an inch in length The surface of the ulcer has very much extended, undermining the glans, as it were, in a direction backwards and inwards towards the corona. Its previous healthy appearance has now gone. It looks pale and flabby, and is covered with a thin sanious discharge. The patient's mouth being but slightly affected, it was determined to try the full effect of mercury, and he was ordered hyd. chlorid. gr. ij. c. pulv. opii gr. ss. ter die. Hyd. bisulphuret. ʒss. pro fumigat. n. et m.

24th.—The ulcer is rather worse to-day; it is somewhat larger, the edges more eaten away, and the discoloration advancing. The patient complains of the severe burning pain, which caused him to have a restless night, although he had an opiate. His health also is suffering, his appetite gone, and he has lost his previous healthy looks. The patient's mouth was rather more affected, and it was thought better at once to apply the opium and nitric acid lotion, in the hope that it would check the phagedænic action, and give the patient some ease. Ordered beef-tea, pt. lot. et pil.

26th.—The ulcer has not increased in size, but it still looks unhealthy. The pain ceased on the application of the lotion, and the patient has slept well for the last two nights. His mouth is very tender, and he complains of weakness and general lassitude. As there seemed to be no improvement in the sore under the influence of mercury, it was resolved to discontinue the pills, and to try the effect of potass. iodid. gr. iij., ex. ess. sarzæ ʒss. 6tis horis, and to continue the lotion. Porter 0j. daily.

29th.—The patient was rapidly improving under this treatment, the sore began to assume a healthy aspect, and the edges were beginning to lose their irregularity on the quantity of acid in the lotion being doubled (♏ xv.) There was no pain at all felt in the ulcer, the patient slept well, and his appetite improved. The reparative process was now looked forward to with much interest, when suddenly the man chose to leave the Hospital. The final termination of the case was, therefore, not known, but, in all probability, a rapid cicatrization would ensue.

PHAGEDÆNIC ULCER OF THE LEFT LABIUM. TREATMENT BY MERCURY.—RECOVERY.

(Under the care of Mr. LAWRENCE.)

January 1st.—Anna Flannigan, aged 24, a well-nourished, healthy-looking woman, was admitted, having an excavated ulcer on the anterior surface of the left labium, of an oval form, being a full inch in its long diameter. It was covered with a thin bloody discharge, its edges not elevated, and she complained of a very severe pain of a burning character in the part, which completely prevented her rest at night. There was another ulcer just below this on the inner side of the labium, circular in form, and presenting a healthy and slightly-depressed surface, and without induration around its edges. There was also slight induration and enlargement of the inguinal glands on the same side.

She stated that about a fortnight previously she had received a kick in the situation of the sore, but she was not aware whether there was any ulcer there at the time of the injury. The part, in a few days, became very painful, especially when walking about; this increased in size, and at last became so painful that it prevented her sleeping. She was ordered catapl. panis to be applied to the sore, and the pil. sap. c. op. h. s.

6th.—The sore has now become clean and presents somewhat of a healthy appearance. The pain has completely gone, so that the patient can sleep very well without the opium. The smaller ulcer is much reduced in size. The patient was now ordered hydr. c. cretâ gr. ijss. ter die, and lot. nigr. to the sores. Under this treatment the ulcer gradually filled up, and the induration and enlargement of the glands disappeared.

GUY'S HOSPITAL.

CASE OF PERITONITIS.—LARGE LOCAL COLLECTION OF PUS BETWEEN THE LIVER AND DIAPHRAGM SIMULATING EMPYEMA.

(Under the care of Dr. HABERSHON.)

The following case appears deserving of record, because it well illustrates one of the difficulties which may arise in distinguishing abdominal from thoracic disease—disease which exists above, from that which takes place below the diaphragm. This obscurity was more manifest at the later than at the earlier stages of the case, and the caution that is required in expressing an opinion where the previous symptoms have not been carefully observed, is well shown. The history and general symptoms were those of abdominal disease, but the day before death the symptoms so much resembled disease in the chest, that to some who only saw the patient then, the question was not whether the disease was thoracic, or abdominal, but whether it was pneumonia or pleuritic effusion. The observers referred to were those whose experience in the diagnosis of disease is held in very high repute, and the question remained in doubt till death took place. Dr. Habershon's opinion, however, continued unchanged, that the principal disease was abdominal. When, after death, there was hesitancy in allowing a post-mortem inspection, a large trochar was thrust into the chest on the right side posteriorly, and a gush of thick purulent fluid took place, which appeared at once to prove that pleuritic effusion of a seropurulent character had given rise to the symptoms and fatal result. A more complete examination showed the fallacy of this inference.

Martha W., a married woman, aged 38, who had resided at St. George's-in-the-East, was admitted into Guy's Hospital, into Clinical Ward, under Dr. Habershon's care. She had had two children, the last seventeen years ago; and menstruation had ceased for four months. She had usually enjoyed good health till six years ago, when she stated that she was ill for three months, with inflammation of the lungs. She had led by no means a regular life, having been in the habit of drinking considerable quantities of spirits, as well as of malt liquors. Seven weeks before her admission, she was thrown from a cart, and fell on the abdomen. Severe epistaxis came on, and pain in the abdomen, especially in the right iliac region. After that period, she did not feel well. Two weeks ago, after excessive intemperance, she was confined to her bed, complaining of great weakness, and frequent vomiting; pain at the scrobiculus cordis came on, and a day or two after she noticed that the abdomen began to swell.

She was a woman with an excited, somewhat anxious, countenance; complexion sallow; of moderate stature, and rather stout. She complained of sickness and pain in the right hypochondriac region, over the seat of the liver; the abdomen was moderately distended, resonant, without great tenderness; fluctuation could not be distinctly felt, nor could the liver be felt. There was enlargement of the superficial veins of the abdominal parietes. The tongue was furred in the centre, and there was loss of appetite; there was severe headache and slight cough. On examination of the chest, no disease could be detected, but the respiration was unusually feeble at the bases of the lungs, but distinctly audible, and without friction-sound. The bowels were open.

She was ordered:—1 grain of blue pill with 3 of extract of conium, night and morning, and mixture of carbonate and

sulphate of magnesia with tincture of henbane, three times a day. Beef-tea, etc.

July 20th.—The abdomen was increased in size; the respiration more excited and entirely thoracic; pulse frequent and small. Carbonate of ammonia, with solution of the acetate and infusion of serpentary, were given every six hours. Wine ʒiv.

22nd.—The patient in a more excited condition. Complains of pain in the region of the liver, but continually moves about from one part of the bed to the other; had scarcely any sleep; the tongue has brown fur in the centre, clean at the edges; respiration thoracic, 30 per minute; pulse 120, small and compressible; skin hot and moist; complains much of thirst, but has not had any vomiting since admission; the urine high coloured, but not albuminous. To apply a blister to the right side; continue the mixture, and take a grain of opium at night.

23rd.—She was ordered to take hydr. c. cretâ gr. iii., opium gr. ss., every night, and to continue the mixture. The symptoms as before.

24th.—The tongue more moist, but still brown in the centre. She had slept better; the bowels acted twice; but the respiration 40 per minute, and the pulse 130. The abdomen more distended, but tolerant of pressure. She complained of pain in the head. To continue the medicine, and take wine ʒvi.

25th.—More restless, and in greater pain. The bowels acted three times; bilious evacuations; respiration 40; pulse 150; at the base of the right lung there was dulness as high as about the fifth rib; and tubular breathing with loss of tactile vibration. To continue the medicine and apply another blister to the right side posteriorly.

She died the same evening. Inspection was made twenty hours after death; but a trochar was first introduced, as previously mentioned, between about the sixth and seventh ribs, on the right side posteriorly, and some pus evacuted. On opening the thorax, however, the pleura on both sides was found perfectly healthy. No adhesions or any effusion; there was, however, slight ecchymosis of the right pleura; the lungs were healthy; but the lower lobes were compressed. The diaphragm was much pushed upwards, on the right side especially, but not injured by the trochar. The heart was flaccid, partially decomposed, its weight 8 oz. In the abdomen the viscera were distended; the peritoneum, generally, slightly injected, and covered with very delicate layers of lymph, giving to it a greasy appearance; between some of the coils of the intestine, and in the pelvis, were collections of thin serous pus; between the liver and the diaphragm, however, were at least two pints of pus, bounded by layers of lymph, pushing the diaphragm high up on the right side, and somewhat depressing the liver. It was this collection of pus which had given rise to the appearance of thoracic disease, and which had been tapped after death. The liver was elongated, pale, friable, and irregularly mottled. Spleen soft. Kidneys soft and granular, the tunic adherent. The left ovary presented a cyst, about the size of an ordinary orange, and lined by false membrane. There were several tumours in the walls of the uterus, some fibrous, others calcareous in the centre.

The following are some remarks by Dr. Habershon on the peculiarities of the above case:—

Pain in the right side may arise either from inflammation of the pleura, or of the peritoneal surface of the liver, and sometimes distinct friction-sound is audible in the latter cases. Very severe pain is occasionally experienced in the side where no pleuritic rub is audible, on account of the diaphragmatic surface only being affected; and it is in these cases often exceedingly doubtful whether the pain arises from inflammation of the peritoneal surface of the liver, or the pleura, or neuralgic pain in the parietes.

In ascites, the thoracic viscera often become compressed by the great abdominal distension; the dulness extends for a considerable distance in both hypochondriac regions. I have seen the upper surface of the diaphragm, from this cause, reach the space between the second and third ribs. In the case detailed, the abdominal distension was not extreme, and till a short period before death, the abdomen was readily compressible; no fluctuation could be distinctly felt, still the dulness extended to the fourth or fifth ribs. This was explained by the limitation of the collection of pus by false membrane pushing up the diaphragm in a greater degree than it depressed the liver. The dulness was accompanied with loss of tactile vibration, and with tubular breathing; the pain in the abdomen was not general, but confined to the right side; but so convinced were some that the disease was thoracic, that it was only considered whether it was pulmonic or pleural, and the urine was examined as to the amount of chlorides, to see the value of that test in the diagnosis of chest disease. The chlorides were found to be abundant, but both pleura and lung were perfectly healthy. The history and the careful watching of the whole of the symptoms, the absence of any sign of disease at the right base, or of the thoracic viscera generally, when admitted, made this case more clear, than the examination, two days before death, could render it. A blow on the abdomen, in a woman of *very intemperate* habits, was followed by severe pain in the iliac region, and afterwards in the abdomen, but especially on the right side; there were vomiting and *great restlessness*. It was believed that peritonitis on the surface of the liver was associated with inflammatory congestion of that organ; and such, I doubt not, was the case. The effusion of low organized product took place afterwards, and its local confinement led to the appearance of disease of the pleura. Each case requires to be studied in its own peculiarities, and to be considered throughout its whole course.

The blow on the abdomen was the exciting cause of the inflammation in the neighbourhood of the ovary; and this was probably the cause of the general peritonitis. The peritonitis, however, was not accompanied with excessive tenderness of the abdomen, and the disease was more distinctly marked in the region of the ovary and of the liver. The symptoms were those of asthenic inflammation, and, it was evident, would not bear depletory measures. Mild doses of mercurials, with small doses of opium and ammonia appeared to be the most appropriate treatment. One grain of opium sufficed to give rest; but had there been evidence of the general character of the peritonitis, opium would have been given more freely. It is, however, in such patients as these, in whom the viscera have been injured, and the constitution impaired by intemperance that disease rapidly puts on a typhoid character, and in most cases terminates fatally. The case detailed is one which points out the facility with which disease of the abdomen might be mistaken for that of the chest, and it were possible that paracentesis abdominis might have been here performed, as it was in fact, after death, with the idea that the puncture was entirely above the diaphragm.

ST. MARY'S HOSPITAL.

ANGULAR CURVATURE OF SPINE.—TREATMENT BY IODIDES.

[Under the care of Mr. COULSON.]

Sarah A., aged 6 years, was admitted into St. Mary's Hospital, March 7th, 1855, under Mr. Coulson.

The family to which this child belongs are quite healthy, and reside a few miles from London.

The affection for which she is admitted appears to have been the result of an accident which occurred some months ago. She was climbing up the back of a chair, on which her sister was seated, when she fell backwards on the brick floor, and injured her back. Since that time she has not been able to walk well.

On examining carefully the condition of the vertebral column, there is seen to be a projection backwards of the spinous process of the seventh dorsal vertebra, together with the adjacent spinous processes above. The projection terminates abruptly at the seventh spinous process, below which there is no irregularity. There appears to be, in addition to the angular curvature, a slight deviation from the perpendicular, in the line of the vertebral column—lateral curvature. The spinal column is convex towards the right side of the dorsal region, and concave to the left. The right shoulder is elevated, the lower angle of the scapula three and a-half inches from the median line. On the left side, the lower angle of the scapula is two and a-half inches from the median line. There is no pain on pressure or gentle tapping. The mode of progression is peculiar: the patient walks in a very deliberate manner, and slowly; the great toes pointed upwards. She is unable to go faster than a walk.

Mr. Coulson ordered her to take a drachm of the syrup of

iodide of iron twice a day. The back to be painted with tincture of iodine at the situation of the projection.

April 3rd.—The child walks still badly, now and then stumbles. There appears to be an improvement in the condition of the back, as regards the lateral curvature. The line of the spinous processes is pretty nearly straight. The angular curvature continues in much the same state. The sensibility of the skin of the lower extremities is unimpaired. The child walks with the great toes pointed upwards, in the peculiar manner already alluded to. Her general health is good.

26th.—The child was discharged. The back had certainly become somewhat straighter, and the movements of the lower extremities were performed with more ease than before. The disease was, at all events, for a time arrested, and if the vertebræ do not again take on a diseased action, it is most likely that the child's condition will not become worse than it is now.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE YORK COUNTY HOSPITAL.

AN ENGLISH CRETIN.

During a visit paid a few days ago to the York County Hospital, our attention was directed by Mr. Hanbury, the House-Surgeon, to a little boy, the subject of the following case :—

T. H., aged 14, was admitted, on account of a large bronchocele, about six weeks ago. He is very short for his age, is of rather fair, but pale and earthy complexion, and of a quiet, apathetic expression of countenance. He is not destitute of intelligence, though very decidedly below par. Has been sent to school regularly, and has learnt to write fairly, but can scarcely read at all. He answers questions in a slow, hesitating manner, and can with difficulty be got to speak to strangers. His answer to the House-Surgeons, "Well, how are you to-day?" on approaching his bed, was, "My belly aches, and my breast is sore;" and this reply Mr. Hanbury informed us was the stereotyped one which he had received in exactly the same words every morning since the boy's admission. The abdomen is large and tumid, but there are no indications of organic disease either in it or the chest. The thyroid gland, although now much reduced in size by treatment, is still enlarged in all its proportions, to a degree quite perceptible to the eye. The arch of the palate is high and narrow, and the teeth have grown very irregularly. The muscles, generally, appear fairly developed, and feel firm to the touch. He can walk and run, but is not active. Appetite large.

The following particulars are obtained, in part from the father of the boy, and in part from a Surgeon who had often attended the family. Both parents were very short in stature, and, although neither was so deficient in mind as to approach imbecility, yet both were peculiar in temper, and by no means of vigorous intellect. The father is still living, the mother died of phthisis, with acute intestinal complication, about six years ago. Idiocy is not known to have ever shown itself in the family of either, nor is it certain that any relatives have ever had bronchocele. Both parents were born in York, and have lived there all their lives; they were in no way related before marriage. All their children, four in number, are delicate and ailing. The eldest was eight years old before he could talk, and as yet speaks but very imperfectly. The periods at which they have learned to walk have not been noticed as later than usual. The family, although poor, have never wanted necessaries; and the parts of the city, in which at different times they have lived, although lying low, are not notedly unhealthy. The father is a watchmaker by trade, but has of late followed the occupation of a street-hawker. The subject of the present case is the second son, and resembles in temperament his mother rather than his father. When aged six, he had a severe attack of erythema nodosum in both legs, and about two years later was laid up with an illness, of which no further particulars can be obtained than that it deprived him of the power of walking for several weeks. His father states that there was nothing else the matter than "that it took him off his legs." Since recovering from it, he has always been able to walk, and has not suffered any especial ailments until about a year and a-half ago, when the fulness in the neck was noticed as commencing.

One circumstance of interest occurred in the treatment of this case, mention of which must not be omitted. For the cure of the bronchocele Mr. Hanbury prescribed iodide of potassium internally, and the use of an ointment of iodide of mercury over the swelling. Under these remedies the gland rapidly diminished in size, but, unfortunately, a rather profuse ptyalism occurred. On the suspension of the treatment the mouth soon got well, and no constitutional injury appeared to have resulted.

We come now to the question, in what does the case just described differ from that of a Swiss crétin? To answer that satisfactorily we must attempt a definition of crétinism. The disease so designated differs from all the other forms of idiocy, in that it essentially involves the whole of the nervous system. Not only is the sensorium affected, but also the motor, the sensitive, and even the organic functions. Hence result not only a decrepid intellect, but various peculiarities in the nutrition of the body, among the most constant of which are: 1. Enlargement of the thyroid gland, constituting goître; 2. Stunted growth of the trunk and limbs; 3. Loss of muscular power, and consequent wasting of the limbs and tumidity of the abdomen; 4. A pale, earthy, colourless complexion; and 5. Irregularity of the teeth and high arching of the palate. If the disease have begun in very early life, whilst the cranial bones were soft, the head will become deformed, but, if not, it may retain an almost normal shape. Crétinism is always originally a disease of function; the other forms of idiocy are often, indeed mostly, the results of organic deficiency. Crétinism is often curable, the other forms of idiocy are susceptible only of palliative treatment. Crétinism is endemic and hereditary, in increasing ratio of severity, so long as the family live under the same circumstances which originally produced it; it generally affects in greater or less degree many individuals of the same family; idiocy, on the contrary, often happens in isolated examples to those whose relatives are of good mental and physical development. Idiocy is mostly congenital. Cretinism usually supervenes some years after birth. Now, bearing these features of difference clearly in mind, the reader will have, we think, no doubt remaining that the boy, whose case has just been described, is, in reality, a crétin. To enumerate the points in which he resembles that class, would be to repeat almost the whole narrative of his symptoms. It is true the disease exists only in a partial degree. His intellect, though weak, is yet a useful one, and he has fair power over his limbs. The early age at which bronchocele has occurred is, however, remarkable, for, in a recent visit (a) to Dr. Guggenbuhl's Crétin Hospital, near Interlachen, we did not notice any so young in whom that symptom had shown itself. Before leaving this subject, to which we propose before long to return, we may remark, that we do not record this case with any idea that it is an example of a very rare occurrence. Crétinism, in mild degrees, is, it is to be feared, much more frequent in England than is generally believed.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 35.—Logic applied to Medicine.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—I believe competent judges will admit that one of the most valuable books ever published on scientific investigation, is a "System of Logic, Ratiocinative and Inductive," by J. S. Mill. But this work, though its principles are as applicable to Medical, as to every other branch of scientific inquiry, has been very imperfectly brought before the Medical Profession. Hence, I ask your permission to furnish your pages with a few "notes" from such parts of it as bear more directly on Medical science, with the hope of thus drawing attention to the book itself. The present is an appropriate

(a) See the *Medical Times and Gazette* for August, page 117.

time, for Oesterlen's *Medical Logic*, of which a translation has just been issued by the Sydenham Society, is founded on it. Oesterlen says, in his preface: "Meine Führer sind ausserdem Männer vom Fach gewesen, Philosophen so gut als Naturforscher und Aerzte alter wie neuerster Zeit. Bei weitem das meiste, den eigentlicen kern und faden für meine Darstellung habe ich aber J. Stuart Mill's trefflichem Werke zu danken, und am ende mag das Folgende grossentheils nur als eine Anwendung seiner Lehren auf die besonderen Fragen und Gegenstände unseres Gebiets gelten."

Sept. 3, 1855. I am, etc. J. D. W.

"Truths are known to us in two ways: some are known directly and of themselves; some through the medium of other truths. The former are the subject of Intuition, or Consciousness; the latter, of Inference. . . . Examples of truths known to us by immediate consciousness, are our own bodily sensations and mental feelings. . . . Examples of truths which we know only by way of inference, are occurrences which took place while we were absent, the events recorded in history, or the theorems of mathematics. The two former we infer from the testimony adduced, or from the traces of those occurrences which still exist; the latter, from the premises laid down in books of geometry, under the title of definitions and axioms. Whatever we are capable of knowing must belong to the one class or to the other; must be in the number of the primitive data, or the conclusions which can be drawn therefrom. . . . .

"The province of Logic must be restricted to that portion of our knowledge which consists of inferences from truths previously known; whether those antecedent data be general propositions, or particular observations and perceptions. Logic is not the science of Belief, but the science of Proof, or Evidence.

"As the far greatest portion of our knowledge, whether of general truths, or of particular facts, is avowedly matter of inference, nearly the whole, not only of science, but of human conduct, is amenable to the authority of logic. To draw inferences has been said to be the great business of life. Every one has daily, hourly, and momentary, need of ascertaining facts which he has not directly observed; not from any general purpose of adding to his stock of knowledge, but because the facts themselves are of importance to his interests or to his occupations. The business of the magistrate, of the military commander, of the navigator, of the *physician*, of the agriculturist, is merely to judge of evidence, and to act accordingly. They all have to ascertain certain facts, in order that they may afterwards apply certain rules, either devised by themselves, or prescribed for their guidance by others; and as they do this well or ill, so they discharge well or ill the duties of their several callings. It is the only occupation in which the mind never ceases to be engaged; and is the subject, not of logic, but of knowledge in general. Our definition of logic, therefore, will be in danger of including the whole field of knowledge, unless we qualify it by some further limitation, showing distinctly when the domain of the other arts and sciences, and of common prudence ends, and that of logic begins.

"The distinction is, that the science or knowledge of the particular subject-matter furnishes the evidence, while logic furnishes the principles and rules of the estimation of evidence. Logic does not pretend to teach *the surgeon* what are the symptoms which indicate a violent death. This he must learn from his own experience and observation, or from that of others, his predecessors in his peculiar science. But logic sits in judgment on the sufficiency of that observation, and experience to justify his rules, and on the sufficiency of his rules to justify his conduct."—*Mill's Logic*. 2nd Ed. V. I. P. 6—11.

ANSWERS.

To Query No. 25.—Climate of Madeira.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—I beg to refer your correspondent to an excellent treatise on the subject which has recently appeared in Germany. It is, "Madeira, und seine Bedeutung als ein Heilort. Nach mehrjahrigen Beobachtungen für Aerzte geschildert." Von Dr. Ch. Mittermaier, Heidelberg, Academische Verlagshandlung, von S. L. B. Mohr. 1855. Or, "Madeira: its importance as a place for Invalids; described, after observations for several Years." By Dr. Ch. Mittermaier, of Heidelberg. 1855.

To give an idea how much information may be gathered from this valuable book of 200 pages, it will not be uninteresting to state in a few words its contents, which are as follows:—

1. Literature on the subject.
2. Physical and historical description of the island.
3. Madeira, a place for foreigners and invalids: quietness: equal temperature: warm winter: cool summer: pure air: constant weather: lodgings, food, etc. etc.
4. Meteorological observations (pp. 54-94): sea climate: steadiness of temperature: temperature at the different months: medium temperature of the different months: difference of temperature between day and night: temperature in the rooms: change of temperature between 9 a.m. and 6 p.m.: humidity of the air: clouds: dew: the north side of the islands: its comparison with other places: rain: pressure of the atmosphere: direction of the winds: land and sea wind: wind from Africa the most favourable: thunder storms: ozone.
5. Influence of Madeira upon diseases (pp. 95-158): acclimatization not necessary: the clime with respect to gout, rheumatism, scrofula, laryngitis, asthma, chronic bronchitis, emphysema, tuberculosis, etc.
6. Microscopical researches, autopsies, etc.

The learned author, who lived for several years on the island, has made his observations with so much minuteness and exactness, with such a degree of scrupulousness and judgment, that the Medical reader cannot fail to find in this treatise both interest and instruction. The work has already been very favourably judged by the German Medical press, and deserves the attention of the Profession in this country.

9th Sept., Bradford. I am, etc. E. Bronner, M.D.

To Query No. 29.—Bronchocele and Sea-air.

Sir,—Will you allow me space in your columns to return my best thanks to those of your readers who have kindly forwarded to me (privately) statements in reply to the question published in your Journal for August. For the information of any who may feel interested in the subject, I may state that my Correspondents' communications all support the opinion *that bronchocele is a disease of extreme rarity at the sea-side*. One gentleman, Mr. Miller, of Great Wakering, informs me that he has been in practice on the sea-coast upwards of thirty years, and has never seen a case of bronchocele in a resident in the district. My series of facts is not yet, however, so complete as I could wish it, on so important a subject, and I shall be extremely glad to receive any further information respecting it from such gentlemen as may be in possession of experience which they have not yet communicated. The Query, which I will here repeat, is, Does Bronchocele ever occur among sailors, fishermen, or others whose occupations or places of residence expose them freely to the influence of sea-air? I am, etc.

Jonathan Hutchinson.

33, Finsbury-circus, September 12.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 15.

METROPOLIS LOCAL MANAGEMENT ACT.

Appointment of Medical Officers.

Active preparations are being made for bringing into operation the Metropolis Local Management Act, by dividing the Metropolis into Districts, preparatory to the Election of Vestrymen and members of the District Boards. This arrangement will be followed by the election of members of these local Boards, who, although their term of office is to be limited, will give a character to the bodies they constitute, as a third portion only of each vestry and board is to go out of office yearly, and the whole are eligible for re-election. No

persons can be members of the vestry (except the churchwardens and the incumbent) unless they are rated at £40 a year; but this amount may be made up by any property they hold in the parish, if the rental of the house in which they reside should fall below that amount.

One of the most important functions devolving on these local bodies in reference to the Medical Profession, relates to the appointment of Medical Officers of Health; and as the subject is one of great importance, we beg to call attention to the clause (the 127th) in which provision is made for their appointment.

"Every Vestry and District Board shall from time to time appoint one or more legally qualified Practitioner or Practitioners of skill and experience to inspect and report periodically upon the sanitary condition of their parish or district, to ascertain the existence of diseases, more especially epidemics, increasing the rate of mortality, and to point out the existence of any nuisance, or other local causes, which are likely to originate and maintain such diseases, and injuriously affect the health of the inhabitants, and to take cognizance of the fact of the existence of any contagious or epidemic diseases, and to point out the mode of checking or preventing the spread of such diseases."

It will be seen that this law acknowledges the claim of the legally qualified Medical Practitioner in relation to the public health, and concedes his claim to understand matters of this kind better than the non-professional persons who have hitherto invaded the rights of the Profession. The Act is not simply permissive, it is compulsory, so that every Vestry and District Board "shall" appoint a Medical Officer of Health, and as many as the services of the parish or district may require.

If the Act is to be properly carried out, the duties of the Medical Officer will be very comprehensive, and the benefits which the public will derive from the full and zealous discharge of such duties will be of the highest value. The health officer must periodically send in his report on the health of the locality; making special reference to the existence of epidemics, which increase the rate of mortality, and which would authorize the General Board of Health to apply the Public Health Act—that rate being anything above twenty-three in a thousand. It will be his duty, also, to give directions that may tend to prevent the spread of disease; and he will confer the greatest benefit on the Metropolis, if he gives, for his particular district, directions as valuable as those which Mr. Simon gave for the City, and which were followed by the most beneficial results.

The duties of the Medical Officer will extend also to the important subject of ventilation in public buildings and lodging-houses. He is "to point out the most efficacious modes for the ventilation of churches, chapels, schools, lodging-houses, and other public edifices, and to perform any other duties which may be required of him." Considering the large amount and variety of disease which is produced by the neglect of a proper system of ventilation in public buildings and low lodging-houses, it is not easy to overrate the importance of that department of his duties which will claim the attention of the Medical Officer, while the subject will be found worthy of all the science and all the energy which can be employed.

The concluding part of the clause shows that much attention ought to be paid in the selection of respectable and intelligent men to constitute the bodies which are about to be formed:—"It shall be lawful for the Vestry or Board to pay every such Officer such salary *as they shall think fit;* and also to remove any such Officer at the pleasure of such Vestry or Board." People ought, therefore, to be selected for these Boards who have proper ideas of the remuneration due to Medical men of skill and experience, and who know how gentlemen should exercise the power with which they are intrusted.

In connexion with this subject we cannot help alluding to the sanitary condition of a part of the parish of St. Mary's, Islington, to which attention has been drawn by a letter in the *Times* of Wednesday last, and on which we publish three letters in our impression of this day.

It will, perhaps, be a matter of astonishment that no steps have been taken to abate the nuisances which exist in the midst of this crowded population; but those who know the limited authority of the Board of Health, and the difficulties thrown in the way of obtaining any legal redress in sanitary matters, will not evince any surprise at all. As to the ignorance of the Local Boards, it is now a matter of notoriety, and certainly the Trustees of Islington present no exception to the general rule.

In consideration of the materials out of which Local Boards are at present constructed, their faults of commission and omission may be passed over with contempt; but we grieve to find, from the letter of one of our correspondents, that a Mr. Ede, who, we understand, is a Medical man in Islington, has come forward to defend the horrible nuisances which are poisoning the neighbourhood and causing many respectable families to leave the parish. We confess that we cannot believe the truth of this statement, and will afford Mr. Ede every opportunity of disproving it.

To return, however, to our proposition, we may conclude by observing that the new Act, if fairly carried out, will afford a remedy for many of the existing evils. The limitation of the qualifications of vestrymen to those who possess property, or who are rented, to the amount of £40 per annum, will of course exclude altogether a great multitude of troublesome demagogues, who are the plague of parish vestries and of Local Boards in general; and although we do not altogether believe that a property test is the best that can be devised, yet we think that under existing circumstances it is perhaps the only plan which can ensure a moderate exercise of intelligence in the discharge of duties which require for their due execution no little science, skill, and good management. The property qualification is also some guarantee that in choosing Medical Officers of Health, the places will not be conferred upon the lowest bidders, but upon gentlemen of known character, integrity, and knowledge, and that a fair remuneration will be awarded for their services.

THE ARMY MEDICAL SERVICE IN THE CRIMEA.

The Memorial from forty-nine Surgeons serving with the Army in the Crimea, to which we referred in our last Number, and which we publish in the present, is an excellent and timely document. During a period of peace, when the Medical Service of the Army is not very prominently engaged, and when its merits are consequently overlooked, such a remonstrance as that to which we now allude would have probably received no attention from the Authorities; but now that the admirable conduct of the Medical Profession in connexion with our brave and devoted troops has elicited universal commendation, it is more than probable that Lord Panmure will show his willingness to redress some of the grievances which are here so clearly pointed out to his notice, and which certainly constitute very just grounds of complaint.

On one point, indeed, we conceive that the conduct of the Government is quite discreditable to the liberality of the British nation. We allude to the miserable pittance which is doled out to our Professional brethren, even when serving on the field of battle, and after arduous service in all climates of the globe.

"Some of us," says the Memorial, "after serving ten years in all climates on 7s. 6d. a day, and after twelve or thirteen years' total service, including two campaigns, are now in the receipt of 13s. per diem. When your Lordship considers our arduous duties by day and by night, our exposure to disease and battle, and the heavy responsibility of having so many valuable lives entrusted to us, we feel confident that you will frankly concede that our remuneration is not commensurate with our trust, nor the position we are expected to maintain; neither is it calculated to induce a sufficient number of men of the highest Professional attainments to enter the Army."

We have nothing to add to this just and straightforward representation, and we hope that the Government will lose no time in affording an adequate remuneration to the Army Medical Officers, and thus wipe away the stigma of meanness which now hangs upon the Executive in this particular.

While thus applauding the efforts made by this large section of our Medical brethren in the East, we cannot overlook the circumstance, that some of the expostulations contained in the Memorial strike at the very root of the present Medical military system; and that it is impossible to remedy existing defects without a thorough revision of the rules of the service. It will be observed that the Memorialists complain of the undue preponderance given to mere seniority, irrespective of fitness for duties; and that, in accordance with the spirit of routine which has evoked so much disgust, officers serving efficiently in the Medical Department, and who have made themselves thoroughly acquainted with the accidents and diseases of the troops, are often superseded by other Medical officers, slightly senior to themselves, arriving from England or its distant colonies, but who are necessarily inexperienced in the practical duties of a state of active warfare. The effect of such a wretched system of routine must necessarily be injurious to the Medical service, and even prejudicial to the welfare of the sick and wounded, whose cases are thus handed over from one person to another, without any reference to comparative zeal or efficiency, but in obedience to a mere "red-tape" arrangement.

Our only disagreement with the sentiments entertained by the Memorialists is on the subject of the introduction of the civil element into the Medical Staff of the Army. This introduction has taken place, as is well known, in order to obviate, in some measure, the evils to which this very routine system necessarily leads; and, as we originally advocated this novel feature in our military Medical organization, and have watched with interest the progress it has made, so do we now express our conviction that the principle is a sound one, and we entertain a hope that the Civil and Military elements will find their best interests to lie in a cordial co-operation, in a mutual interchange of good offices, and in united efforts for alleviating the sufferings of the patients confided to their common charge.

THE WEEK.

An Army Medical Officer in Camp, who writes to thank us for a late article on Civil and Military Medicine, says, "It is far from true to say that the Army Medical Officers keep the Civil Hospitals empty. These officers," he writes, "have nothing to do with the matter. The fact is, the demand for transports is so great, that, during the month of August, the sick ships had had, before the 28th, to make three trips each, and had conveyed from Balaklava to Kululee and Scutari 1955 sick. As long as there is space to spare in these Hospitals, the Admiral and Quartermaster-General object to the sick going further, and there is nothing unreasonable in their doing so. I regret that Dr. Parkes did not succeed in finding a site on the Bosphorus for his Hospital, as those there will be full to repletion, while others are comparatively empty."

Another correspondent alludes to the great sickness prevailing among the Medical men in Camp. More than 100 are either sick in Camp, or at the Hospitals. The prevailing disease is a form of low fever, to which new-comers are peculiarly liable. Mr. Percy Chapman, Surgeon, R.N., serving in the Naval Brigade in Camp, died last month of cholera. He was a general favourite with his colleagues.

A Medical Officer at Scutari writes as follows:—"The Assistant-Surgeons have sent home a Memorial, asking for better pay and allowances. The seniors are still deliberating over their demands. What we want is, increased pay for the juniors and some little increase for the seniors, with a very considerable improvement in the retirement, both as regards the period and the rate. The independence of the department must also be secured." When this is done, the services of well-educated men will be certainly obtained, and those who are now an honour to the department, instead of throwing up their commissions in disgust, will be glad to remain in a position which commands respect, and offers a fair hope of advancement at a tolerably early age.

A little pleasantry rarely comes amiss, and Professional facetiæ are too infrequent to be allowed to pass unnoticed. The two following sallies we record for the especial benefit of our grave dignitaries of Lincoln's Inn Fields, and Apothecaries' Hall. The *Moniteur des Hôpitaux* vouches for their authenticity and their recent occurrence. The scene of the first is a certain Examining Hall in Paris. A candidate having been asked by his examiner to state the opinions held by Stoll, respecting the employment of purgatives, made reply that, in the Cours de la Faculté which he had attended, he had never been taught the answer to that question. "Par Dieu, Monsieur," exclaimed the Professor, "if you have learnt only what the Faculty teaches, I can assure you you know no great things." The second is reported from Montpelier. A venerable examiner addressed a student thus: "You are aware, doubtless, that the spinal column consists of several pieces?"

"Yes, Sir, 70 or 80 I believe."

"Not quite so many, but no matter. Do you know how the pieces are kept together?"

"Yes, Sir, ... they are united . . . by . . . by, by a band."

"Good, but what do you call the band?"

"Sir, the band is . . . is called . . . is . . is . . is the vital principle!"

"Quite right, Sir; to be sure there are a few others, but they are quite secondary; and without the one you have mentioned all would be useless."

The melancholy suicide of a respectable Quaker lady at Peckham, adds another to the list of examples showing the extreme inexpediency of entrusting poisonous drugs to the hands of the public. There appears to have been no motive whatever for the deed. The lady "had lately been of a religious turn;" all of a sudden, according to her own avowal, "the devil tempted her to take poison;" some arsenic used by her husband as rat powder, was at hand, and she at once took a large dose of it. Almost immediately after the deed she recovered from her delusion, communicated the circumstance to her friends, and displayed much anxiety as to her condition and future prospects.

> "How oft the sight of means to do ill deeds
> Makes ill deeds done."

It is extremely probable that what this unfortunate lady ascribed to Satanic suggestion, arose simply from her own knowledge that a virulent poison was in her possession, and from the morbid feelings connected with it. She looked at the

arsenic, thought of its mysterious and fatal properties, and, in the diseased condition of her mind, closely following on these thoughts was the idea of suicide. Even taking another view of the matter, and supposing that the suggestion was in the first place spontaneous, there is every reason to believe that had the means not been so readily at hand, the disaster would never have occurred. The delusion was of such sudden occurrence, and so transitory in its possession of the mind, that had any difficulty been in the way of its execution, it would, most likely, have passed over without result. Of course no blame can be attached to the friends of the deceased. The practice of keeping poisons in the house is too common to permit of its being deemed culpable in individual cases. It is one, nevertheless, fraught with the greatest danger, and in which, as the common sense of the public has proved insufficient to prevent mischief, the Legislature ought to interfere.

The news from Renkioi is in every respect satisfactory. Dr. Parkes has pushed forwards the arrangements of his Hospital with his characteristic energy and zeal, and the result is, that the establishment is just ready for the reception of patients. The supply of good fresh water has proved, as expected, abundant beyond any possible demand, and the experience hitherto acquired, as to the sanitary advantages of the site, only confirms the opinion which led to its selection. The Hospital is expected very shortly to accommodate 3000 men, and has, in all probability, already received its first instalment. The little Hospital at Abydos, which at our last accounts was nearly empty, is to be given up to the French, by whom it is expected to be much increased in size and facilities for accommodation. It is gratifying to know that Dr. Parkes's Institution will be in readiness for the reception of its share of the numerous casualties which must have attended the recent successes of our arms.

The Reports of the Registrar-General for the two past weeks do not exhibit anything unusual. September in London is always an unhealthy month, at least it always yields a somewhat larger number of deaths than the three months preceding it. Taking this into account, we may consider the present as a healthy season. The belief that we shall, this autumn, be spared an outbreak of cholera is weekly strengthened by the decreasing prevalence of diarrhœa. Fever is somewhat increasing.

The appointment of Mr. Simon to the office of Medical Adviser of the Board of Health, which has just been officially announced, is one upon which the public is to be much congratulated. A more judicious selection could not have been made, and we have no doubt but that in his new post of more extended usefulness, Mr. Simon will exhibit the same ability and zeal which have hitherto marked his career. For once, at least, we have "the right man in the right place."

Dr. Cormack has definitively resigned the Editorship of the *Association Journal*, and he has written to Sir Charles Hastings, the President of the Council, to be relieved from the Editorial duties. We have hitherto heard of no candidate for the vacant appointment, but our advertising columns of this day invite aspirants to the thorny Chair. If the Journal is continued at all, it is to be hereafter called the *Journal of the Provincial Medical and Surgical Association*.

The contest for the Chair of the Practice of Physic in the University of Edinburgh rages more fiercely as the number of candidates, or supposed candidates, is diminished. Drs. Jenner and Neligan, whose names have been freely mentioned as aspirants to the vacant Chair, have both denied having made any efforts to obtain it. The principal candidates at present are Drs. Bennett, Laycock, and Wood, to whom Dr. M'Cormac, of Belfast, has lately been added. It has been rumoured that the Town Council contemplates some jobbery among the Medical Chairs in the University, and that a distinguished Professor in our Metropolis is to be invited to the modern Athens; but we think we know all the parties too well to believe in the gossip in question.

REVIEWS.

The Phasis of Matter: being an Outline of the Discoveries and Applications of Modern Chemistry. By T. Lindley Kemp, M.D. In two volumes. London: Longman and Co. 1855.

In this work, Dr. Kemp traces the history of the chemical elements which enter into the composition of the earth, and the living forms which inhabit it. He first gives an outline of Inorganic Chemistry, and of the Laws of Heat in its chemical relations; he then considers the composition of Mineral and Geological formations, and concludes by examining the chemical elements under the influence of life; or, in other words, the modifications impressed upon brute matter by being absorbed into the Vegetable and Animal Organisms. Although the subject is a somewhat trite one at the present moment, we are, nevertheless, happy to welcome Dr. Kemp's contribution to Chemical and Physiological science; and we must observe, that he possesses a very competent knowledge of his subject, and a great facility of lucid arrangement. To those who are not well acquainted with Chemistry, the "Phasis of Matter" will be a very instructive companion; to those who are, it may suggest some novel points of view for their consideration.

Meteorological Essays. By Francois Arago, Member of the Institute. With an Introduction by Baron Alexander von Humboldt. Translated under the superintendence of Col. Sabine. Pp. 504. London: Longman and Co. 1855.

The present volume of Meteorological Essays is the first of a series of proposed translations of the principal works of Arago. The subjects introduced are: Thunder and Lightning, which are treated at great length; Electro-Magnetism; Animal Electricity; Terrestrial Magnetism; and the Aurora Borealis. A short Introduction ushers in the work, from the pen of the distinguished and venerable Baron von Humboldt, who passes a warm eulogium upon Arago, with whom he was in habits of friendship for half a century, and whose recent death the scientific world still deplores. The volume now produced is stamped with the characteristic features of Arago's mind; namely, great diligence in collecting facts, sound judgment in determining their relative value, and great caution in drawing conclusions. As an instalment of the collected works of this great mathematician and physicist, no less than for their intrinsic merits, these Meteorological Essays will command the attentive perusal of all who are interested in the progress of science.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE DIET OF WEANED CHILDREN.

By Dr. GUMPRECHT.

Dr. Gumprecht some time since published a paper upon the usefulness of expressed carrot-juice combined with farinaceous substances in the feeding of children about to be, or already weaned. Further experience has confirmed the value of this mild and easily digested nutriment; but, although suited for the great majority of these cases, it may seem to be contra-indicated in thos (of children who, whether from naturally weak digestive powers, improper diet, or neglected tooth-diarrhœa, have acquired a disposition to purging. Such cases, the digestive powers being prostrated, require food that, by reason of its analogy with the formative elements of the in-

fantile organism, allows of a rapid intimate assimilation, without prolonged previous metamorphosis of the original nutriment, and without leaving undigested residue. It has been attempted to nourish these children with diluted milk and farinaceous substances, such as salep, arrowroot, etc.; but it has been overlooked that starch-flour cannot be completely dissolved even in much water at a boiling heat, and the thick covering of the granules remaining undissolved, may give rise to indigestion. To obviate this, roasted and not raw starch, should be employed. But the weaned child requires also albumen, and a proper proportion of organic salts and fat. Salts, fat, and albumen, or salts, sugar, and albumen, are the three constituents that are indispensable for the proper nutriment of the body.

The author regards it as an error to refuse meat to such children in favour of less digestible vegetable substances. This meat is best supplied in the form of raw, prime rump-steak, devoid of fat, rubbed into a paste, of which about two spoonfuls, divided into four repasts, are given daily, with or without sugar. Either this, or Liebig's flesh broth, should be given with some roasted farinaceous substance. This nourishment is especially indicated when any inclination to diarrhœa exists, and forms one of the best remedies in obstinate diarrhœa lactantium, as also in conjunction with other measures in atrophia infantum.

From its great utility in the above cases, the natural conclusion is, that it may be the proper nourishment for children already weaned, especially in weak, scrofulous, and lymphatic subjects. By the process of roasting, the outer covering of the starch granules become destroyed, and the flour is converted into gum and dextrine, which are easy of digestion. It should then be prepared by first mixing the starch with cold water, pouring on the hot water, and boiling, stirring the while. Liebig's broth, either with or without the farinaceous addition, is an excellent diet in such children, when inclined to diarrhœa. It is made by chopping up small pieces of beef, quite free from fat, as if for sausages. A pound is mixed with equal parts of water, and, adding a little salt, this is boiled for half an hour. It is then strained, separating the fat, coagulated albumen, and fibrine, and leaving all the nutritious and sapid portions. For the poor, an excellent broth may thus be prepared from horse-flesh, and, when mixed with the roasted meal, forms an excellent diet for scrofulousand rickety children.

Journal für Kinderk Band xxiv., p. 321.

ON THE EMPLOYMENT OF TANNIN AND TANNIC ACID.

Dr. Berthold draws attention to the great efficacy of a very simple mode of treating chilblains, and preventing their relapse. Twelve drachms of bruised galls are boiled for a quarter of an hour in half a pint of water, and strained. The fluid is applied to the parts two or three times daily for a quarter of an hour. The itching and burning diminish in two or three days, and ulcers heal in about a week. The same effects result from an infusion of oak bark, made with ℔j. of water to ℔j. of bark, and standing twenty-four hours. The solution of half an ounce of tannic acid in half a pound of water may also be used. For preventing the occurrence or relapse, any of these may be employed once a day, or if the chilblains are not broken, tincture of galls may be used.

Dr. Bühring speaks highly of the power of tannin in arresting hæmorrhage, when applied thickly on a piece of soft sponge to the bleeding part. No pain or irritation results, the healing process is expedited, and the firm plug that is formed offers great security against future bleeding. Dr. Mund also states its styptic power is remarkable, especially in epistaxis and hæmorrhage after tooth-drawing. A plug of charpie is moistened in water, and dipped in the powder.

Its use, however, is far from being limited by its styptic agency, it being applicable in most disordered secretions dependent upon debility of vessels. Thus, in chronic gonorrhœa, ℈j. of tannin dissolved in four ounces of water, with the addition of ʒi. of gum Arabic, forms a good mixture for internal use, as well as an injection, and the affection soon yields. The same mixture is an excellent one in chronic diarrhœa, and the third stage of dysentery, although it is taken unwillingly by the patients. It is also useful in the third stage of pertussis, given in the following form:—℞ Tannin gr. vi., ext. bellad. gr. i., ext. cicutæ gr. iv., infus. sennæ c. ʒii., aq. fœnic., syr. altheæ, āā ʒj. A spoonful every two hours. Dr. Kipp testifies to the great utility of tannin in menorrhagia, and excessive fluor albus; a continued use of it for two or three months, in increasing doses, has in many cases completely succeeded, when organic mischief has not been present. Sometimes oppression of the stomach results from its use, which is usually relieved by temporary suspension, diminution of the dose, or the addition of aromatics. The dyspeptic condition, which results from the loss of blood, is relieved by its use, the loaded tongue cleaning, and the appetite and stools returning. He generally gives it in the form of pills, of one to five grains, three or four times a day, adding rhubarb or aloes in the event of constipation occurring, a due regulation of the bowels being essential during its employment. He also uses it with advantage externally in various forms of ophthalmia, as that of infants, catarrhal ophthalmia, etc., increasing the dose from three to ten grains per drachm.—*Buchner's Repert.* 1855, No. IV.

ON AN EPIDEMIC OF SEPTIC PUERPERAL FEVER.

By Dr. DISSE.

An epidemic of an extremely fatal character broke out in the town of Brakel, containing 3000 inhabitants, it being one of the most healthily situated towns in Westphalia, and but little accustomed to epidemic visitations. When the present one broke out, bilious diarrhœa prevailed, both in the town and its vicinity. The puerperal women, however, in the vicinity remained free from the fever, which commenced in the town September 15, 1852. Between then and the 11th of January, 1853, there were 28 women confined, of which number 13 took the fever, and 12 died, the other 15 remaining well. All who fell ill, with one exception, bore boys; and all, with the exception of two, died convulsed. The attack was ushered in on the second or third day by shivering, soon followed by great heat and thirst, abdominal pain, and excessive meteorism. The pulse, from 120 to 130, possessed little power. The countenance was anxious and altered, being of a yellowish-green colour.

At the autopsy of one of the bodies, great distension by fetid air was observed, the intestines and peritoneum were injected, and there was much bloody and serous exudation. The liver was very large and congested, dark, soft, and friable. The kidneys and spleen were softened and enlarged. The ovaries and tubes were softened, and much injected. The surface of the uterus was lined by a dark, stinking exudation, some lines in thickness. Its muscular substance was soft and friable. No pus was found in any of the vessels, but some of the same dark exudation was found in the iliac veins. The lungs and heart were also softened in texture, and the cavities contained unctuous blood.

The cause supposed by Semmelweiss to be operative at Vienna could not be in force here, as the women were all delivered by midwives, and without coming in contact with any one who had dissected. The septic character of the disease not being known at first, the cases were treated by the antiphlogistic method; and the only case that recovered was treated by turpentine, employed externally and internally.

Monatsc. für Geburts. Band V. Pp. 119-129.

GENERAL CORRESPONDENCE.

BALLINGALL ON MILITARY SURGERY.

[To the Editor of the Medical Times and Gazette.]

Sir,—When in town last week, one of my Professional friends pointed my attention to a very favourable notice of the Fifth Edition of my "Outlines of Military Surgery," in the number of the *Medical Times and Gazette* for the 25th of August.

With that notice I have much reason to be gratified, but there is a little oversight on the part of the reviewer (I am sure an unintentional one), which I should be glad to see corrected.

"We should," says the writer, "have been pleased to see from the pen of the Edinburgh Professor a manly and open discussion of the chloroform question." Now, it so happens, that in addition to the favourable opinion of chloroform in tetanus, as expressed at page 298, and of its utility in the reduction of luxations at page 404, noticed by the reviewer,

I have, at page 614 of my work, adverted to the use of chloroform in the detection of feigned and fictitious diseases, a most important subject as regards military practice, and I have there given a very remarkable case in illustration of my views.

It was no part of my purpose to introduce into my text-book a dissertation on the general use of chloroform. This was the less necessary for the students of the Edinburgh School, inasmuch as it has already been amply done by my colleague, Professor Miller; and inasmuch as they have daily opportunities of witnessing its effects in the Royal Infirmary. I flattered myself that I was doing a more essential service to my readers by turning their attention to the use of chloroform in cases in which its utility has heretofore been but little dwelt upon.

I have now witnessed, I think, somewhere over two hundred operations performed under the influence of chloroform, and the only bad result I have seen (comparatively an unimportant one), is that mentioned at page 298, a case in which a girl, of delicate constitution, had undergone a rhinoplastic operation, and where sickness and retching continued for many hours after the operation, so as, in some measure, to prostrate the cohesive process.

My opinion is greatly in favour of chloroform, whether in civil or military practice; and after a consideration of the passages referred to, and of what I have now said, I think you will be satisfied that I had no intention of any unmanly reserve in the expression of that opinion. I am, etc.

Bath, September 6, 1855. G. W. Ballingall.

VACCINATION ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with much attention the report of Mr. Brady's new Bill for Vaccination, and modification of former Act.

Although I am perfectly aware of the difficulty of handling such a subject, and legislating on a "Compulsory Vaccination" Act, still I am of opinion that the Bill before us is in many points faulty, and requires considerable modification before it is introduced to Parliament; in order to fully carry out the provisions of the Act, and to make it as little obnoxious to the public as possible, and at the same time to be sufficiently remunerative to the Medical Practitioner, to make it worth the trouble of looking after those cases which may be brought to him for Vaccination from time to time.

1st. I would suggest that the printed form given to the parents of the child should merely state "that at the expiration of three months the child should be brought to a regular Medical Practitioner to be vaccinated;" not stating on that printed form the name of any Public Vaccinator (which is always calculated to mislead the public, and to cause the impression that he alone is to perform the operation), but simply "to take the child to some qualified Medical Practitioner, to have the operation properly performed;" that at the expiration of the eighth day the child should again be taken to the same Medical Practitioner to be inspected, and, if successful, the duplicate certificate to be forwarded to the Registrar, and through him to the Medical Superintendent of the Board.

2nd. Provided the case is one of successful Vaccination, and that it has been duly performed by a "qualified Medical Officer," in accordance with the regulations of the Poor-Law Board, I would suggest that a uniform rate of two shillings and sixpence be paid for every case within the limits of two miles from the place where the operation is performed; and if above that distance the sum of three shillings and sixpence for every case so vaccinated; that this payment shall include all the necessary certificates, if demanded by the parent of the child, and the regular entry in the books belonging to the Registrar.

3rd.—That this sum of Two shillings and sixpence, and Three shillings and sixpence, (uniformly paid by the rate on the parish in which such Vaccination has been performed,) should be compulsory in all properly certified cases of successful Vaccination, (provided that operation has been performed by a qualified Medical Practitioner according to the requirements of the Poor-law Board,) and that this sum should be irrespective of any private charge made by the Medical Practitioner for performing that operation; by which means all cases in every district will be brought to the notice of the Board, and the certificates will be duly sent to the Registrar for presentation of payment.

4th.—I would at once omit the name altogether of "Public Vaccinator" (every qualified Medical man being regarded in the light of a Public Vaccinator); and, consequently, the public would have their own choice of taking the child to whatever Medical Practitioner they thought fit or might find most convenient; thereby greater facilities would be afforded for carrying out the provisions of the Act, and the expenses incurred to the parishes would be precisely the same; while it would also tend to make the compulsory system less stringent, and more palatable to the feelings of the poorer class.

5th.—That by this plan I am of opinion that much of the jealousy existing among the present "Public Vaccinators" respecting the "looking out" for cases for Vaccination, would be materially lessened; thereby, a more healthy system of working the Act would be adopted, and a better understanding among the Medical Practitioners would be the result.

6th.—That in no case should any qualified Medical Practitioner be paid for performing the operation of Vaccination, unless he shall have duly transmitted to the Registrar the requisite certificates of "successful Vaccination" of the child, and the "duplicate certificates," to the parents or guardians of the child so vaccinated; whereby, the Medical Practitioner would be prevented from charging a case of unsuccessful Vaccination to the Board; and thus a healthy check would be put on any attempt to impose on the Guardians, or any inducement to take undue advantage of the Act.

7th.—That, by making all recognized Medical Practitioners "Public Vaccinators," and remunerating them on the same scale, the certificates would, in every case of "successful Vaccination," duly find their way into the hands of the Registrar, whereby, not only would the "Medical Practitioner," recover his charge for the operation, but the "Registrar" also would be equally paid his fee for the return, which, in the present state of the Vaccination Act, he generally loses, owing to the return not being made by the Vaccinator.

8th.—That this Act should not interfere in any way with the private charge made for Vaccination (the case of paupers being excepted), who would have the option of employing the "Union Medical Officers," specifically, "gratuitously;" but the fee for the operation in other cases being regulated according to the discretion of the operator, as at present in force.

In making these remarks on the subject of "Vaccination," I am influenced by no selfish motives; the object I have is simply to bring it within the reach of all classes, and, at the same time, so far to remunerate the Medical man, as to make it worth the trouble of attending to the cases brought before him, and to see that the benefit of the Act is fully carried out, and every requisite attention paid to the proper employment of the operation. I beg to be, etc.

Ashby-de-la-Zouch, Leicestershire, Sept. 3, 1855. Perry Dicken, M.D.

P.S.—As no unqualified Practitioner could recover his fee from the Board, it would tend to prevent the operation being performed by those unconnected with the Profession.

CHOUPART'S OPERATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The condition of the stump remaining after Chopart's operation, on which some remarks are contained in your last number, is a matter of considerable importance. As my attention has been a good deal drawn to it of late, I forward to you a few observations upon the subject.

Chopart's stumps are, I believe, the most unwelcome of all cases to the Surgical Instrument-maker; they give him the most trouble, and do him the least credit; and too often the patient is put to the expense of an instrument which bears the weight of the body at the ham, or beneath the head of the tibia, because the natural pad beneath the heel cannot be made to sustain it. I am persuaded that this is unnecessary.

The inconveniences which follow the operation in question, are chiefly two, and, so far as I have had opportunities of observing, they are easily remediable. One of these is felt as soon as the wound is healed, and the patient attempts to walk, and it arises from the want of lateral support at the astragalo-

calcanean joint. In fact, the tendons which pass behind the malleoli having all been divided, it could not but be that the articulations which they support should totter beneath the weight of the body. The period at which this sense of weakness passes off, varies in different individuals; but it sometimes continues so long as to bring discredit on the operation, and it is always, I believe, a sufficient inconvenience to call for treatment. I have found it instantly removed by encasing the ankle and all the remainder of the foot, except the face of the stump, in a close-fitting stiff case of starched roller or leather.

The other inconvenience is connected with the face of the stump itself. It is almost invariably tender, even for a long period after the union of the wound; and sometimes small exfoliations from the bones maintain it in an irritable and useless state. But it never, I believe, becomes so displaced as to press on the ground. The real cause of lameness after this amputation is the pressure of the anterior inferior angle of the os calcis on the soft structures of the sole. When well managed, this annoyance passes off in a few months, and patients walk confidently and securely with no further help than a laced stocking for the ankle, and a vacant space at the bottom of the boot for the front part of the sole. Before it passes off, however, there may be a question whether some such measure as that of dividing the tendo-Achillis should not be resorted to. It is a question which I have entertained, but have hitherto answered in the negative, as I have found a firm case quite sufficient to prevent the retraction of the heel, and to secure a good and natural pad for the patient to walk on; and this he does at once with remarkable ease. Still the annoyance is worth avoiding, even though it seldom lasts more than twelve months; and, in a case now under my care, in which I am about to perform the operation in question, I propose to remove with the saw the offending angle of the calcaneum. I am, etc.

35, Montague-pl., Russell-square, Sept. 10, 1855. CHARLES H. MOORE.

NUISANCES AT ISLINGTON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Allow me to invoke your aid for the suppression of a nuisance which has long annoyed the inhabitants of this suburb, but which has now become more than an annoyance, in fact, has been productive of serious illness, and has led to the removal of several families from the neighbourhood. The nuisance in question is caused by an establishment, near the Model Prison, for the manufacture of manure from substances of the most disgusting description. The blood, bones, and entrails of animals are here mixed with human ordure. I cannot tell what process is adopted in the manufacture, but I can decidedly answer for the smells, which are offensive and injurious in the highest degree. Some of the inhabitants of Islington, who feel as I do upon the subject, lately called a public meeting at the Offord Arms, and the general expression of opinion was, that a Memorial should be presented to the President of the Board of Health; but I fear little good will result from this, and I believe it is only through the influence of the public press that any abatement of this evil can be effected. I am, etc. JOHN COWARD, Islington.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the powerful efforts which you have often made to abate nuisances injurious to the public health, I trust that you will exert your influence to assist the suffering inhabitants of Islington in getting rid of a chronic source of mischief, which has now existed for many years in a place called Belle Isle, but which has lately become so intolerable that daily complaints are uttered, and extensive disease is engendered. The region to which I allude contains a concentration of some of the most noxious effluvia which could by any possibility be accumulated in one spot, and these unwholesome products, acted upon by a hot summer sun, diffuse an amount of pestilential vapour only to be understood by those, who, like myself, are compelled by their residence to endure it. No sooner do I open my window to obtain a mouthful of fresh air, than I am compelled to shut it again from the nauseous odour which greets my nostrils; and not only has my own health suffered, but many of my patients have been attacked with nausea, diarrhœa, and vomiting, entirely, as I believe, in consequence of the nuisances referred to. I understand that a representation of these facts has been made to the Trustees of Islington, who have referred the matter to a Mr. Ede, a Surgeon, who has declared that the operations of horse-slaughtering, manure-making, brick-burning, etc., are not only innocuous, but almost salubrious. I need not say that the universal experience of all the other Medical men in this parish is entirely opposed to such a conclusion, but it is probably quite satisfactory to the Trustees, whose chief sanitary advisers, as I am credibly informed, are a retired publican and a retail grocer! It is really quite time that Sanitary Legislation should be taken out of the hands of such incompetent persons. I am informed that it is currently reported here that the horse-knackers of Belle Isle keep some of the lower orders of Medical men in their pay, and that these degenerate sons of Æsculapius are ready to defend any nuisance whatever; but I hope, for the honour of the Profession, that this rumour is untrue. I am, etc.

Islington, Sept. 10, 1855. ISLINGTONIENSIS.

The following Letter has been addressed to the Registrar-General:—

Superintendent-Registrar's Office, Islington, 27th August, 1855.

SIR,—Referring to the remark contained in your Weekly Return of Births and Deaths for the week ending 18th instant, that, "in proportion to population, the deaths from diarrhœa are more numerous in Islington than in any other part of the north division," I beg to call your attention to the existence of a most intolerable nuisance which has been in full operation for many years in this district, and which will, in some measure, account for the prevalence of diarrhœa both in this parish and that of St. Pancras.

The neighbourhood I allude to is that of Belle-isle, situated in what was formerly called "Maiden-lane," but now "York-road," nearly throughout its whole length dividing St. Pancras from Islington, and in the centre of a dense population numbering from 60,000 to 70,000. For the last twenty years this district has been more or less the *locale* of the most obnoxious trades carried on in the metropolis, horse slaughtering, bone boiling, fat melting, grease manufactories, etc.; but until the last few years the nuisance was not very loudly complained of, although universally condemned. Gradually, however, while the population has been increasing, and the fields in the vicinity covered with dwellings, these establishments have increased in a like ratio, and there are now little short of eight acres of ground devoted to every species of abomination that can poison the atmosphere, which is saturated with decomposing organic matter, so that for a great portion of the day and night it is impossible to open either the doors or windows in the west district of Islington when the wind blows from that quarter without inhaling an atmosphere fetid with organic impurity, and producing nausea, sickness, and a derangement of the functions of the stomach.

In addition to the noxious trades carried on, establishments have lately sprung up for making artificial manure by baking night-soil, blood, putrid fish, meat, vegetables, and animal ordure, with all the garbage that can be collected from the dunghills of the metropolis; and these have been in greater activity than ever since the opening of the New Market, loading the air with their foul and pestiferous vapours. A public meeting was held on Monday last to petition the Board of Health on the subject; but it having been suggested by the Vestry Clerk and others, that under the Nuisance Removal Act the parochial authorities could deal with the case, I trust some vigorous measures will be adopted to clean this worse than Augean stable, that the health of the inhabitants may not be further endangered, since there is little reason to doubt that the influences which affect the distribution of malignant disease belong more to the air than any other medium.

The deaths in Islington from cholera in 1848-49 were 187, from diarrhœa 125; in 1853-54, from cholera 99, from diarrhœa 220.

But at the first visitation in 1832, although we have no record to refer to, the whole district enjoyed almost entire immunity from its attacks. Being then a member of the Local Board of Health, I well remember not more than 11 or 12 cases were reported, and not one half of them were fatal.

Islington has long been considered, from its elevated posi-

tion, and the nature of its soil, a healthy suburb, but if such dens of filthiness be suffered to exist, any future visitation of malignant disease must tell fearfully upon its rate of mortality. I have the honour to be, etc.

William May, Superintendent-Registrar.

The Registrar-General, etc.

FOREIGN BODY.

[To the Editor of the Medical Times and Gazette.]

Sir,—The following curious case occurred to me a few days ago. If you think it likely to interest the Profession, perhaps you will spare room for it in your Journal:—

Mr. F., aged 55, had been troubled with a pain in the right side for three or four years. He had been under the care of a good many "Doctors," and had taken a good deal of physic, but the pain in the side continued in spite of all. I saw him on September 3rd, examined a small tumour-like elevation in the hypochondrium of the affected side. Upon dividing the most prominent point of this little indurated head, I was able to squeeze into view the point of what proved when extracted to be a common sewing needle.

This man had been under the impression for years past that he was suffering from diseased liver.

I need hardly say that, since the operation, all pain has subsided. How the needle got there remains a mystery.

I am, etc. J. C. Thomas.

Totton, Southampton, September 8th, 1855.

THE NAVY AND ITS SUPPLY OF SURGEONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—An examination of the July "Navy List" shows that instead of certain 91 ships in commission, having their proper complement of 158 Assistant-Surgeons, they have only 55; there being 103 short. Also, six Surgeons are wanting, making 109 Medical vacancies in 91 ships. In five or six ships, a Surgeon is in the stead of an Assistant-Surgeon; these are here reckoned among the 55 Assistant-Surgeons.

I am, etc. R. N.

THE LATE FEARGUS O'CONNOR.

POST-MORTEM EXAMINATION, MADE 89 HOURS AFTER DEATH.

The body was somewhat thin, but not emaciated, and there was an abundance of yellow and greenish fat in the subcutaneous tissue of the abdomen, and some other parts. There were no bed-sores, or other marks of external injury, except a slight exfoliation of the skin on the buttocks around the anus. There was no noticeable peculiarity in the expression of the countenance, but the cheeks were collapsed from decay and removal of the teeth.

The head was not remarkably large, either absolutely, or in relation to the whole body. The following were the dimensions of the skull, taken externally:—

	Inches.
The circumference around the base, over the organs of perception, destructiveness, and amativeness	22½
From the root of the nose to the occiput	14¼
From ear to ear, across the frontal suture	12
From the nose to the crown of the head	10

The skull was of medium thickness, and was more or less translucent throughout, and the convolutions of the brain exhibited but very slight depressions, for the dura-mater was separable from the bone with a most unusual degree of readiness, and there was injection of the minute vessels lying on the subarachnoid tissue of the base of the skull.

The arachnoid was manifestly opaque in various places, but especially so on the superior aspect of the brain, and around the medulla oblongata. There were many membranous adhesions between the two layers of the arachnoid, along the whole extent of the falx major; the lateral aspect of the middle lobe, behind the petrous portions of the temporal bone, at the base of the cerebellum, and more particularly at the anterior part, between the hemispheres of the anterior lobes. There were numerous small deposits of a whitish non-cellular substance at the point of some of the adhesions.

There were about 6 ounces of clear, straw-coloured fluid in the sac of the arachnoid, and the upper part of the spinal canal, and there was also some of the same kind of fluid in the lateral ventricles. In the subarachnoid tissue, covering the convolutions, there was a large deposit of fluid over every part of the surface, and the base of the brain, containing many greenish exudation cells.

The vessels of the pia-mater were much enlarged and increased in number, as were also the larger vessels of the external meninges, but they were not greatly congested.

The substance of the brain was of an ash colour, and more consistent than is natural. There were numerous points of blood on every cut surface, but congestion was not the cause of the discoloration of the "white matter" just referred to.

The grey matter of the corpora striata was softened, and consisted of the débris of brain cells, and a few tubes, but without any exudation corpuscles. In both of the anterior lobes, on either side of the pinnæ, there was a remarkable softening, of the size of a pigeon's egg. This extended back from the anterior extremity of the lobes about an inch and a-half, and was at the spot occupied by the organ of "comparison." This was also the position of the firmer adhesion between the two anterior lobes. The softened matter contained very many exudation corpuscles, in addition to the broken-up brain cells, and beaded brain tubes.

Thus there were evidences of most extensive, but distinct acute inflammation of the membranes of the brain, and also of the substance of the brain, at the organ of comparison. The softening of the grey matter of the corpora striata, and the discoloration of the "white matter" of the brain, were probably due not to inflammatory action, but to changes in the convolutions of the brain.

The whole brain was contracted, so that it no longer filled the skull, but left a space, which was occupied by an increased quantity of the cerebro-spinal fluid. This was, no doubt, a chronic condition, also resulting from mal-nutrition of the organ, as was also a similar state of contraction and hardness of the upper part of the spinal marrow. The whole spinal marrow was not examined.

There is but little to remark respecting the other internal organs, except that the kidneys, liver, and heart presented abundant evidence of fatty degeneration. The heart was empty and not enlarged, but its walls were very thin and flaccid, and the sarcolemma was in great part emptied of its muscular particles. There was much sub-pericardial fat, and the muscular structure was exceedingly pale. The kidneys were otherwise healthy. The gall-bladder contained three tolerably large gall stones, and one stone as large as a small marble was sacculated in the gall duct, within three-quarters of an inch of its commencement, but the duct was not altogether impervious.

The lungs were fully distended and perfectly healthy, and the chest has an immense capacity, as shown by the following external admeasurement:—

Circumference of the chest across the cartilage of the seventh rib	38½ inches.
Ditto across the second rib	37 ,,
Antero-posterior diameter at the seventh rib	9 ,,
,, ,, ,, top of sternum	7 ,,
Perpendicular length from top of sternum to seventh cartilage	9½ ,,

The spleen was not enlarged, but it was greatly softened.

Charles Clark, M.R.C.S.L., L.S.A., etc.

Edward Smith, M.D., L.L.B., Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

ARMY SURGEONS IN THE CRIMEA.

The following Memorial was intended for publication last week, but was accidentally omitted:—

"That we, Surgeons of Her Majesty's army serving in the East, understanding that the state of the Medical Department is under the consideration of the Government, and believing that your Lordship and the Government have every disposition to remove any just grounds of grievance under which we may labour, as well as to extend to us a fair share of those

honours and rewards which have of late been so liberally bestowed on all other branches of the service:

"Beg most respectfully to claim your Lordship's attention to several circumstances in our position which we humbly conceive to be just and legitimate subjects of representation.

"In the first place, we consider it to be fair and reasonable that active service in the field should reckon towards promotion, as also retirement, above and over the same period passed in the colonies or at home. Some of the reasons for the claim, such as the risk of life and exposure so destructive to health, necessarily incidental to campaigning, are sufficiently obvious.

"For some time past, more especially of late, Surgeons have been brought to the Crimea from England, and from the most distant colonies; and, being slightly senior to ourselves who have been serving in the field, have been promoted over us. Thus we, who have undergone all the hardships of the campaign, and who have also acquired an amount of practical knowledge which we fondly hoped would be our passport to promotion, are deprived of the advantages which, according to the established custom of the Medical Service, usually accrue to the seniors on a foreign station.

"To remedy this grievance, we beg respectfully to suggest that active employment in the field should reckon as equivalent to three times the amount of ordinary service, and that colonial service should also receive some consideration above that passed in Great Britain.

"This principle is, we believe, recognized and acted upon in the other armies of Europe.

"If this boon were granted, Surgeons employed in the field would then feel that their exertions were appreciated and rewarded.

"With regard to promotion, we trust your Lordship will not consider us presumptuous if we take the liberty of pointing out to you the necessity and expediency of some fixed principles being established whereby it should be regulated.

"We consider it to be a grievance that Civil practitioners should have been introduced to hold some of the higher appointments, which might have been in the first instance offered to us as their more legitimate claimants. While we frankly admit the necessity which recently existed for a large augmentation in the numbers of Medical officers, and the value of the civil aid offered, we respectfully submit that we, the working members, were not implicated in the failure of the administrative management of the various Staff departments; and, if equally competent, ought to have been preferred to civilians, having dedicated ourselves to the service of the State, and freely given our health and talents in all climates.

"Had we been promoted and appointed to the charge of those Hospitals which have been intrusted to civilians, the civil element co-operating with, but subordinate to us, we should have had no ground of grievance, but have cheerfully worked together. As it is, a reflection has been cast upon our competency, and men in most cases younger in years, junior to us in the Profession, inexperienced in the habits and diseases of soldiers, and unused to maintaining discipline, have been preferred to us, who, in this campaign alone, have acquired an amount of practical knowledge which could only have been amassed after many years of civil practice, and whose devotion to the soldier amid the ravages of the cholera, the havoc of the battle-field, and the rigours of a Crimean winter, led us to expect that we should have been the recipients of any boon the Government had in its power to confer. Our vacancies could have been ably filled up by the seniors in the list of Assistant-Surgeons.

"Considering the speedy and extraordinary promotion which is now taking place among our military brethren, and the great responsibility of a Surgeon's position, we do not think it too much to ask for a step of rank (which need not necessarily remove us from our regiments), in order to keep pace with our brethren in arms as well as to enhance our own influence.

"We respectfully submit that a Surgeon's relative rank should be that of a field-officer after a certain term of full-pay service; nor would it be too much to expect a participation in those honorary rewards from which at present we are virtually excluded—partly, we suppose, from an idea that we are members of a civil department, although exposed to the fire of the enemy in the execution of our duties.

"We submit that we ought to be classed among the purely military branches, and reap our share of the honours accorded to them, the exclusion from which in all campaigns we deeply feel.

"Our fourth subject of grievance we conceive to exist in the smallness of our pay, especially when contrasted with that of our civil brethren.

"Some of us, after serving ten years in all climates on 7s. 6d. a-day, and after twelve or thirteen years' total service, including two campaigns, are now in the receipt of 13s. per diem. When your Lordship considers our arduous duties by day and by night, our exposure to disease and battle, and the heavy responsibility of having so many valuable lives entrusted to us, we feel confident that you will frankly concede that our remuneration is not commensurate with our trust, nor the position we are expected to maintain; neither is it calculated to induce a sufficient number of men of the highest Professional attainments to enter the army. We would beg to represent also that we are the only branch of Her Majesty's army which does not enjoy the full pay of a new rank until two years after obtaining it.

"We would remind your Lordship, among the many boons recently conferred on our military brethren, of that provision made in the Royal warrant under which Captains and others, after twenty-one years' service, can obtain retirement on full pay with an additional step of rank, and humbly crave the same or an equivalent indulgence for ourselves. This principle is found to act advantageously in the Hon. East India Company's service.

"It is scarcely necessary for us to bring to your Lordship's notice, that we entered the service from six to seven years later in life than our Military brethren,—a period devoted to the acquirement of Professional knowledge, and which, we humbly submit, gives us a stronger claim to a more early retirement.

"The privilege to retire on full pay, after twenty-one years' service, would be considered by us a great boon, as we can now only claim 13s. a-day after twenty-five year's actual service. If space permitted, it could be demonstrated that this measure would be one of the readiest means of elevating the Medical Department, and insuring its perfection.

"One great grievance among us is the difficulty, and almost impossibility, of obtaining leave of absence. Some of us, after fourteen years in the colonies, have been refused a day's leave to visit our relations and friends. We therefore submit that Medical Officers should be entitled to leave of absence in like proportion with other officers.

"These, my Lord, are the chief points which we think it necessary to submit to your consideration. We trust you will see in them sufficient grounds for the liberty we have taken in presenting ourselves before you in the character of Memorialists.

"We rejoice that the war should have secured to our Military brethren so many honours and rewards. We feel that a participation in similar advantages is justly due to ourselves; we seek only a position in consonance with the advanced state of medical science, and our own characters as members of an honourable and learned Profession.

"And your Memorialists will ever pray," etc.

THE BRITISH ARMY IN THE CRIMEA.

In forwarding the Returns for the Week ended 18th ultimo, the Inspector-General of Hospitals with the Army serving before Sebastopol states:—

That the sanitary condition of the Army is improved since the last report.

Cholera has diminished about one-third both in frequency and fatality. Fevers, too, in all the Divisions, except the Cavalry Division, have been less grave, and in the Cavalry the attacks of fever, as well as most of the cases of bowel complaint, have been confined to men recently arrived in the country.

Under the head of Diarrhœa, the admissions have been fewer; the mortality has risen from seven, which it was last week, to thirteen.

There has been no increase in the dysenteric form of bowel complaint, but the season of the year is fast approaching when we may expect that and fevers to prevail.

Under the head of Wounds, there is apparently a very great increase; but, though very considerable, from the cir-

cumstances of our near approach to the enemy's works and the re-opening of fire from our Batteries, it is not so great as it appears, for 90 out of the number of admissions were mere transfers from the Regimental Hospitals in front to the Surgical Hospital at Balaklava. Among the cases of wounds admitted, are some of great interest. It may here be mentioned that the case of excision of the head of the thigh-bone in the Royals is progressing favourably. This is an important improvement in Surgery, as every case of amputation at the hip-joint has hitherto proved fatal.

Staff-Surgeon, Dr. Gordon, removed a grape shot from a man's cheek, weighing seventeen ounces. This, of course, occasioned great destruction of parts, and required Surgical measures not necessary here to describe.

The following is an abstract of the admissions and deaths under the leading heads of Disease.

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	660	22	699	35
Diarrhœa	770	13	794	7
Cholera	88	61	141	93
Dysentery	117	4	170	4
Wounds	470	31	289	36
Other diseases	585	6	565	4
	2690	137	2658	179

The admissions to strength this week have been 6·07 per cent., the deaths to strength 0·30 per cent.

Last week they were 5·99 and 0·40 respectively.

The ratio of sick to well this week is 12·15 per cent. Last week it was 12·7 per cent.

Head-Quarter Camp, before Sebastopol,
28th August, 1855.

In forwarding the Sick Returns for the week ended 25th of August, the Inspector-General of Hospitals reports that—

The sanitary condition of the Army continues favourable. The Cavalry Division is the only one in which there has been any marked increase of sickness, and even in it the increase has been confined chiefly to the 1st and 6th Dragoon Guards, two Regiments just landed, and to the Recruits of the other Regiments who had recently arrived in the country. As an instance of the liability of new-comers to be attacked by disease, I may quote the 17th Lancers as an example, where, out of forty-four admissions in Hospital, only two were from among the old soldiers.

Cholera, which has greatly abated in the Army generally, has, I am sorry to say, made its appearance in the 1st and 6th Dragoon Guards, but as yet only to a limited extent.

The situation of the Cavalry Camp at Kadakoi, is confined, and now that a number of additional men and horses have arrived, the valley is becoming overcrowded, and instructions have been given to remove some Regiments to more open ground.

Gunshot accidents have been more frequent, owing to more active operations going on in the trenches, and the near approach of our lines to the enemy's works; and this is a contingency likely to exist so long as we maintain our present position.

The following table shows the admissions and deaths under the leading head of diseases, and I have contrasted it with that of the previous week.

	Week ended 25th Aug. Admitted.	Died.	Preceding Week. Admitted.	Died.
Fevers	533	13	666	22
Diarrhœa	688	9	770	13
Cholera	74	51	88	61
Dysentery	161	4	117	4
Wounds	481	45	481	31
Other Diseases	487	4	568(a)	6
	2424	126	2690	137

The ratio of admissions to strength during the present week has been 5·39 per cent., and the deaths to strength 0.28 per cent.

The previous week they were 6·07 and 0·30 per cent. respectively. The proportion of sick to well has risen from 12·15 to 12·37 per cent.

(a) Ninety were transfers from Regimental to General Hospitals.

BRITISH MEDICAL STAFF ATTACHED TO THE TURKISH ARMY.

Sir,—I beg to correct a statement recently made by "Our own Correspondent of the *Daily News*" at the seat of war, as to the doings of the British Medical Staff of the Turkish army at Varna. I will, in contradiction, state what has been done since our residence here. On 9th May 400 patients were sent from Eupatoria, 370 of whom arrived here and were placed under our treatment. They were all suffering from severe disease, as diarrhœa, dysentery, fever, scurvy, etc.

We have since received into the Hospital the worst cases of 2600 more patients sent from Eupatoria; others have been admitted into the Turkish Hospital, and the very mild cases of scurvy are billeted on the villages in the neighbourhood. The average number of cases daily under treatment has been more than 60 for each surgeon. Our total number of cures is 200, 100 of which have been sent to their regiments in the Crimea, and 100 are at the barracks ready to leave.

We have the uncontrolled management of two Hospitals, and treat our patients quite independently of the Turkish authorities, who appear perfectly satisfied with us, if we may judge from the opinions expressed by the pasha recently sent by the minister of war.

I myself have already had under treatment in the Hospital 165 patients, officers and soldiers, all of whom were suffering from a severe form of disease, and in addition have been consulted by many of the people in the town—Turks, Greeks, English, Germans, Bulgarians, etc.

I have now seventy-eight patients in the Hospital, four of whom are Commissioned Officers.

I will, therefore, leave you to judge whether we have not sufficient reason for contradicting a statement put forward by the *Daily News*, calculated to be highly prejudicial to our future interests; and whether we have not all had sufficient occupation, during our residence here, instead of living in idleness, and being on the point of death from *ennui*: when you consider, besides, that we had to acquire a knowledge of the climate of the country, and not only of the manners, habits, and prejudices, of our patients, but also their language. And in addition, I may mention that, of thirteen Medical Officers sent here, there are only three of them who have not been seriously ill.

Three of the six Surgeons, and seven Assistants, have suffered much from the climate, and three of the Staff have been invalided, two as unfit for further service.

I am, etc.

One of the Varna Staff.

British Military Hospital, Varna.
August 25, 1855.

THE LATE CHARLES ROBERT WALSH.

We regret to have to announce the decease of Charles Robert Walsh, Esq., at his house in Half-moon-street, on Sunday, the 9th instant, in the 48th year of his age. We should not be doing justice to his memory, if we did not devote a short space to the record of his history and character.

Mr. Walsh was born in Devonshire, in 1808; he was educated at Westminster, where he imbibed a taste for classical literature, which he retained to the last. He began his Medical career at the age of 16, by apprenticeship to Mr. Peregrine, of Mount-street, one of the most successful practitioners of the day, in whose house he had opportunities of being well acquainted with the details of general practice among the upper classes of society, as it was conducted at that time. He became, in due course, a pupil of St. George's Hospital, and a house-pupil of Mr. Cæsar Hawkins. After completing his curriculum, he had the good fortune to travel for some years as domestic Medical attendant to various noblemen, including Lord Berwick and Lord William Russell. Thus he visited Egypt, Greece, Italy, and other lands teeming with classic and historical associations, under the best auspices, and with opportunities of mixing in the best society.

On his return to England he married the daughter of John Watson, Esq., a well-known and able practitioner in Berners-street, who also held the office of Secretary to the Court of Examiners of the Society of Apothecaries, and to the Society for the Relief of Widows and Orphans of Medical Men in the

Metropolis and its Vicinity. In due time, he succeeded Mr. Watson in his practice, and in the office of Secretary to the "Medical Widows and Orphans' Society," which he held up to the time of his death.

Very shortly after his establishment in London, we find him assisting Dr. Domeier, a man of congenial refinement and literary habits, in the Editorship of the *Medical Gazette*, to which he contributed a great number of "leaders," on Medical Politics, Medical Education, Gratuitous Practice, and similar subjects. He was an early and most energetic member of the Sanitary Association, and subsequently of the Epidemiological Society. He was noted for his interest in all questions relating to Public Health, Education, and Morals. He was on terms of the most familiar intimacy with that circle of philanthropists and philosophers whose opinions are represented by *Fraser's Magazine*, and whose head quarters may be said to be the eminent publishing firm of J. W. Parker. He was employed by the Board of Health as Sanitary Inspector of certain districts in Bermondsey, Lambeth, and Westminster, during the epidemics of cholera in 1850 and 1854; and became deeply interested in a neglected and pestilential district in Bermondsey, called "Jacob's Island," devoting much time to visiting it, and endeavouring to improve the condition of its miserable population. He gave Lectures at various institutions, on Ventilation and other means for the preservation of health, and was a Member of the Council of Teachers of the Working Men's College, Red Lion-square, where he had a class for instruction in Hygiene and Physiology; in fact, he was intimately associated with almost all the attempts made of late years to improve the mental and material condition of the labouring classes.

But with all the advantages of prepossessing person, of manners most refined, of first-rate general education, of that sort of ease and self-confidence which are generated by travel, and of the opportunities of mixing with the best society, and of familiarity with some of the most energetic and influential men of the day, Mr. Walsh could not be considered as other than unsuccessful in practice. His circle of remunerative patients was not large. Of gratuitous patients, unhappily, he had but too many. He was gratuitous Medical officer to one of those pseudo-charitable institutions,—the "Grosvenor-square and Berkeley-square Medical Relief Society,"—to which duchesses and millionaires give their annual guinea, while the unpaid Medical officer gives his time, knowledge, and, in fact, all that he has to give. Moreover, no one ever had such a long roll of patients, nominally private, and supposed to pay, but who, in reality, absorbed his time and energy without the possibility of requital. Genteel misery and Walsh seemed to come together as by some law of affinity. Ill-paid dressmakers, governesses out of place, petty shopkeepers struggling with debts, all the horde of persons who, in a large capital, are obliged to cover an aching heart and empty stomach with the garments of placid respectability—all were sure to find in Walsh an unwearying and considerate friend, who rendered his services ungrudgingly, and yet caused no disagreeable sense of obligation to be felt. Moreover, his education and early associations were too refined to let him take congenially to the small affairs of life, or the looking after petty gains. He regarded his profession in its highest light, as a means of affording succour to others, but neglected it in its less elevated but most necessary function of providing for himself. He was ever more ready to help others than to help himself. Too much of his time and attention were absorbed in unpaid and voluntary labours for the benefit of the public, so that the bodily strength and mental vivacity necessary for successful practice were wanting. Moreover, his mind was almost too keenly perceptive of minute distinctions to be able to grapple with broad truths. His conscientiousness often made him distrust his own judgment, and gave to his opinions an air of indecision which too often failed in securing the confidence of others. In fact, he was wanting in the three great qualities for successful practice among the vulgar—easy impudence, happy ignorance, and unblushing self-confidence.

Another cause there was, too, which threw a shade of irresolution and want of energy over his character in later years. He had long been subject to severe irritation of the urinary organs, which (after the manner of his Profession) were neglected or self-treated, and continued slowly, but surely, to gain ground.

In 1854, after having spent, in the exhausting duties of Sanitary Inspector in cholera districts, that portion of the autumn which most of us devote to change of air and relaxation, the symptoms of his disease became intensely aggravated, and, slowly progressing, at last proved fatal. We reserve for another occasion the history of the Medical portion of the case, but may observe here, that epithelioma of the bladder was diagnosticated during life, and found after death. It is curious how many members of our Profession have perished of analogous disease,—Bransby Cooper, Reid, Don, are names that readily occur to us.

If, for the sake of our younger readers, we have dwelt upon the infirmities of our departed friend, let it be borne in mind that they, like other mental peculiarities, are often the results of insidious bodily disease, which is secretly sapping the energies of mind and body. "Ah, my dear fellow," said the deceased to the writer, who had the privilege of being much with him in his last illness, "I have found out that when people talk of strong will, they mean sound kidneys." So it is. Want of physical vigour is the cause of many a failure in life. But, in the case of Mr. Walsh, no illness contaminated the brighter and purer parts of his character, which were peculiarly his own. He was the most unselfish of men, and the most considerate. His conversation sparkled with elegant wit and classical allusion; and never did so graceful a conversationalist study to give so little pain to others. He could always be relied on. He was the very soul of truthfulness and honour. In a long and painful illness he showed the greatest resignation and cheerfulness, and no man was ever removed from the scene of his earthly labours with more of the affectionate regard of all with whom he was associated.

Mr. Walsh was a M.R.C.S.E., 1831; M.S.A., 1830; a Member of the Court of Examiners of the Society of Apothecaries; and the Secretary to the Society for the Relief of the Widows and Orphans of Medical men.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on September 6, 1855:—

BURROWS, EDMUND POULTER, Christchurch, Hants.
FLUKER, ROBERT CARR, Berwick-upon-Tweed.
JEPHCOTT, SAMUEL THOMAS, Birmingham.
ROBERTSON, JOHN ROBERT, Felton, Northumberland.
STEDMAN, ARTHUR, Great Bookham, Surrey.

APPOINTMENTS.

QUEEN'S COLLEGE, BIRMINGHAM.—Dr. Jordan, Gold Medallist of the University of London, has been re-appointed Resident Medical Tutor.

MR. JOHN SIMON, officer of health of the City of London, has been appointed Medical Officer of the General Board of Health, in pursuance of the Act of last session, continuing that board, and authorizing the appointment by it of a Medical Officer.

QUEEN'S COLLEGE, BIRMINGHAM.—The death of the Rev. Dr. Warneford, the resignation of the Rev. Chancellor Law, Warden *pro tem.*, and the appointment of the Mathematical Professor to the Head Mastership of the Drapers' Company School, have involved the necessity of certain changes at Queen's College, in this town. At a meeting of the Arts Committee, held on Tuesday last, the Right Hon. the Principal, Lord Lyttelton, in the chair, the Very Rev. the Dean of Worcester, the Hon. and Rev. the Rector of St. Philip's, the Treasurer, the Dean of the Faculty, and the Senior Physician of the Queen's Hospital being present, the Rev. Edward S. John Parry, M.A., Balliol College, Oxford, 1st class in literis humanioribus, Chancellor's prize man for the English Essay, 1849, Chancellor's prize man for the Latin Essay, 1850, Tutor to Commoners (Winchester College), and Classical Professor at Trinity College, Toronto, 1851; the Rev. W. Andrew, M.A., Fellow and Tutor of Worcester College, 1st class Classics, Select Preacher to the University of Oxford, Public Examiner, and Pro-Proctor in the year 1840; and the Rev. W. S. Sanders, M.A., of Exeter College, Ox-

ford, 2nd class in Classics, Incumbent of Adderbury, were selected out of sixteen candidates for personal interview, with a view to a final appointment to the office of Resident Warden and Professor of Classics. Many of the unsuccessful candidates were gentlemen of distinguished attainments. The Rev. G. Richards, the Rev. C. Curtis, and the Rev. R. Harris, withdrew their applications previously to the meeting. The Rev. William Gibsone, B.A., Scholar of Trinity College, Cambridge, 9th Wrangler, 1st in the first class in Tripos of Natural Sciences, Mathematical Scholar of King's College, London, and Vice-Principal of Elizabeth College, Guernsey; and the Rev. J. Pearson, M.A., Scholar of Trinity College, 14th Wrangler, Mathematical Master of King Edward's Grammar School, Norwich, were selected for personal interview, with a view to final appointment as Resident Professor of Mathematics. The Committee appointed to examine the testimonials, before entering upon their report, recommended first, "That the inestimable benefits conferred on the College from its first foundation to the present period by the Rev. Chancellor Law be specially recorded, and that he cannot be allowed to resign the office of Warden *pro tem.*, without the fullest assurance from the Council that his invaluable and disinterested services, rendered at great personal sacrifice for a period of nine years, are held in lasting and grateful remembrance by every member of this College;" secondly, "That the best thanks of the Council be given to the Rev. George Richards, on his retirement from the office of Classical Professor and Chaplain of the College, consequent upon changes which the death of the Rev. Dr. Warneford, and the resignation of the Rev. Chancellor Law, the Warden *pro tem.*, have compelled the Council to make, for the assiduity with which he has discharged the duties he has been called upon to perform during his connexion with this College;" thirdly, "That the best thanks of the Council be given to the Rev. William Hunt, for the ability and zeal with which he has discharged the duties of Mathematical Professor to the College, and Chaplain at the Queen's Hospital, during his connexion with both Institutions." The recommendations were unanimously adopted.

Lunatic Asylums in Ireland.—The Commissioners of Inquiry into the erection of Irish Asylums, appointed by the Treasury, and consisting of Surgeon Wilkes, the eminent Resident Medical Superintendent of the Staffordshire Lunatic Hospital, and Mr. Donaldson, the equally eminent architect, of London, with Mr. Shelly, their Secretary, made an official inspection of the Belfast District Lunatic Asylum, on Friday; and, after minutely examining the newly-erected additions to that Institution, under the Board of Public Works, proceeded, on Saturday, *en route* to the Londonderry, Omagh, and Sligo Asylums, for the purpose of inspecting their structural arrangements, etc. The Commissioners are to make a special report to the Lords of the Treasury, on the condition and general arrangements of these important establishments, which will be looked for with much interest, both gentlemen being admirably qualified for the performance of the duty with which they have been intrusted, and whose selection reflects great credit on the Treasury.

From New Orleans we learn that many of the Physicians pronounce the yellow fever to be fast declining in their practice. It is also stated to be on the decrease in the Hospitals. In Norfolk and Portsmouth, Va., there appears to be no decrease in the ravages of yellow fever. In both places the new cases are said to be very numerous.

The Cholera has abated in Nicaragua, but not until it had swept away nearly all the Government forces. The epidemic had also visited Leon, and the revolutionary army suffered much from its attacks. The Costa Ricans kept up a strict quarantine both by land and water.

Goblets made of Quassia Wood are now sold at the leading druggist's shops in New York. Water is poured into them, which, after being left for some minutes, is drunk, as a cure for dyspepsia.

Chinese Treatment of Cholera.—A Chinese missionary writes to the *Civilta Cattolica* of July 12:—"One morning, after having said mass, I felt symptoms of cholera. I had a difficulty of breathing, amounting almost to suffocation. A cold so intense took possession of my arms and legs that I could not feel a hot iron applied to them. Just then a Chinese Christian came in to see me, and as soon as he looked at me he said, 'Father, you have the cholera.' To be certain, however, he looked under my tongue, and observing the peculiar blackness of the veins there, he remarked, that unless I applied a remedy speedily, I should not live until night. I told him to do what he could for me. He took an ordinary pin, and began pricking me under the tongue, until he drew out from ten to twenty jet-black drops of blood. Then, after rubbing my arms gently, he tied a string very tightly about each one of my fingers, and pricked each one on the outside, at the root of the nails, until he brought a drop or two of the same kind of blood from each. Then, to see whether the operation had been successful or not, he pricked me with the same in the arm, very near the vein that is usually opened in bloodletting, and seeing no blood issue, he pronounced it satisfactory. I still felt, however, a fearful oppression of the lungs. To relieve this, he ran the pin obliquely into the pit of my stomach about two-thirds of its length. (This operation the Chinese call 'opening the mouth of the heart.') Not a drop of blood came out here, but in a moment I felt myself entirely relieved, my blood began its circulation, my natural warmth returned, and, after an hour of slight fever, I went about my avocations. This is the ordinary Chinese remedy. I have known it to be applied to five of our fathers in cholera, and it failed only once."

Mortality Notabilia.—The returns of the London Registrars show that 1015 persons, of whom 551 were males and 464 females, died in the week that ended on Saturday. The mortality has continued at nearly the same rate during the last three weeks, and is not high for a period which in the metropolis is always more unhealthy than the early months of summer. The coolness of the weather has effected apparently a diminution of cases of diarrhœa, and of those which are returned as cholera, or choleraic diarrhœa. In the previous three weeks diarrhœa was fatal successively in 154, 127, 134 cases; and last week the number declined to 107; and cholera has decreased in the last two weeks from 18 cases to 6. Fever exhibits an increase, and 5 of the deaths from it occurred in St. Peter, Walworth.

Births.—The births of 803 boys and 774 girls, 1577 children, were registered; average, 1422.

Meteorology.—Mean height of the barometer in the week, 30·069 inches. Mean reading of Friday, 30·316 inches. Mean temperature of the week 55·7°, which is 2·5° below the average of 38 years. Highest reading in the week of a thermometer in the shade, 73·3° on Tuesday; lowest, 37·7° on Saturday; on which day the highest was 73·0°.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	..	4	5	12	8
North	490,396	1	1	8	6	27	14
Central ..	393,256	3	1	10	5	21	7
East.....	485,522	3	1	5	9	26	13
South	616,635	7	..	15	6	21	19
Total..	2,362,236	14	3	42	31	107	61

Deaths in Public Institutions for the Week ending September 1 and 8:—

—	In the Week ending Sept. 1.			In the Week ending Sept. 8.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses..	36	62	98	51	41	92
Prisons	1	1	2	..	..	..
Military and Naval Asylums ..	6	..	6	8	..	8
General Hospitals	28	12	40	34	14	48
Hospitals for Special Diseases ..	7	1	8	5	6	11
Lying-in Hospitals	..	1	1	2	..	2
Military and Navy Hospitals ..	6	..	6	6	..	6
Hospitals and Asylums for Foreigners	2	1	3	1	..	1
Lunatic Asylums	4	3	7	1	2	3
	90	81	171	108	63	171

Medical Times & Gazette.

SATURDAY, SEPTEMBER 15.

ADDRESS TO STUDENTS.

The period of the year has now arrived when, according to established custom, the Medical Schools are about to open their portals for the reception of Students, and to many of the latter class a new life is about to commence. The tyro, in most cases, must for the first time exchange the associations of his youth for a novel career in an untried world—a career beset with difficulties, but illuminated by hope; which leads in a few cases to brilliant success, in others to decent competence, in some, alas! to bitter disappointment. It is not our intention on the present occasion to preach a moral lesson, but we may be permitted to observe that the issues of success or failure in a Medical life are in very great measure dependent upon the efforts of the Student himself, upon the judgment by which his course is steered, upon the energy with which Professional knowledge is sought, and upon the diligence with which it is retained and incorporated, as it were, in the mental constitution. Considering that, with a vast majority of Medical Students, three years, or rather three Medical Sessions of nine months each, are all that can be devoted to the scientific pursuit of the multifarious branches of learning which constitute the foundations of our Profession, we cannot but regard as criminal the conduct of him in whose hands may one day be placed, under Providence, the balance of life or death of his fellow-creatures, who wastes any of his precious time in frivolity or vice; if such a person should bring eventual ruin upon himself, and disgrace upon his noble calling, he has no one but himself to thank.

We are the less inclined to indulge at any length in warnings of such a character, because they seldom reach the parties for whom they are intended, and the season of youth is generally too fickle and volatile to estimate the value of such advice, or to appreciate the spirit in which it is offered. Supposing, then, that we are addressing young men at the outset of their Medical career, we think that the best counsel we can give them is to cultivate a modest and humble spirit; to resort for advice to those members of the Profession, who, from their age and character, are entitled to respect; and though cherishing a deep conviction that all difficulties may be overcome by personal diligence, yet to place themselves, by preference, under the guidance of those who, in the capacity of parents, guardians, or Professional instructors, may be placed in authority over them.

As we fear it is more likely that our remarks may be read by many an anxious father, rather than by the tyro himself, we shall so far deviate from our usual custom as to address the Students through the medium of their seniors, believing that this indirect method, enforced by parental affection, will probably have more weight than an immediate appeal to our youthful alumni, who will require for their guidance much more detailed information than we can pretend to afford, and need an acquaintance with many particulars of which we can draw only a hasty sketch. In the selection of Medical Schools, we by no means recommend the Student to trust to his own judgment; but we cannot, without exposing ourselves to the accusation of partiality, pretend to guide his choice, more especially as every case must be determined by many private and personal considerations, of which we cannot possibly be competent judges.

Some broad general principles, however, may with propriety be laid down as universally applicable to all who are entering the Profession. In the first place, we may remark that, although a Student may obtain a Diploma after four years' application to Medical Science, we consider that five or six years are by no means too many for the purpose; and that, supposing a young man to commence his studies at sixteen, the latter period may be, and ought to be, devoted to a diligent course of reading, lectures, and hospital attendance, in addition to such practical instruction as he may be able to obtain.

In the next place, we should recommend that every Student intended for the Medical Profession should have a competent Preliminary Education in General Science and Literature; and that, at as early a period as convenient, he should present himself for examination either at the Matriculation Examination of the University of London, or the Fellowship Preliminary Examination of the College of Surgeons, or the Preliminary Classical and Mathematical Examination at Apothecaries' Hall. If he pass either of these examinations, he will give a kind of guarantee that he will pursue his subsequent studies with competent ability; if he be unable to pass any of them, he should postpone, for at least a year, his entrance upon the strictly Professional courses.

If the longer period to which we have alluded can be accorded to the Student, he should spend the early portion of it in making himself practically conversant with the operations of Pharmacy, with the minor operations of Surgery, with the principles of Chemistry, and with the outlines, at least, of Natural History and Botany. With such a preparation, combined perhaps with the rudiments of Anatomy, the attendance upon Lectures and Hospital Practice will be commenced with immense advantage, and much that would otherwise appear incomprehensible in theory and practice will be readily mastered by a mind so trained.

This advice is, of course, applicable only to English Students. In the case of those who are about to pursue their studies in Scotland and Ireland, it is not easy to lay down any general rules, for the curricula of the Colleges and Universities of those countries differ most widely from each other, and are, indeed, incapable of being reduced to anything like uniformity. The general advice we have given above is, however, applicable to every case in all parts of the kingdom; namely, to lay a solid substratum of general education *before* commencing the strictly Medical studies; and to gain some practical experience in the minor details belonging to the Profession before beginning to attend Lectures. It would be indeed disgraceful in a graduate of a University to make a mistake in writing a Latin prescription, or to prescribe some unchemical or clumsy formula for his patient.

With regard to the mode of residence in London and the other large towns, we strongly recommend the collegiate or domestic system, in preference to that which leaves a young man to fix his dwelling where he pleases, and to occupy his time according to his own tastes. By adopting the former method, we have seldom heard that any real evil has ensued; the latter course, with its necessary laxity and attendant temptations, has been the ruin of thousands. The chief objection which has been urged against the one, is the imposition of a certain degree of restraint, which we believe to be rather beneficial than otherwise; against the other, the objections are innumerable and the advantages very slight.

Having once selected a Medical School, the first and the best advice to be offered to the Student, is to make the fullest use he can of his time, to listen diligently to the Lectures of his teachers, to fix the substance of their discourses in his mind by subsequent reading, and to take every opportunity of examining disease at the bedside of the patient; to consider every other pursuit as subordinate to the grand object of

investigating the phenomena of morbid action, and the therapeutical means to be devised for arresting its progress. We are, of course, supposing that the preliminary general studies have been passed, for we conceive that nothing obstructs the Student's progress more than the necessity of cramming in the rudiments of Latin during the period of Hospital attendance. Such knowledge is absolutely necessary, but it should be acquired *before*, and not *during* the attendance upon the Hospitals.

We should further advise the Student, in his Hospital career, to conform to the existing regulations laid down for his guidance. Whatever objections may be urged against certain portions of the curriculum at present recommended for the guidance of English Students, it has been the result of considerable care and deliberation, and is, upon the whole, well adapted for its purpose. It is quite legitimate for those who have entered into practice, to agitate for a reform of existing Institutions; but only one advice can be given to the Student, namely, to obey the law as it now stands. By adopting this course, his interests will be protected under any change in Medical affairs which may hereafter occur; by an opposite plan, he may expose himself to great and lasting inconvenience.

In his aspirations to the honour of receiving Professional titles, he should aim at the highest distinctions which our Examining Bodies can bestow; and we know of no better or higher ambition for the English Student than to seek the degree of the University of London—if he succeed in this, he need fear no other examination; and even if he fail, he fails in an honourable and praiseworthy effort.

Finally, let every one who hopes for success in his Profession, regard the attainment of a Diploma or a Licence, not as the end of his career, but as the commencement of a new life of arduous and indefatigable exertion: and he who continues to persevere in the spirit of modest inquiry which marks the progress of the zealous Student, will lay the foundations of a solid superstructure of learning and skill, which will be alike satisfactory to himself and useful to his patients.

ABSTRACT OF ACTS OF PARLIAMENT RELATING TO THE MEDICAL PROFESSION.

We commence in the present Number an Abstract of the Acts of Parliament which have been passed from time to time in relation to the Medical Profession. Many of these enactments are now obsolete, and are ludicrous from the quaintness of their style and language, and the absurdity of the reasonings on which they are founded. It is, nevertheless, instructive to trace the progress of the laws which have presided over the destinies of Medicine, although we cannot help feeling that the interference of the Legislature has often done our Profession more harm than good. As Medicine has never been represented in the councils of the nation, the various Charters and Acts of Parliament by which it is more or less affected, have been often obtained as the result of private and selfish intrigues, rather than in acquiescence with the wishes of the great body acting for the common welfare; and hence we find a continual record of exclusive privileges granted to one corporation or another, rather than great and comprehensive schemes for the benefit of the Public. The Abstracts to which we refer, place in a striking point of view the discord which necessarily prevails in our Medical Institutions. We have printed them as a ready means of reference to those who are endeavouring to carry out a more liberal system, and in the hope that the time is approaching when these musty cobwebs of antiquity will be swept away, and the era of a grand and unselfish plan of Medical Reform be inaugurated in their place.

RULES AND REGULATIONS
OF
EXAMINING MEDICAL BODIES
IN
ENGLAND,
SESSION 1855—1856.

UNIVERSITY OF OXFORD.

OFFICERS, 1855.

Chancellor.—The Earl of Derby, D.C.L.

High-Steward.—The Earl of Devon, D.C.L.

Vice-Chancellor.—R. L. Cotton, D.D., Provost of Worcester.

Librarians.—Bodleian, B. Baudinal, D.D., late Fellow of New College.
Radcliffe, H. W. Acland, M.D., late Fellow of All Souls.

Registrar.—Edward Wetherell Rowden, M.A., late Fellow of New College.

PROFESSORS.

Regius Professor of Medicine.—J. A. Ogle, M.D., Trinity.

Tomlin's Prælector of Anatomy.—J. A. Ogle, M.D.

Sherardian Professor of Botany.—C. G. B. Daubeny, M.D., Fellow of Magdalen.

Lichfield's Professor of Clinical Medicine.—J. A. Ogle, M.D.

Aldrichian Professor of Anatomy.—J. A. Ogle, M.D.
Medicine.—J. A. Ogle, M.D.
Chemistry.—Charles G. B. Daubeny, M.D.

Lee's Lecturer in Anatomy.—H. W. Acland, M.D., Christchurch.

Terms.—Michaelmas, 10th October to 17th December.
Hilary, 14th January to Palm Sunday.
Easter, 10th day after Easter Sunday to the day before Whitsunday.
Trinity, Wednesday after Whitsunday the first Tuesday in July.

FOR DEGREES IN ARTS.

By those who have not taken any degree in Arts, Michaelmas and Hilary terms are each kept by six weeks' residence, and Easter and Trinity terms by three weeks' each. From this regulation that term is excepted in which any one takes his degree, or is matriculated, the first or last day of the term in those cases being considered as equivalent to the whole of it.

A residence of three weeks in each term is sufficient for Bachelors of Arts keeping terms for a Master's degree.

Sixteen terms are required for the degree of Bachelor of Arts, from all except the sons, and eldest sons of the eldest sons, of Peers, etc. But of these sixteen terms, the day of Matriculation, if it be in term, counts for one, and the day of admission to a Bachelor's degree for another, and two more may be dispensed with by Congregation; so that, in point of fact, residence for twelve terms only is necessary.

From the time of admission to a Bachelor's degree, twelve terms are computed before the Bachelor can be admitted to the degree of Master of Arts. But of these twelve, the day of admission to the Bachelor's degree counts forward for one, as it did backward in the preceding instance, and the day of admission to a Master's degree counts for another; for three others, dispensations are obtained in Congregation, and six more usually dispensed with by a Chancellor's letter, if approved in Convocation; so that actual residence for only one term is requisite.

FOR DEGREES IN THE SUPERIOR FACULTIES SUBSEQUENT TO THAT OF MASTER OF ARTS.

The following is the time requisite for degrees in the faculty of Medicine subsequent to that of Master of Arts, all of which date the commencement of the reckoning from the period of regency.

For the degree of Bachelor in Medicine, without proceeding through Arts, all students in that faculty are eligible when they have completed twenty-eight terms from the day of Matriculation; and for a Doctor's, three years must intervene from the time of the candidate's having taken his Bachelor's degree.

UNIVERSITY FEES.

The actual fees paid are :—

1. Fees at Matriculation, £1 19s. 6d.

2. Fees at Examinations (paid previously): before Responsions, 20s.; before the final Examination, 21s.; and before the first Public Examination, likewise 21s.; and for admission into any second school, 10s.

3. Fees paid annually by all Members of the University. For "Cnlets," Bodleian Library, Charter, Divinity Clerk, police-tax, fire-tax, public walks, protection of property, paving and lighting, Doctors of Medicine, pay £1 8s. 4d.; Bachelors of Medicine, 2s. 8d. less. Masters of Arts, of two years' standing from Regency, pay £1 1s. 8d.; other Masters of Arts, if of Colleges, pay £1 0s. 8d.; if of Halls, 1s. less. Bachelors of Arts are called upon to pay for the same purposes as the superior Graduates, with a further sum for the Gallery of St. Mary's Church and the Prælector of Logic; so that their annual contributions amount to £1 4s. 8d. Undergraduates do not pay fees to the Bodleian Library; the tax paid by an ordinary Undergraduate is thus reduced to 18s. 8d. a year; Undergraduate Members of Halls pay 4d. less.

4. Fees paid at Graduation :—For the degree of Bachelor of Arts the fees are, respectively, for Grand Compounder, £30, and for ordinary persons, £8 8s. For the degree of Master of Arts respectively, £40 and £15.

Stamp-duties on all degrees are £6, save on B.A. and B.Mus., which are £3. Degree by diploma, £10.

EXERCISES FOR DEGREES IN MEDICINE.

All Students (besides undergoing the same examination appointed for Bachelors of Arts) are to be examined by the Regius Professor of that faculty and two examiners, of the degree of Doctor in Medicine, who are appointed by the Vice-Chancellor, in the theory and practice of Medicine, in Anatomy, Physiology, and Pathology; in the Materia Medica, as well as in Chemistry and Botany, so far as they illustrate the science of Medicine, and in two at least of the following ancient Medical writers—Hippocrates, Aretæus, Galen, and Celsus. For a Doctor's degree in Medicine, a dissertation upon some subject, to be approved by the Professor of Medicine, is to be publicly recited in the Schools, and a copy of it afterwards delivered to the Professor.

EXAMINATIONS FOR DEGREES IN ARTS.

All Undergraduates must pass three public trials before they proceed to their B.A. degree; as follows :—

Responsions to be holden three times in each year [*i. e.*, 5th of December; Monday after the 4th Sunday in Lent; Thursday after the first Sunday after Trinity]; and to be passed in the third to the seventh term inclusive.

Subjects.—One Latin, one Greek author, or a portion of each; the chief object being to ascertain that the principles of these two languages are well understood. Arithmetic (which will be required of all), Euclid, or Algebra.

UNIVERSITY OF CAMBRIDGE.

OFFICERS, 1855.

Chancellor.—His Royal Highness Prince Albert, LL.D., Trinity.
High Steward.—Lord Lyndhurst, LL.D., Trinity.
Vice-Chancellor.—Edwin Guest, LL.D., F.R.S., Caius.
Librarian.—Joseph Power, M.A., Clare.
Registrar.—Joseph Romilly, M.A., Trinity.
Annual Officer—Caput—*in Physic.*—G. M. Paget, M.D., Caius.

PROFESSORS.

Regius of Physic.—Henry J. Hayles Bond, Corpus.
Chemistry.—J. Cumming, M.A., F.R.S., Trinity.
Anatomy.—William Clark, M.D., Trinity.
Botany.—J. S. Henslow, M.A., F.L.S., John's.
Downing of Medicine.—W. W. Fisher, M.D., Down.

Curator of the Botanic Gardens.—James Stratton.

PROCEEDINGS IN PHYSIC.

BACHELOR OF MEDICINE.

A student before he can become a Bachelor of Physic must have entered on his sixth year, computed from the date of his first admission at the University, have resided nine terms, and have passed the previous examination.

A Bachelor of Arts may become a Bachelor of Physic after having entered on his sixth year, computed from the date of his first admission at the University, provided that one year at least has intervened between his final determination in Arts, and his admission to the degree of Bachelor of Physic.

The exercises for this degree are one Act and one opponency.

Candidates for the degree of Bachelor of Physic must, previously to the performance of these exercises, in addition to the examination by the Regius Professor of Physic, be examined by the Professors of Anatomy, Chemistry, and Botany, and the Downing Professor of Medicine. The examinations by the Professors of Chemistry and Botany may take place in the fourth year after admission. The other part of the examination may take place in the fifth year after admission, but not earlier. They must have diligently attended the lectures of the Regius Professor of Physic for two terms, and must bring to him certificates of examination by the above Professors, and of attendance on their lectures, in case the course of lectures of the Professor of Botany consist of not less than twenty lectures, and the courses of lectures of the Professors of Anatomy and Chemistry, and of the Downing Professor of Medicine of not less than fifty lectures each. They must also deliver to the Regius Professor of Physic certificates of having been diligently employed in attendance on medical lectures and the practice of some known hospital for two years, or for as long a time as they have been absent from the University during their undergraduateship.

Every candidate for the M.B. degrees pays the Professor £7 for his Act.

If, on or before the 1st February in his fourth year, the candidate for LL.B. or M.B. does not declare, in writing, to the Master of his College, that it is not his intention to proceed to B.A., he forfeits £3 to the University chest, over and above the usual fees; and if, after this declaration, he proceeds to B.A., he also pays £3 extra to the Senior Proctor.

LICENTIATE IN MEDICINE.

A licence *ad practicandum in Medicinâ* may be granted to a Bachelor of Physic in the term subsequent to that in which he has taken the degree, or to a Master of Arts of two years' standing. Candidates for a licence *ad practicandum in Medicinâ*, being previously Bachelors of Physic, are required to produce to the Regius Professor of Physic certificates of their having attended on hospital practice for three years exclusive of the nine terms which they kept by residence for the degree of Bachelor of Physic, and of their having attended lectures on the following subjects, namely :—Practice of physic and pathology, anatomy and physiology, chemistry and botany, medical jurisprudence, materia medica, and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons. Candidates for a licence *ad practicandum in Medicinâ*, being previously Masters of Arts, are required to bring satisfactory evidence to the Regius Professor of Physic of their having been employed in the study of physic for five years after they became Bachelors of Arts, and to produce to him certificates of their having attended on hospital practice for three of the said five years, and of their having attended lectures on the subjects before mentioned. Every candidate for a licence *ad practicandum in Medicinâ* is required to pass an examination to the satisfaction of the Regius Professor of Physic, the Professor of Anatomy, the Downing Professor of Medicine, and a Doctor of Physic, to be nominated by the Vice-Chancellor, and approved by the Senate at the first congregation after the 10th of October in each year. There are two such examinations in every year; one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of Easter term falls. A candidate for a licence *ad practicandum in Medicinâ*, being previously Bachelor of Physic, cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the degree of Bachelor of Physic. A student who has declared for law or physic, may put on a full-sleeved gown, when those of the same year, who go out at the regular time, have taken their degree of Bachelor of Arts. He is then styled a Harry-Soph (*ερισοφος*).

DOCTOR IN MEDICINE.

The degree of Doctor of Physic is granted to a Bachelor of Physic of five years, or to a Master of Arts of seven years' standing. A M.A is required to declare himself a student in

physic, within four years of his inauguration, in order to be a candidate for the degree. The exercises for this degree are two acts and one opponency. Every candidate for the degree of Doctor of Physic, who has not previously obtained a licence *ad practicandum in Medicinâ*, is required to produce to the Regius Professor of Physic the same certificates and pass the same examination as are required in the case of candidates for a licence *ad practicandum in Medicinâ*.

The following Table of Average Expense, regularly incurred by the student, is calculated for one of the Colleges. The difference is not much at any other College:—

Annual.

	£	s.	d.
Tuition	10	0	0
Rooms, Rent	10	0	0
Attendance, Assessed Taxes, etc.	6	5	0
Coals	3	10	0
College Payments	5	7	4
Cost of Living.			
Breakfast, Dinner, and Tea, at 16s. 6d. a-week for twenty-five weeks, making the average three terms' residence in the year	20	12	6
Laundress	5	8	0
	£61	2	10

Rent of rooms varies in the several Colleges from 4*l.* to 30*l.* Price of lodgings, 8s. to 28s. per week; the most frequent payment is 14s. or 16s.; and half-price is paid in vacations. Entertainment in rooms, attendance of a gyp, orders in the hall, are extra and optional. Private tuition is for the most part 14*l.*, or 7*l.* a term. Personal expenses and tradesmen's bills are independent of the place; they are paid by the student himself, or through the tutor, as may be found expedient.

ADDENBROOKE'S HOSPITAL

was opened in the year 1776, and contains upwards of 100 beds. Certificates of attendance on the practice in it are recognized by the University, by the Royal Colleges of Physicians and Surgeons, and by the Society of Apothecaries in London. During term clinical lectures are delivered weekly by the Physicians, and a course of lectures on the Principles of Surgery by Mr. Humphry, the certificate of attendance on which is received of candidates for L.M.

Physicians.—Henry J. H. Bond, M.D.; G. E. Paget, M.D.; William W. Fisher, M.D.

Consulting Surgeon.—John Okes, Esq., F.R.C.S.

Surgeons.—Charles Lestourgeon, M.A., F.R.C.S.; Josiah Hammond, F.R.C.S.; George M. Humphry, F.R.C.S.

Fees.—For attendance on the medical and surgical practice and the lectures:—

For 6 months	Eight guineas.
12 months	Ten guineas.
An unlimited period	Fifteen guineas.

THE UNIVERSITY LIBRARY

contains about 170,000 volumes. It is open on Saturdays from ten till one; and on other days from eleven till four.

THE ANATOMICAL MUSEUM.

This rich and interesting collection is under the care and superintendence of the Professor of Anatomy for the time being. It is used by him and by the Regius Professor of Physic for the illustration of their respective lectures. The Museum is at all times open to the Regius Professor of Physic; to the other Professors of Medicine or Natural Science, to Doctors and Bachelors of Physic, and to all students attending the lectures of the Regius Professor of Physic, and of the Professor of Anatomy, or of any of the above-described Professors, from eleven to twelve every day, with the exception of Sundays, Christmas-day, and Good Friday. It is also open to all Graduates from two till three on Tuesdays, Thursdays, and Saturdays.

THE LONDON UNIVERSITY.

Chancellor.—The Earl of Burlington, LL.D., F.R.S.

Vice-Chancellor.—John George Shaw Lefevre, Esq., C.B., M.A., F.R.S.

The Senate,—The Lord Bishop of Durham, D.D., F.R.S.; the Lord Bishop of St. David's, D.D.; the Lord Monteagle, M.A., F.R.S.; the Lord Overstone, M.A.; Andrew Amos, Esq., M.A.; Neill Arnott, Esq., M.D., F.R.S.; John Austin, Esq.; John Bacot, Esq.; Admiral Sir Francis Beaufort, K.C.B., F.R.S.; Archibald Billing, Esq., M.D., A.M., F.R.S.; Professor Brande, D.C.L., F.R.S.; Sir James Clark, Bart., M.D., F.R.S.; Sir Philip Crampton, Bart., M.D.; Professor Faraday, D.C.L., F.R.S.; the Right Hon. Sir James R. George Graham, Bart., G.C.B., LL.D., M.P., F.R.S.; George Grote, Esq., M.A.; Henry Hallam, Esq., M.A., F.R.S.; Sir Stephen Love Hammick, Bart.; the Rev. Professor Henslow, M.A.; Thomas Hodgkin, Esq., M.D.; Francis Kiernan, Esq., F.R.S.; George Cornewall Lewis, Esq., M.A.; Charles Locock, Esq., M.D.; Sir John William Lubbock, Bart., M.A., F.R.S.; the Right Hon. Thomas Babington Macaulay, M.A., M.P., F.R.S.; Sir James M'Grigor, Bart., M.D., K.C.B., F.R.S.; Jones Quain, Esq., M.D.; John Ridout, Esq.; Peter Mark Roget, Esq., M.D., F.R.S.; Nassau William Senior, Esq., M.A.; James Walker, Esq., LL.D., F.R.S.; Henry Warburton, Esq., M.A., F.R.S.

Registrar.—Richard Wellesley Rothman, Esq., M.D.

EXAMINERS.

Medicine.—Archibald Billing, Esq., M.D., M.A., F.R.S.; and Alexander Tweedie, Esq., M.D., F.R.S.

Surgery.—Sir Stephen Love Hammick, Bart., and Joseph Hodgson, Esq., F.R.S.

Anatomy and Physiology.—Francis Kiernan, Esq., F.R.S., and Professor Sharpey, M.D., F.R.S.

Physiology and Comparative Anatomy.—Professor Carpenter, M.D., F.R.S.

Midwifery.—Edward Rigby, Esq., M.D.

Chemistry.—Professor Brande, F.R.S.

Botany.—The Rev. Professor Henslow, M.A.

Materia Medica and Pharmacy.—George Owen Rees, Esq., M.D., F.R.S.

BACHELOR OF MEDICINE.

Candidates for the Degree of Bachelor of Medicine shall be required:—1. To have been engaged during four years in their professional studies at one or more of the Institutions or Schools recognized by this University. 2. To have spent one year at least of the four in one or more of the recognized Institutions or Schools in the United Kingdom. 3. To pass two examinations.

First Examination.—The first examination shall take place once a year, and commence on the first Monday in August (a). No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in Arts in this University, or in a University the degrees granted by which are recognized by the Senate of this University (b); or of having passed the Matriculation examination (c). 3. Of having been a student during two years at one or more of the Medical Institutions or Schools recognized by this University, subsequently to having taken a degree in arts, or passed the Matriculation examination. 4, 5, 6, 7. (See TABLE OF REQUIREMENTS, page 292.) These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be 5*l.* No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the first examination without the payment of any additional fee. (For subjects of Examination, see TABLE OF REQUIREMENTS, page 292.) The candidate shall also be required to translate passages from the Latin Pharmacopœia.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the first examination may be examined for honours in any or all of the following subjects:—Anatomy and Physiology. (Candidates may illustrate their answers by sketching the the parts they describe.) Chemistry, Materia Medica and Pharmaceutical Chemistry, Structural and Physiological Botany. The examinations shall take place in the week following the commencement of the first examination. [They shall be conducted by means of printed papers; but the examiners shall not be precluded from putting *vivâ voce* ques-

(a) The annual number of examinations will be increased at a future period, should it be found desirable.

(b) The Degrees in Arts of all Universities in the United Kingdom are recognized by the Senate for this purpose.

(c) The Matriculation Examination is the same for Students in Arts and for Students in Medicine.

tions upon the written answers of the candidates when they appear to require explanation. In determining the relative position of candidates, the examiners shall have regard to the proficiency evinced by the candidates in the same subjects at the pass examination. Candidates who pass the examinations, and acquit themselves to the satisfaction of examiners, shall be arranged according to the several subjects, and according to their proficiency in each; and candidates shall be bracketed together, unless the examiners are of opinion that there is a clear difference between them.] If in the opinion of the examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in anatomy and physiology, the candidate who shall distinguish himself the most in chemistry, and the candidate who shall distinguish himself the most in Materia Medica and pharmaceutical chemistry, shall each receive an exhibition of 30*l.* per annum for the next two years. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of 5*l.* Under the same circumstances, the candidate who shall distinguish himself the most in structural and physiological botany shall receive a gold medal of the value of 5*l.*

SECOND EXAMINATION.

The second examination shall take place once a-year, and commence on the first Monday in November. No candidate shall be admitted to this examination within two academical years of the time of his passing the first examination, nor unless he have produced certificates to the following effect:—1. Of having passed the first examination. 2, 3, 4, 5, 6, 7, (see TABLE of REQUIREMENTS, p. 292.) Certificates on this subject will be received from any legally-qualified Practitioner having the care of the poor of a parish. The candidate shall also produce a certificate of moral character from a teacher in the last school or institution at which he has studied, as far as the teacher's opportunity of knowledge has extended. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for this examination shall be five pounds. No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be afterwards admissible to the second examination without the payment of any additional fee. (For subjects of Examination see TABLE OF REQUIREMENTS, p. 292. The candidate shall also be required to translate passages of the Latin Pharmacopœia into English, and of the English Pharmacopœia into Latin. On Monday morning in the week following the examination, the examiners shall arrange in two divisions, each in alphabetical order, such of the candidates as have passed. And a certificate under the seal of the University, and signed by the Chancellor, shall be delivered to each candidate. Such candidates only as in the opinion of the examiners are admissible to the examination for honours, shall be placed in the first division.

EXAMINATION FOR HONOURS.

Any candidate who has been placed in the first division at the second examination may be examined for honours in any or all of the following subjects:—Physiology and Comparative Anatomy. Candidates may illustrate their answers by sketching the parts they describe. Surgery, Medicine, Midwifery. The examination shall take place in the week following the second examination. (The same regulations follow here as in the examination in honours for M.B., which are bracketed.) If in the opinion of the Examiners sufficient merit be evinced, the candidate who shall distinguish himself the most in Physiology and Comparative Anatomy, the candidate who shall distinguish himself the most in Surgery, and the candidate who shall distinguish himself the most in Medicine, shall each receive an exhibition of 50*l.* per annum for the next two years, with the style of University Medical Scholar. Under the same circumstances, the first and second candidates in each of the preceding subjects shall each receive a gold medal of the value of 5*l.* Under the same circumstances, the candidate who shall distinguish himself the most in Midwifery shall receive a gold medal of the value of 5*l.*

DOCTOR OF MEDICINE.

The examination for the degree of Doctor of Medicine shall take place once a-year, and commence on the fourth Monday in November. No candidate shall be admitted to this examination unless he have produced certificates to the following effect:—1. Of having taken the degree of Bachelor of Medicine in this University, or a degree in Medicine or in Surgery at a University the degrees granted by which are recognized by the Senate of this University(a). Those candidates who have not taken the degree in this University shall produce a certificate of having completed their twenty-third year. 2. Of having attended, subsequently to having taken one of the above degrees in Medicine: *a.* To Clinical or Practical Medicine during two years in an Hospital or Medical Institution recognized by this University. *b.* Or, to Clinical or Practical Medicine during one year in a Hospital or Medical Institution recognized by this University, and of having been engaged during three years in the practice of his Profession. *c.* Or, if he have taken the degree of Bachelor of Medicine in this University, of having been engaged during five years in the practice of his Profession. One year of attendance on Clinical or Practical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of Moral Character, signed by two persons of respectability. These certificates shall be transmitted to the Registrar at least fourteen days before the examination begins. The fee for the degree of Doctor of Medicine shall be 10*l.* No candidate shall be admitted to the examination unless he have previously paid this fee to the Registrar. If a candidate fail to pass the examination, the fee shall not be returned to him; but he shall be admissible to any subsequent examination for the same degree without the payment of any additional fee. The examination shall be conducted by means of printed papers and *viva voce* interrogation. Candidates shall be examined in the following subjects:—Elements of Intellectual Philosophy, Logic, and Moral Philosophy. Medicine.

REGULATIONS RELATING TO STUDENTS WHO COMMENCED THEIR MEDICAL STUDIES IN OR BEFORE JANUARY 1839 (b).

BACHELOR OF MEDICINE.

Candidates who commenced their Professional studies in or before January, 1839, shall be admitted to the first examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during two years in their Professional studies. 2. Of having attended a course of lectures on each of four of the subjects comprehended in the list at page 292. 3. Of having dissected during nine months. 4. Of having attended to Practical Pharmacy during a sufficient length of time to enable them to acquire a practical knowledge in the preparation of medicines. Candidates who commenced their Professional studies in or before January, 1839, shall be admitted to the second examination for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been engaged during four years in their Professional studies. 2. Of having passed the first examination. 3. Of having attended a course of lectures on each of two of the subjects comprehended in the list given under section 4 of requirements for the M.B. degree. 4. Of having Dissected during twelve months. 5. Of having attended to Practical Pharmacy during a sufficient length of time to enable the pupil to acquire a practical knowledge in the preparation of medicines. 6. Of having conducted at least Six Labours. 7. Of having attended the Surgical Practice of a recognized Hospital or Hospitals during twelve months. 8. Of having attended the Medical Practice of a recognized Hospital or Hospitals during other twelve months. 9. Of having completed the twenty-second year of their age. 10. Of Moral Character from a teacher in the last school or institution at which they have studied, as far as the teacher's opportunity of knowledge has extended. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

(a) At present, all candidates for the degree of Doctor of Medicine must have previously obtained the degree of Bachelor of Medicine in this University.

(b) Candidates who have obtained the degree of M.B. under the regulations contained here, and who are desirous of proceeding to the degree of MD., will be required to produce the certificates enumerated under the regulations for the M.D. degree.

REGULATIONS RELATING TO PRACTITIONERS IN MEDICINE OR SURGERY DESIROUS OF OBTAINING DEGREES IN MEDICINE (a).

Bachelor of Medicine.—Candidates shall be admitted to the two examinations for the degree of Bachelor of Medicine on producing certificates to the following effect:—1. Of having been admitted prior to the year 1840 members of one of the legally-constituted bodies in the United Kingdom for licensing Practitioners in Medicine or Surgery; or, of having served previously to 1840 as Surgeons or Assistant-Surgeons in Her Majesty's army, ordnance, or navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognized institution or school, as required by the Charter of the University. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in arts, or passed the matriculation examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

Doctor of Medicine.—Candidates who have been engaged during five years in the practice of their Profession shall be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their Profession. 2. Of having taken the degree of Bachelor of Medicine in this University. Candidates who have not taken a degree in arts, or passed the Matriculation Examination in this University, will be required to translate a portion of Celsus *de Re Medicâ*.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

President—Dr. Paris. *Elects*—Drs. Turner, Hue, Bright, Monro, Mayo, Southey, Hawkins.

Censors—Drs. Page, Hughes, Guy, Black.

Treasurer—Dr. Alderson.

Registrar—Dr. Hawkins.

Curators of the Museum—The President, the Censors, Drs. Wilson, Alderson, Nairne, Bence Jones.

Bedel—Mr. Rawes.

According to the Regulations of this College, no one will be admitted as a candidate for the licence or extra licence, unless he shall have attained the age of six-and-twenty, and shall present a certificate of good moral conduct. His medical education must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history (particularly botany), midwifery, and the principles of surgery, and must extend over the period of five years. Practical medicine must be studied for three years in an Hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education according to the usual course of study, are required to present testimonials of a twelvemonth's attendance on medical practice at any Hospital in Great Britain, having the qualifications as above.

No one will be admitted as a licentiate (*permissus*) who is accustomed to use any secret medicine or nostrum in the treatment of disease, unless previously to his first examination he make known to the President and Censors its composition and the manner in which it is employed. Every candidate must undergo three examinations before the President and Censors. The first examination comprises physiology, the second pathology, and the third therapeutics. At the commencement of the first examination, the President may inquire of the candidate where he studied polite literature, and the principles of science, and what honours he has obtained, whether in philosophy, arts, or medicine, in order that the answers may be recorded by the registrar. The candidate may also be examined in Greek works on medicine,—to wit, Hippocrates, Galen, or Aretæus. Passages from the Aphorisms of Hippocrates or Galen will be brought forward during the first examination; and, during the second and third, passages from Hippocrates, Galen, or Aretæus, which must be be translated into Latin, and illustrated with a brief commentary. If the candidate decline examination in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English, at the pleasure of the Censors.

Whenever a candidate has passed the prescribed examinations, and has been approved, he will be proposed at the next *comitia majora* (or meeting of the fellows at large) to be admitted as a licentiate; and, if the majority present consent, he will be admitted accordingly. If, however, the candidate be rejected, he cannot present himself for re-examination for a twelvemonth.

Before the licentiate is admitted, he is required to plight his faith to the College that he will obey its statutes, or pay the penalties imposed; and consult the honour of the College and the good of the public in all his medical practice.

If any one holding the licence of the College practise pharmacy afterwards, or engage in merchandise, he is liable to expulsion; and any person practising medicine in London, or within seven miles thereof, without having previously obtained the College licence, is to be admonished by letter to cease his practice until after he has passed the required examinations; and if he continue to practise, despite this admonition, then *legibus regni obnoxius erit*.

Persons who have attained their fortieth year, seeking to become licentiates of the College, but whose medical education is not altogether in accordance with the regulations already stated, must present very high testimonials of professional knowledge and good moral conduct, and, if these are satisfactory to the Censors, after a very strict scrutiny, the Censors may recommend to the College that they should be admitted to examination the same as for licentiates in general.

The old regulation restricting the fellowship ordinarily to the Graduates of Oxford and Cambridge, was repealed in the latter part of 1835; and after Easter, 1836, all candidates were declared to be admissible as licentiates only, from which class, when duly qualified, a certain number are to be annually elected fellows in *comitia majora;* none being eligible who have not been four years in the number of licentiates.

The President of the College is *ex officio* President of the Vaccine Board, a Trustee of the British and Hunterian Museums, and an elector to the Tancred Scholarships. The College also appoints the Sherardian Professor of Botany to the University of Oxford.

The examinations for the licence are conducted by the President and Censors. The periods at which they take place are Michaelmas, Christmas, Easter, and Midsummer. The new Censors are elected on the 25th of June. The lectures are delivered in the early part of the year. There are about nine delivered: three Gulstonian, three Croonian, and three Lumleian, so called from the names of those who left endowments to the College for the purpose. The museum and library are the property of the fellows, but licentiates may, if they desire it, be admitted to the use of the library, on payment of a small subscription.

The College fees are 56*l.* 17s. (including stamp-duty 15*l.*) for the licence; fellowship, 55*l.* 1s. (including stamp-duty, 25*l.*); extra licence, 25*l.*

If any fellow or licentiate should be convicted before the President and Censors of having accused any other fellow or licentiate of Professional ignorance; or of misconduct, unless, it be before a legally-constituted tribunal, he shall be fined 4*l.* for the first offence, and 8*l.* for the second; if he offend a third time, if a fellow, he shall be expelled, and if a licentiate fined 10*l.* This last fine is to be enforced every time afterwards the licentiate shall so offend. If any fellow or licentiate shall offer his professional assistance to any patient whom he shall know to be under the care of another Physician, whether fellow or licentiate, without having been called in to see the patient professionally, he shall be fined 40s.

If any fellow be proved to have made any arrangement with a Druggist, to share with him the proceeds in his prescriptions, he shall be expelled; if a licentiate have entered into a similar arrangement, he shall be fined 10*l.* every time he shall so offend.

Every Physician, whether fellow or licentiate, shall attach to each Prescription which he writes, the day of the month, the name of the sick person, and his own initials. When a consultation takes place, it is to be carried on with modesty, not in the presence of the sick; and if any difference of opinion occurs, it is to be stated with prudence and moderation, so as to be as little distressing as possible to the patient or the friends, by the ordinary Medical attendant. Whoever infringes these regulations will be fined 5*l.* by the President and Censors.

No fellow or licentiate may consult in London, or within

(a) All these Regulations are applicable exclusively to Practitioners who obtained their licences or commissions prior to 1840.

seven miles thereof, with a Physician who does not belong to the College, under a penalty of *5l.*

All fines are to be paid immediately.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

COUNCIL.

President.—George James Guthrie.

Vice-Presidents.—Benjamin Travers, William Lawrance, Robert Keate, Sir Benjamin Collins Brodie, Bart., Joseph Swan, Edward Stanley, Joseph Henry Green, James Moncrieff Arnott, John Flint South, Cæsar Henry Hawkins, James Luke, Frederic Carpenter Skey, Joseph Hodgson, Thomas Wormald, George Pilcher, John Bishop, Gilbert Wakefield Mackmurdo, Francis Kiernan, William Coulson, George Gulliver, Richard Partridge, John Hilton, Richard Quain.

PROFESSORS.

Anatomy and Surgery.—Messrs. Skey and Paget.

Hunterian.—Richard Owen.

Histological.—John Thomas Quekett.

Conservators of the Museum.—Richard Owen, John Thomas Quekett.

Librarian.—John Chatto.

Secretary.—Edmund Belfour.

Clerk.—Thomas Madden Stone.

REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE DIPLOMA OF MEMBER OF THE COLLEGE.

Candidates will be required to produce the following certificates, viz.:—

1. Of being twenty-one years of age.

2. Of having been engaged during four years in the acquirement of professional knowledge.

3. Of having studied Practical Pharmacy during six months.

4. Of having studied Anatomy and Physiology, by attendance on lectures and demonstrations, and by dissections during three Winter Sessions.

5. Of having attended, during two Winter Sessions, Lectures on the Principles and Practice of Surgery.

6. Of having attended, during one Summer Session, Lectures on Materia Medica, and Lectures on Midwifery; Practical Midwifery to be attended at any time after the conclusion of the Session.

7. Of having attended at least one Course of Lectures on the Practice of Physic and one Course on Chemistry.

8. Of having attended at a recognized Hospital or Hospitals in the United Kingdom the Practice of Physic during one Winter (a) and one Summer (b) Session.

9. And of having attended, during three Winter and two Summer Sessions, the Practice of Surgery at a recognized Hospital or Hospitals in the United Kingdom.

10. And of having attended Clinical Lectures on Medicine and Surgery in conformity with the following Regulations of the Council:—

The certificates of attendance on the Medical practice of a Hospital, commencing on or after the 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on Medicine during such attendance; and the certificates of attendance on the Surgical practice of a Hospital, commencing on or after the said 1st of October, 1854, must be accompanied by certificates of attendance on clinical lectures on Surgery during such attendance. Such courses of clinical lectures shall, in England and the colonies, consist of not less than one lecture on Medicine and one lecture on Surgery in each week during the Summer and Winter Sessions; and in Scotland and Ireland shall consist of such number of lectures as may be respectively required by the Royal Colleges of Surgeons of Edinburgh and Ireland. These lectures shall be additional to clinical instruction given in the wards, and shall have especial reference to cases at the time, or previously under observation in the Hospital.

The course of study hereby prescribed is required to be observed by candidates who shall have pursued their studies in Hospitals and Schools in England. Those candidates who shall have studied in Scotland are required to bring certificates of having attended lectures on the institutes of medicine during one Winter Session, and on Anatomy during two other Winter Sessions, and on demonstrations and dissections during three Winter Sessions (the foregoing reglations being in all other respects observed). Candidates who shall have attended Lectures on Materia Medica in the University of Dublin will be allowed to bring certificates of such attendance during the Winter Session.

II. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in Medicine of any legally constituted College or University requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school and hospital of the University where they shall have graduated, or at one or more of the recognized Schools and Hospitals in the United Kingdom.

IV. Candidates who shall have attended at recognized Colonial Hospitals and Schools (a) the medical and surgical practice and the several courses of lectures, with the demonstrations and dissections required by the foregoing regulations, will be admitted for examination upon producing certificates of such attendance, together with certificates of having attended in London, during one Winter Session, the Surgical practice of a recognized Hospital, and Lectures on Anatomy, Physiology, and Surgery, with demonstrations and dissections.

V. Certificates will not be recognized from any Hospital unless the Surgeons thereto be members of one of the legally constituted Colleges of Surgeons in the United Kingdom; nor from any School of Anatomy and Physiology or Midwifery, unless the teachers in such School be members of some legally constituted College of Physicians or Surgeons in the United Kingdom; nor from any School of Surgery, unless the teachers in such School be members of one of the legally constituted Colleges of Surgeons in the United Kingdom.

VI. Certificates will not be received on more than one branch of science from one and the same lecturer; but anatomy and physiology—demonstrations and dissections—will be respectively considered as one branch of science; and in those Schools in Scotland or Ireland in which such division of those subjects is sanctioned by the College of Surgeons in each kingdom, the Institutes of Medicine,—anatomy, demonstrations, and dissections,—may be separately certified.

VII. Certificates will not be received from candidates who have studied in London, unless they shall have registered their tickets at the College, as required by the regulations, during the last ten days of January, March, and October in each year; nor from candidates who have studied elsewhere, unless their names shall duly appear in the registers transmitted during such studies from their respective schools.

N.B. In the certificates of attendance on Hospital practice and on lectures, it is required that the dates of commencement and termination be clearly expressed; and no interlineation, erasure, or alteration will be allowed.

Blank forms of the required certificates may be obtained on application to the Secretary, to whom they must be delivered, properly filled up, ten days before the candidate can be admitted to examination; and all such certificates are retained at the College.

(a) The Winter Session comprises a period of six months, England, commences on the 1st of October, and terminates on the 31st of March.

(b) The Summer Session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

No Provincial Hospital will be recognized by this College which contains less than 100 patients; and no Metropolitan Hospital which contains less than 150 patients.

(a) The recognition of Colonial Hospitals and Schools is governed by the same regulations, with respect to numbers of patients, to courses of lectures, and to physicians, surgeons, and lecturers, as apply to the recognition of provincial Hospitals and Schools in England.

REGULATIONS OF THE COUNCIL

RESPECTING THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE CERTIFICATE OF QUALIFICATION IN MIDWIFERY.

1. Persons who were Fellows or Members of the College, prior to the 1st day of January, 1853, will be admitted to Examination for the certificate of qualification in Midwifery upon producing their diploma.

2. Persons having become Members of the College, subsequently to the 1st of January, 1853, will be admitted to examination on producing their diploma, together with a certificate or certificates of having attended twenty labours.

3. Members or Licentiates of any legally constituted College of Surgeons in the United Kingdom, and Graduates in Surgery of any University requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma, licence, or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

4. Graduates in Medicine of any legally constituted College or University, requiring residence to obtain degrees, will also be admitted to examination on producing, together with their diploma or degree, proof of being twenty-one years of age—of having been occupied four years in the acquirement of professional knowledge—of having completed, at recognized schools, the anatomical and surgical education required of candidates for the diploma of member of the College—of having attended one course of lectures on Midwifery—and of having attended not less than twenty labours.

5. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, prior to the 1st of January, 1853, will be admitted to examination on producing the several certificates of professional education required for admission to examination for the diploma of member of this College at the period when such persons shall respectively have, in such manner, commenced their professional education.

6. Persons having commenced their professional education, either by attendance on Hospital practice, or on lectures on anatomy, after the 31st day of December, 1852, will be admitted to examination on producing certificates of being twenty-one years of age—of having been engaged during four years in the acquirement of professional knowledge—of having completed, at recognized schools, the professional education required of candidates for the diploma of member of this College—of having attended one course of lectures on midwifery and the diseases of women and children—and of having personally conducted thirty labours.

N.B, The fee for the certificate is as follows, viz.—1. Persons who were Fellows or Members of this College prior to the 1st of January, 1853, Two Guineas. 2. Persons admitted Fellows or Members of this College, subsequently to the 1st of January, 1853, Three Guineas. 3. 4. Persons producing any other diploma or certificate of degree which may be considered by the Council to afford satisfactory proof of sufficient Surgical and Medical Education, Three Guineas. 5. 6. All other persons, Ten Guineas.

ADMISSION TO THE FELLOWSHIP BY EXAMINATION.

BY-LAWS, 1852.

Except in the cases and instances hereinafter provided for to the contrary, every candidate for the Fellowship, whether a member of the College or not, shall produce certificates satisfactory to the Court of Examiners:—That he is 25 years of age. That he is (if found qualified upon his examination) a fit and proper person to be admitted to the Fellowship, and the certificate of which shall be signed by three Fellows. That he has passed a preliminary examination in classics, mathematics, and French, appointed by the Council or such other examination in any University in the United Kingdom as the Council may from time to time determine to be equivalent thereto. That he has been engaged for six years in the acquirement of professional knowledge in Hospitals or schools of Anatomy, Surgery, and Medicine recognized by the Council of the College for that purpose; and that not less than three Winter and three Summer Sessions thereof have been passed in one or more of such Hospitals in London. That he has studied anatomy and physiology by attendance on lectures and demonstrations, and by dissections during three Winter Sessions of not less than six months each, at a recognized school or schools. That he has attended lectures on the theory and practice of Medicine, and on clinical Medicine; and also on the theory and practice of Surgery, and on clinical Surgery, during two sessions of not less than six months each, at recognized schools and Hospitals. That he has attended one course of lectures on each of the following subjects, viz., chemistry, materia medica, midwifery, with attendance on cases, Medical jurisprudence, and comparative anatomy, at one or more recognized school or schools. That he has attended the Surgical practice of a recognized Hospital or Hospitals during four Winter and four Summer Sessions, and the Medical practice of a recognized Hospital or Hospitals during one Winter and one Summer Session. That he has served the office of House-Surgeon or dresser in a recognized Hospital in the United Kingdom. He shall also present for examination clinical reports, with observations thereon, of not less than six Surgical cases taken by himself at one or more of the recognized Hospitals in the United Kingdom, with satisfactory evidence of their authenticity and genuineness. In the case of a candidate who shall have taken by examination the degree of Bachelor or Master of Arts in any University in the United Kingdom, it shall be sufficient for him to produce a certificate or certificates that he has been engaged for five years (instead of six years) in the acquirement of professional knowledge in recognized Hospitals or schools of Surgery and Medicine, but he shall in all other respects produce the certificates of the foregoing course of study. Any person who shall have been a member of the College on the fourteenth day of September, one thousand eight hundred and forty-four, shall be entitled to be admitted to the examination for the Fellowship upon the production of a certificate signed by three Fellows that he has been eight years in the practice of the Profession of Surgery, and that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified. Any person who shall have become a member of the College after the said fourteenth day of September, one thousand eight hundred and forty-four, shall, after the expiration of twelve years from the date of the diploma, also be entitled to be admitted to the examination for the Fellowship upon the production of a certificate signed by three Fellows that he has been for twelve years in the practice of the Profession of Surgery, and that he is a fit and proper person to be admitted a Fellow, if upon examination he shall be found qualified. Every member of the College shall, prior to his admission as a Fellow by examination, make and subscribe his name to the following declaration, in the presence of the Court of Examiners, viz.:—"I, A B, of C, member of the Royal College of Surgeons of England, do solemnly and sincerely declare, that, while a Fellow of the said College, I will observe the by-laws thereof relating to the Fellowship, and will obey every lawful summons issued by order of the Council of the said College, having no reasonable excuse to the contrary. And I make this solemn declaration by virtue of the provisions of an Act passed in the sixth year of the reign of His late Majesty King William the Fourth, intituled an Act to repeal an Act of the present Session of Parliament, intituled an Act for the more effectual Abolition of Oaths and Affirmations taken and made in various departments of the State, and to substitute declarations in lieu thereof, and for the entire suppression of voluntary and extra-judicial Oaths and Affidavits, and to make other provisions for the abolition of unnecessary Oaths." Every member of the College shall, prior to his admission as a Fellow, subscribe his name to a copy of the by-laws relating to the Fellowship in testimony of having engaged himself to the observance thereof. Every member of the College shall, prior to his admission as a Fellow, pay the sum of ten guineas over and besides all charges for stamps. Every person not previously a member of the College shall, prior to his admission as a Fellow, make and subscribe his name to the following declaration, in the presence of the Court of Examiners, viz.:—I, A. B, of C, do solemnly and sincerely declare, that while a Fellow or member of the Royal College of Surgeons of England, I will observe the by-laws thereof, and will obey every lawful summons issued by the Council of the said College, having no reasonable excuse to the contrary, and will to the utmost of my power maintain the dignity and welfare of the College. And I make this solemn declaration by virtue of the provisions of an Act passed in the sixth year of the reign of His late Majesty King William the Fourth, intituled an Act to repeal an Act of the present Session of Parlia-

ment, intituled an Act for the more effectual Abolition of Oaths and Affirmations taken and made in various departments of the State, and to substitute declarations in lieu thereof, and for the more entire suppression of voluntary and extrajudicial Oaths and Affidavits, and to make other provisions for the Abolition of unnecessary Oaths." Every person not previously a member of the College shall, prior to his admission as a Fellow, subscribe his name to a copy of the by-laws of the College. Every person not previously a member of the College shall, prior to his admission as a Fellow, pay the sum of thirty guineas over and besides all charges for stamps.

The preliminary examination in Classics, Mathematics, and French is held in the months of April and October. The professional examination is held in the months of May and November. Each professional examination occupies two days. The subjects of the first day's examination are, Anatomy and Physiology; those of the second day, Pathology, Therapeutics, and Surgery: in the anatomical examination the candidate performs dissections or operations on the dead body. The time allowed for examination each day is from ten o'clock a.m. until four o'clock p.m.

THE SOCIETY OF APOTHECARIES.

Master.—R. C. Griffiths, Esq.

Wardens.—J. F. De Grave, Esq., Bankside; J. Simoëns, Esq.

Assistants.—John Nussey, Esq., Cleveland-row, St. James's; Allen Williams, Esq., St. Thomas's-street, Southwark; William Bagster, Esq.; Edward Wallace, Esq., Carshalton; John Bacot, Esq., Portugal-street; Edward Bean, Esq., Camberwell; Michael Lambton Este, Esq., Albany; William Thomas Brande, Esq., Royal Mint; R. S. Eyles, Esq., St. Andrew's-court, Holbornhill; John Parrott, Esq., Clapham; Everard A. Brande, Esq., Turnham-green; William Payne, Esq., Bath-road, Reading; William Day, Esq., Isleworth; J. P. Peregrine, Esq., St. Saviour's-crescent, St. Helier's, Jersey; J. Harrison, Esq., West-cottage, Bedford-place, Camden-hill, Kensington; William M. Lamb, Esq., Bray, near Maidenhead; James Saner, Esq., Tottenham-green; F. R. Gowar, Esq., Montague-place, Kent-road; John Humphrys, Esq., Barnet; John Hunter, Esq., Stamford-hill.

COURT OF EXAMINERS.

Chairman.—Edward Tegart. Henry Combe, W. Dickinson, T. Ansell, Richard Hopkins Robertson, R. Norton, Richard King, Charles Robert Walsh, Robert Hunter Semple, Thomas Rivington Wheeler, Stephen Henry Ward, John Randall.

Secretary to the Court of Examiners.—A. M. Randall.

Professor of Chemistry and Materia Medica. — William Thomas Brande, Esq., D.C.L., F.R.S. London and Edinburgh.

Examiner for the Society's Prize in Botany. — Joseph D. Hooker, Esq., M.D., F.R.S., F.L.S.

Clerk to the Society.—Robert Brotherson Upton, Esq.

Curator of the Society's Botanic Garden.—Mr. Thomas Moore.

Beadle.—Charles Rivers.

REGULATIONS.

Every candidate for a certificate of qualification to practise as an Apothecary will be required to produce testimonials :— 1. Of having served an apprenticeship of not less than five years to an Apothecary. No gentleman practising as an Apothecary in England or Wales can give his apprentice a legal title to examination, unless he is himself legally qualified to practise as an Apothecary, either by having been in practice prior to or on the 1st of August, 1815, or by having received a certificate of his qualification from the Court of Examiners. An apprenticeship, for not less than five years, to Surgeons practising as Apothecaries in Ireland and Scotland, gives to the apprentice a title to be admitted to examination. 2. Of having attained the full age of twenty-one years. As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured. 3. Of good moral conduct. A testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person. 4. And of having pursued a course of Medical study, in conformity with the regulations of the Court.

Every candidate whose attendance on Lectures shall commence on or after the 1st of October, 1849, must attend—

(*See Table of Requirements, p.* 292.)

The above course of study may be extended over a longer period than three winter and two summer sessions, provided the lectures and medical practice are attended in the order prescribed.

Those gentlemen whose attendance on lectures commenced before the 1st of October, 1849, will be allowed to complete their studies in conformity with the previous regulations of the Court.

Hospitals and Dispensaries.—No Hospital will be recognised by the Court, unless,—1. It contains at least 100 beds. 2. It be under the care of two or more Physicians, Members of the Royal College of Physicians of London, or graduated Doctors of Medicine of a British University; and an Apothecary legally qualified, either by having been in practice prior to the 1st of August, 1815, or by having received a certificate of qualification from this Court. 3. The Physicians give lectures on Clinical Medicine, and instruction in Morbid Anatomy. No Dispensary will be recognised by the Court, unless it be situated in some town where there is a recognised Medical School, and be under the care of at least two Physicians and an Apothecary legally qualified. No Medical practice will be available, unless it be attended in conformity with the course of study prescribed for pupils.

Registration of Testimonials.—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration. All students, in London, are required personally to register the several classes for which they have taken tickets. Tickets of admission to lectures and Medical practice must be registered in the months of October and May; but no ticket will be registered unless it be dated within seven days from the commencement of the course. The Court also require students at the Provincial Medical Schools to register their names in their own handwriting, with the registrar of each respective school, within the first twenty-one days of October, and first fourteen days of May; and to register their certificates of having duly attended lectures or Medical practice within fourteen days of the completion of such attendance. Those students only will be admitted to examination whose registrations have been duly communicated to the Court.

Junior preliminary Examination in Classics and Mathematics.—An examination in Classics and Mathematics will be held at the Hall three times in the year: viz., on the third Tuesday in the months of March, July, and November. Medical students will be admitted to this examination at any period from the date of their apprenticeship to the commencement of the second winter session of their curriculum; and those who pass it, will not be subject to any subsequent examination in Latin, except in the Pharmacopœia Londinensis and Prescriptions. The subjects of examination will be announced in the Medical Journals three months before each examination. Candidates for this examination will be required to enter their names in a book kept at the beadle's office, not less than one month before the day of examination; and those gentlemen who fail to pass this examination will have to undergo the Latin examination in Celsus and Gregory, when they present themselves for their general examination.

Preliminary Latin Examination.—On the first Saturday in the months of October, December, January, February, April, May, and June, those gentlemen who have completed two winter sessions of their Medical studies, and have not previously failed in the preliminary classical and mathematical examination, may be admitted to an examination in Celsus and Gregory, provided there be twenty names on the list. Candidates will be required to enter their names in a book kept at the beadle's office, on or before the preceding Monday, and to attend at half-past three o'clock, p.m., on the day of examination. Those gentlemen who fail to pass this examination satisfactorily will not be re-admitted until they appear for their general examination.

Examination.—The Court of Examiners meet in the Hall every Thursday, where candidates are required to attend at a quarter before four o'clock. Every person intending to offer himself for examination must give notice in writing to the clerk of the Society on or before the Monday previously to the day of examination, and must at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from ten until four o'clock. The examination of the candidate for a certificate of qualification to practise as an Apothecary, will be as

follows :—In translating portions of the first four books of Celsus de Medicinâ, and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ. In Physician's Prescriptions, and the Pharmacopœia Londinensis. In Chemistry. In Practical Chemistry. In Materia Medica and Therapeutics. In Botany. In Anatomy. In Physiology. In the Principles and Practice of Medicine, including Midwifery and the Diseases of Children.

The examination of the candidate for a certificate of qualification to act as Assistant to an Apothecary, in compounding and dispensing medicines, will be as follows :—In translating Physicians' Prescriptions, and the Pharmacopœia Londinensis. In Pharmacy and Materia Medica. By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an Apothecary can be re-examined until the expiration of six months from his former examination; and no rejected candidate, as an Assistant, until the expiration of three months.

The Act directs the following sums to be paid for certificates : — For London, and within ten miles thereof, ten guineas; for all other parts of England and Wales, six guineas. Persons having paid the latter sum become entitled to practise in London, and within ten miles thereof, by paying four guineas in addition. For an Assistant's certificate, two guineas.

NAVY MEDICAL DEPARTMENT.

Director-General of the Medical Department of the Navy.—Sir John Liddell, Kt., M.D., C.B., F.R.S.

Inspectors of Hospitals and Fleets.—Sir William Burnett, M.D., K.C.B., K.C.H., F.R.S.; Sir John Richardson, Kt., M.D.; John Wilson, M.D., F.R.S.; Robert Armstrong, M.D.; William Rae, M.D.; Edward Hilditch; Alexander M'Kenzie, M.D.; David Deas; William Lindsay, M.D.

REGULATIONS FOR CANDIDATES FOR THE OFFICE OF ASSISTANT-SURGEON IN THE ROYAL NAVY.

Admiralty, March 1, 1853.

The Right Honourable the Lords Commissioners of the Admiralty are pleased to direct that the following regulations relative to the examination of candidates for the appointment of Assistant-Surgeon in the Royal Navy, shall in future be adopted—

That a candidate for entry into the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the regulations, and a printed form to be filled up by him, to show if he possess the required qualifications.

As vacancies occur, the number of candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite certificates, showing that they are fully qualified by age, professional ability, etc., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Such candidates as shall have been found in all respects competent for the appointment of Assistant-Surgeon, will be forthwith nominated to one of the naval hospitals at home, to await appointments to any one of Her Majesty's ships; or should their services not be immediately required, their names will be duly registered for early appointments, as vacancies may occur.

That no person be admitted as an Assistant-Surgeon in the Royal Navy, who shall not produce a certificate from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin, or from the Faculty of Physicians and Surgeons of Glasgow, of his fitness for that office; nor as a Surgeon, unless he shall produce a diploma, or certificate from one of the said Royal Colleges or Faculty, founded on an examination to be passed subsequently to his appointment of Assistant-Surgeon as to his fitness for the situation of Surgeon in the Navy; and in every case the candidate producing such certificate or diploma, shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery for each of the steps in the Navy Medical Service; and that previously to the admission of Assistant Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district.

That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy.

That their age be not less than 20 years, nor more than 26 years.

That they have actually attended an Hospital in London, Edinburgh, Dublin, Glasgow, Aberdeen, Manchester, or Bristol, for eighteen months subsequently to the age of 18, in which Hospital the average number of patients is not less than 100.

That they have been engaged in actual dissections of the human body twelve months; the certificate of which from the teacher must state the number of subjects or parts dissected by the candidate.

That they have attended lectures, etc., [*in accordance with the Table given at page* 292.]

In addition to the tickets for the lectures, certificates must be produced from the professors, etc., by whom the lectures were given, stating the periods (in months) actually attended by the candidates. The time also of actual attendance at an hospital or infirmary must be certified; and the tickets as well as certificates of attendance, age, moral character, etc., must be produced by the candidate previously to his examination.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, etc., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served three years, (one year of which must be in a ship actually employed at sea,) and can produce a diploma from one of the before-mentioned Royal Colleges or the Faculty of Physicians and Surgeons; and it is resolved that not any diploma or certificate of examination from either of the aforesaid Royal Colleges shall be admitted towards the qualification for Surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for Surgeon, unless, as hereinbefore mentioned, he can produce a diploma, together with the most satisfactory certificates, that he has performed, on the dead body, under the superintendence of a professor or teacher of known eminence, all the capital operations of Surgery, and is perfectly competent to perform any operation with skill and dexterity, and thoroughly acquainted with the anatomy of the parts involved in such operation; without which qualification, no one hereafter can be promoted to the higher branches of the service; and whenever Assistant-Surgeons already in the service (whose Professional education may not be in accordance with the above) obtain leave to study previously to their passing for Surgeon, they will be required on their examination to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations generally.

It is also to be observed, that candidates who may be admitted into the Naval Medical Service must serve in whatever ships, etc., they may be appointed to; and that, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the Navy Medical List, nor can they, of course, be allowed half-pay.

Full Pay at Hospitals.—Medical Inspector of Hospitals, on first appointment, 1*l.* 13s. per diem; after 5 years' service, 2*l.* 2s.; Deputy Medical Inspector of Hospitals, on appointment, 1*l.* 7s. 6d.; Staff Surgeons of Hospitals, on appointment, with less than 20 years' service, 16s. 6d.; above 20 years' service, 1*l.* 0s. 6d. *When serving afloat.*—Medical Inspector of Hospitals and Fleets, above 5 years' service as such, 2*l.* 2s.; under 5 years' service as such, 1*l.* 11s. 6d.; Deputy Medical Inspector of Hospitals and Fleets, 1*l.* 0s. 0d.; Surgeon, if employed on the 1st July, 1840, or on the com-

pletion of 3 years' service from 1st January, 1838, of an Hospital ship, 18s.; above 20 years' full pay service, including service as Assistant-Surgeon, 18s.; above 10 years' ditto, 14s.; above 6, 12s.; under 6, 11s. If unemployed on the 1st July, 1840, until the completion of 3 years' service from 1st January, 1838, above 20 years' full pay service, including 3 years' service only as Assistant-Surgeon, 18s.; above 10 years', 14s.; above 6, 11s.; under 6, 10s.

Relative Rank of Officers of the Army and Medical Officers of the Navy.—Medical Inspectors of Hospitals and Fleets with Lieutenant-Colonels; Deputy-Medical Inspectors of Hospitals and Fleets with Majors; Surgeons with Captains; and Assistant-Surgeons with Lieutenants.

ARMY AND ORDNANCE MEDICAL DEPARTMENT.

6, Whitehall-yard.

Director-General—Andrew Smith, Esq., M.D.

Deputy Inspector-General of Hospitals—Dr. Dumbreck, Professional Assistant and Inspector of Regimental Hospitals.

Staff-Surgeon, First Class—H. Pillean, Esq., Inspector of Medicines and Instruments.

Staff-Surgeon, Second Class—Dr. F. Reid, Examiner of Medical Returns and Reports, etc., etc.

Apothecary to the Forces—F. M. Bassano, Esq.

1st. In selecting from among the candidates for the Medical Department of the Army, a preference is given to those who can fill up all the blanks in the Schedules of Qualifications, by having the acquirements therein stated. The name of no gentleman can be placed on the list who does not possess a diploma from the Royal College of Surgeons of England, Scotland, or Ireland, or from the Faculty of Physicians and Surgeons of Glasgow, or other corporate body legally entitled to grant a Diploma in Surgery, and who cannot produce testimonials of attendance [*in accordance with the Table given at p.* 292].

The candidates must be unmarried, not beyond twenty-five years of age, nor under twenty-one years.

Candidates who have had a University education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred; but a liberal education, and a competent knowledge of the Greek and Latin languages, are indispensably requisite in every candidate.

The greater the attainments of the candidates, the more eligible will they subsequently be deemed for promotion; as selections to fill vacancies, especially in the higher ranks, will be guided more by reference to such acquirements, than to mere seniority.

Although the British schools are specified, it is to be understood that candidates who have received regular education in approved foreign Universities or schools will be admitted to examination.

With the exception of Practice of Physic and Clinical Medicine by one teacher, candidates must have attended separate lecturers for each branch of Medical science.

Before promotion from the rank of Assistant-Surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a Board of Medical officers.

Diplomas, tickets of attendance on lectures, and certificates of regular attendance by each professor or lecturer, must be lodged at the office for examination and registry, at least one week before the candidate appears for examination; likewise certificates of moral conduct and character,—one of them by the parochial minister, if possible. Baptismal certificates are required at the same time; and, if the parish register cannot be resorted to, an affidavit from one of the parents, or from some near relative who can attest the fact, will be accepted.

The certificate of the Teacher of Practical Anatomy must state the number of subjects or parts dissected by the pupil.

Certificates of lectures and attendance must be from Physicians or Surgeons of the recognised Colleges or Medical Schools of the United Kingdom, or of foreign Universities.

All candidates for Medical appointments are required to be conversant with Cullen's Nosology.

Blank forms to the following effect must be filled up and forwarded, one clear week before the candidate can be admitted for examination:—

"Form of Certificate.—I (Christian and surname at full length), years of age, and a candidate for employment in the Medical Department of the Army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare that I am unmarried; and that I labour under no mental or constitutional disease, nor any imperfection or disability that can interfere with the most efficient discharge of the duties of a Medical officer, in any climate."

(Signature.)

"I have pursued the under-mentioned course of study, of which I am ready to produce the vouchers for registry, and also a certificate of my age,—namely, I possess certificates of regular attendance at the under-mentioned Hospitals and course of lectures for the number of months stated" (specifying as to Hospitals after the following form)—

The Hospital or Infirmary for months.

The Hospital for Mental Derangement for months.

The Hospital for Diseases of the Eye, for months.

The Lying-in Hospital, for months.

And in reference to certificates specifying the lectures, name of the lecturer, place where the lectures were delivered, and period of months in attendance, of all the courses required by regulations, with any others in addition which he may possess. If in possession of a degree, state the college, university, etc., and the date of graduation.

Note.—All communications to be prepaid, or if not, to be forwarded, addressed outside to "The Right Honourable the Secretary-at-War," with the words, "Army Medical Department," at the left hand corner.

Army Medical Department.—Full-pay, per diem, after actual service (in years)—Inspector-General, twenty-five years, 2*l.*; twenty years, 1*l.* 18s.; ten years, 1*l.* 16s. Deputy-Inspector, according to the same gradations of service, 1*l.* 10s.; 1*l.* 8s., and 1*l.* 4s. Staff-Surgeon, first class, ditto, 1*l.* 4s., 1*l.* 2s., 19s. Regimental-Surgeon and Staff-Surgeon, second class, ditto, 1*l.* 2s., 19s., 15s.; under ten years, 13s. Assistant-Surgeons, ditto, 10s. and 7s. Assistant-Surgeons serving in the Horse, Life, or Dragoon Guards, receive about 1s. per diem in addition to the above rates. Half-pay per diem, after service (in years)—Inspector-General, thirty years, 1*l.*; twenty-five years, 15s.; twenty years, 12s. Deputy-Inspector, thirty years, 18s.; twenty-five years, 14s.; twenty years, 10s.; ten years, 8s.; under ten years, 7s. Staff-Surgeons, thirty years, 16s.; twenty-five years, 13s.; twenty years, 9s. 6d.; ten years, 7s. 6d.; under ten years, 6s. 6d. Regimental-Surgeons and Staff-Surgeons, second class, thirty years, 15s.; twenty-five years, 11s. 6d.; twenty years, 8s.; ten years, 6s.; under ten years, 5s. 6d. Assistant-Surgeons, thirty years, 7s.; twenty-five years, 6s; twenty years, 5s. 6d.; ten years, 4s.; under ten years, 3s.

EAST INDIA COMPANY'S MEDICAL SERVICE.

REGULATIONS FOR THE ADMISSION OF CANDIDATES FOR THE APPOINTMENT OF ASSISTANT-SURGEON.

All natural-born subjects of her Majesty between 22 and 28 years of age, and of sound bodily health, may be Candidates for admission into the service of the East India Company as Assistant-Surgeons.

They must subscribe and send in to Dr. Scott, the Physician to the Honourable East India Company, ten days before the period fixed for each examination, a declaration to the following effect:—

"I (Christian and Surname at full length), a Candidate for employment as an Assistant-Surgeon in the service of the East India Company, do hereby declare that I was years of age on the day of last, and that I labour under no constitutional disease or physical disability that can interfere with the due discharge of the duties of a Medical Officer; and I also attest my readiness to proceed on duty to India within three months of receiving my appointment,"

This declaration must be accompanied by the following documents:—1. Proof of age, either by extract from the register of the parish in which the candidate was born, or by his own declaration, pursuant to the Act 5 and 6 William IV. cap. 62. 2. A certificate of moral character from a Magistrate, or a Minister of the religious denomination to which the candidate belongs, who has personally known him for at least two preceding years. 3. A diploma in surgery, or a degree in medicine, provided an examination in surgery be

required for such degree, from some body competent by law to grant or confer such diploma or degree.

[*For other requirements, see Table, p.* 292.]

Candidates may also, at their option, send in certificates of attendance at any Hospitals, or on any courses of lectures, in addition to the above. Attendanee on a course of Military Surgery, and the practical study of surgical operations on the dead body, are recommended.

The examination will include the following subjects: [*see Table, p.* 292.]

The following are the books recommended in—Zoology and Comparative Anatomy—Outlines of the Structure of the Animal Kingdom, by Rymer Jones, or Cours Elémentaire d'Histoire Naturelle, par Milne Edwards. Botany—Lindley's School Botany, or Lindley's Elements of Botany. The examination will be conducted—1. By means of written questions and answers. 2. By object examinations and experiments, when the subject admits of such tests. 3. By practical examination of patients, and by operations on the dead body. 4. By *vivâ voce* examination. The persons who shall be pronounced by the examiners to be the best qualified in all respects, will be appointed to fill the requisite number of appointments as Assistant-Surgeons in the East India Company's service, and, so far as the requirements of the service will permit, they will have the choice of the Presidency in India to which they shall be appointed, according to the order of merit in which they stand on the list resulting from such examination. All Assistant-Surgeons are required to subscribe to the Military or Medical, and Medical Retiring Funds, at the Presidencies to which they may be respectively appointed, and to the Military Orphan Society also, if appointed to Bengal. All Assistant-Surgeons who shall neglect or refuse to proceed to India under the orders of the Court of Directors, within three months from the date of their appointment, will be considered as having forfeited it, unless special circumstances shall justify a departure from this regulation. The examinations will take place in the months of January and July in each year, and due notice will be given by public advertisement of the days appointed, and of the probable number of candidates to be selected.

The Examiners for Assistant-Surgeons in the Honourable East India Company's Service, having received many inquiries as to the object and extent of the Examination in Comparative Anatomy, Zoology, and Botany, have considered it desirable to announce that their objects are,—

1. To ascertain who of the candidates have devoted especial attention to any of these sciences, and are hence qualified to undertake duties requiring a knowledge of them, as well as the general duties of their profession. Proficiency in these sciences will, in classifying the candidates by merit, be entitled to great consideration. 2. To encourage all candidates to acquire an elementary knowledge of the structure and affinities of the principal natural families of animals and of plants, with the general plan upon which these are constructed, and the functions and relations of their most important organs. 3. To promote the study of Natural History as a most important adjunct or preliminary to a liberal Medical education; that of Comparative Anatomy, Zoology, or Botany, if properly cultivated, by means of specimens, for even a short period, being eminently calculated to develop habits of close observation, and to strengthen those powers of reasoning upon observed facts, which must be habitually exercised by Medical men everywhere, but which must be exercised with the greatest energy and promptitude by those who practise in a tropical climate, and who are often thrown wholly upon their own resources. The general examination in these sciences will be elementary, and will embrace a very limited range of technical terms. At the written examination, a considerable number of questions will be put, with the view of allowing each candidate to select such subjects as he has attended to, and, thereby, of enabling the examiners to ascertain the particular departments of science in which the verbal examination should be conducted. With those candidates who have attained proficiency in any branch of these sciences, the verbal examination will be pursued in the branch selected, so as to ascertain the full extent of their knowledge.

PAY AND ALLOWANCES OF MEDICAL OFFICERS.

Pay and Allowances and Time of Service commence from date of arrival at the Presidency to which they are appointed.

On first arrival, and while attached to the General Hospital at the Presidency, they are granted Pay and Allowances (inclusive of Quarters valued at Rs. 25 per month) amounting per month to Rs. 220. When posted to do duty with Corps, they receive the following allowances:—

	Within 200 miles of the Presidency. Per Month.		Beyond 200 miles from the Presidency. Per Month.	
	R.	A.	R.	A.
Horse Artillery and Cavalry	364	6	395	4
Foot Artillery	264	4	295	12
Infantry	255	12	286	10

Including conveyance allowance of Rs. 30 a month.

When in charge of Corps as Assistant-Surgeons, having passed the prescribed examination in Native Languages:—

	R.	A.	R.	A.
Horse Artillery and Cavalry	499	6	530	4
Foot Artillery	399	4	430	12
Infantry	390	12	421	10

Including a Staff Salary of Rs. 165 a month.

When in charge of Corps as Surgeons, having passed the prescribed examination in Native Languages:—

	R.	A.	P.	R.	A.	P.
Horse Artillery and Cavalry	821	11	4	863	0	4
Foot Artillery	692	5	0	733	10	0
Infantry	674	1	0	715	6	0

Including a Staff Salary of Rs. 300 a month.

Surgeons and Assistant-Surgeons of European Corps are granted, in addition, an allowance of Rs. 25 per month for every 100 Europeans under their charge.

Surgical Instruments are provided by Government.

Furloughs.

On Private Affairs—For 2 years, after 10 years' service in India, with pay, if a Surgeon, 10s. 6d. a day; if an Assistant-Surgeon, 6s. 6d.

A Second Furlough for 2 years after expiration of 10 years from date of return to duty from First Furlough, with pay as above.

On Sick Certificate—For 18 months with Indian Pay and Allowances for 6 months. For the remaining time with Furlough Pay as above. Time may be extended on renewed Medical Certificate, with pay, for 3 years in the whole. Assistant-Surgeons returning to England on Sick Certificate receive Rs. 1200 passage-money.

Retiring Pensions.

After 17 years' service	£191 per annum.
,, 21 ,,	250 ,,
,, 25 ,,	300 ,,
,, 29 ,,	365 ,,
,, 32 ,,	500 ,,
,, 35 ,,	700 ,,

The full time of service must be completed in each case. Out of that time leaves of absence in India or Europe, or elsewhere, to the extent of 1 year and 8 months in 17 years, 2 years in 20, 3 years in 25, and 4 years in 30, will be allowed to count as service.

Medical Officers compelled to quit the service by ill-health before they are entitled to retiring pensions as above, may retire on the following rates of pension, viz.:—

	Per Annum
Assistant-Surgeons, after 6 years' service in India	£54 15s.
,, 10 ,, ,,	73 0
And if they have attained the rank of Surgeon	127 15

Assistant-Surgeons compelled to quit the service by wounds received in action, or by ill health contracted on duty, after 3 years' service in India, are permitted to retire on £73 per annum.

Widows' Pensions from Lord Clive's Fund.

Widow of a Member of the Medical Board, £114 1s. 3d. per annum; on declaration that the deceased officer was not possessed of, or entitled to, the sum of £4000

,,	Superintending Surgeon,	91	5 0	,,	3000
,,	Surgeon	45	12 6	,,	2000
,,	Assistant-Surgeon . .	22	16 3	,,	1000

ROYAL COLLEGE OF CHEMISTRY,
DUKE-STREET, LIVERPOOL.

The certificates of attendance are acknowledged by the University and Apothecaries' Hall of London, and the Apothecaries' Hall of Ireland, etc.

Principal.—Dr. Sheridan Muspratt, F.R.S.E., M.R.I.A.
Assistants: Honorary.—Mr. E. Erasmus Holden.
Senior.—Mr. Martin Murphy.

A working bench is appropriated to each student, who provides himself with all apparatus, books, platinum, gold and silver solutions, alcohol, substances for original research, platinum wire and foil, and filtering paper. The common re-agents, and gas and fuel, are supplied by the Professor, who is present from ten till five o'clock every day during the session. Each student proceeds by himself in a series of experiments, which make him acquainted with the reactions of all the more commonly occurring bodies. When perfectly familiar with these phenomena, he is taught by a systematic course of experiments, all necessary manipulations and processes, by making analysis of a variety of substances. When expert in qualitative, he enters upon a course of quantitative analysis. More advanced students engage in analysis of various soils and plants; silver, copper, lead, cobalt, nickel, and other ores; and mineral waters; investigations on all toxicological subjects; preparations of all difficult organic and inorganic substances.

The laboratory term is divided into three sessions, each of seventeen weeks.

Fees per session payable in advance:—Students working every day in the week, 16*l.* 16s.; four days, 14*l.* 14s.; three days, 12*l.* 12s.; two days, 10*l.* 10s.; one day, 9*l.* 9s.; half-a-day, 7*l.* 7s.

Students may also attend one hour, two hours, or three hours, etc., per day or per week. The amount of fee paid by each student is regulated by the time he works in the laboratory; he may enter at any time during the year, fees accordingly. Lowest fee received three guineas. If a student pay forty guineas in advance, he may work in the laboratory every day for three years.

When a pupil has completed an investigation of importance, he will receive a "Testimonial of Proficiency."

Medical students desirous of obtaining their certificates for the Apothecaries' Hall, of London, or of Ireland, may attend any hour from 10 a.m. till 5 p.m. each day during the week for their practical instruction. Fee, 3*l.* 3s. per session of four months. The pupils have access to the College Library, which contains every chemical work of note.

HOSPITALS AND SCHOOLS OF SURGERY AND MEDICINE
FROM WHICH CERTIFICATES OF THE PROFESSIONAL EDUCATION OF CANDIDATES FOR THE FELLOWSHIP WILL BE RECEIVED BY
THE ROYAL COLLEGE OF SURGEONS.

HOSPITALS.

England.—London.—St. Bartholomew's—St. Thomas's—Westminster—Guy's—St. George's—London—Middlesex—University College—Charing Cross—King's College—St. Mary's, Paddington. Provincial: Bath United Hospital—Bedford General Infirmary—Birmingham General Hospital—Queen's Hospital, Birmingham—Bristol Infirmary—Addenbrook's Hospital, Cambridge—Derbyshire General Infirmary—Devon and Exeter Hospital—Gloucester Infirmary—Hull Infirmary—Kent and Canterbury Hospital—Leeds General Infirmary—Leicester Infirmary—Liverpool Infirmary—Liverpool Northern Hospital—Manchester Royal Infirmary—Newcastle-upon-Tyne Infirmary—Norfolk and Norwich Hospital—Northampton General Infirmary—Nottingham General Hospital—Radcliffe Infirmary, Oxford—Salisbury General Infirmary—Salop Infirmary—Sheffield General Infirmary—Stafford County General Infirmary—Sussex County Hospital—Winchester County Hospital—Worcester Infirmary—York County Hospital.

Ireland.—Dublin: Richmond—Dr. Steevens's—City of Dublin—Mercer's—Meath—Jervis street—St. Vincent's. Provincial: Belfast Hospital—North and South Infirmaries, Cork.

Scotland.—Edinburgh: Royal Infirmary. Provincial: Glasgow Royal Infirmary—Aberdeen Royal Infirmary.

SCHOOLS.

England.—London—St. Bartholomew's—St. Thomas's—Guy's—St. George's—London—Middlesex—University College—King's College—Westminster—Charing Cross—Grosvenor Place—Kinnerton Street. Provincial: Royal School of Medicine and Surgery, Birmingham—Old Park Medical School, Bristol—Hull and East Riding School of Medicine—Leeds School of Medicine—Liverpool Infirmary School of Medicine—Royal School of Medicine and Surgery, Manchester—Chatham Street School of Medicine, Manchester—Newcastle-upon-Tyne College of Medicine—Newcastle-upon-Tyne School of Practical Science—Sheffield Medical Institution—York School of Medicine.

Ireland.—Dublin.—Royal College of Surgeons—Trinity College—Apothecaries' Hall—School of Medicine, Park Street—Carmichael School of Medicine—Dublin School of Medicine—Original School of Medicine, Peter Street. Provincial: The Queen's Colleges of Belfast, Cork, and Galway—South Mall School of Medicine, Cork. The several Schools recognised by the Royal College of Surgeons in Ireland.

Scotland.—Edinburgh.—University. Provincial: University, Glasgow—King's College, Aberdeen—Marischal College and University, Aberdeen. The several Schools recognised by the Royal College of Surgeons of Edinburgh.

Schools and Hospitals in the British Colonies, etc.—The Medical College, Calcutta—The Church University, Toronto. In Foreign Countries: Paris—Montpellier—Strasburgh—Berlin—Vienna—Heidelberg—Bonn—Gottingen—Leyden—Liege—Pavia—Stockholm—New York—Philadelphia.

INSTITUTIONS FROM WHICH
THE LONDON UNIVERSITY
IS EMPOWERED TO RECEIVE CERTIFICATES FOR DEGREES IN MEDICINE.

ENGLAND.

Bedford.—General Infirmary—Fever Hospital.

Birmingham.—The Queen's College—The Birmingham General Hospital—Sydenham College.

Bristol.—The Bristol Medical School—The Bristol Infirmary—St. Peter's Hospital.

Haslar.—The Royal Naval Hospital.

Hull.—Hull and E. R. of York School of Medicine and Anatomy.

Leeds.—The Leeds School of Medicine—The Leeds General Infirmary.

Leicester.—The Leicester Infirmary.

Liverpool.—The Liverpool Infirmary—The Liverpool Fever Hospital and Infirmary.

London.—University College—King's College—The London Hospital—The Middlesex Hospital—School of Anatomy, adjoining St. George's Hospital—The Charing Cross Hospital—St. Thomas's Hospital—St. Bartholomew's Hospital—The Westminster Hospital—Guy's Hospital—St. George's Hospital—The Physicians of the St. Marylebone Infirmary—The Royal College of Chemistry—St. Mary's Hospital.

Manchester.—Royal School of Medicine and Surgery—The Union Hospital—The Royal Infirmary—School of Medicine in Chatham Street.

Newcastle-upon-Tyne.—College of Medicine in connexion with the University of Durham—College of Medicine and Practical Science.

Northampton.—General Infirmary.

Nottingham.—The General Hospital near Nottingham.

Sheffield.—The Sheffield Medical Institution.

York.—The York School of Medicine.

SCOTLAND.

Aberdeen.—King's College and University.

Edinburgh.—The University of Edinburgh—The Minto House Dispensary—The Royal Infirmary.

Glasgow.—The University of Glasgow. The Andersonian Institution—The Royal Infirmary.

IRELAND.

The Queen's Colleges in Ireland.

Cork.—The Cork Recognised School of Medicine—The Cork North Infirmary, and the Cork South Infirmary, in conjunction.

Dublin.—Original School of Anatomy, etc., Peter Street—School of Physic in Ireland—Apothecaries' Hall of Ireland—School of Medicine, Park Street—Carmichael School of Anatomy, etc.—Theatre of Anatomy, etc., 27, Peter Street—St. Vincent's Hospital—Mercer's Hospital—Jervis Street Hospital—Dublin School of Anatomy, etc., Digges Street—Royal College of Surgeons in Ireland—Meath Hospital—City of Dublin Hospital—Coombe Lying-in Hospital—Dr. Steevens's Hospital.

Maryborough.—Queen's County Infirmary.

Malta.—The University of Malta.

Ceylon.—The Military Hospital in the Island of Ceylon.

Bengal.—The Medical College of Bengal.

Canada.—The University of M'Gill College, Montreal—The St. Lawrence School of Medicine, Montreal.

SYNOPSIS OF REQUIREMENTS FOR DEGREES, APPOINTMENTS,

	Descriptive and Surgical Anatomy.	General Anatomy and Physiology.	Comparative Anatomy.	Pathological Anatomy.	Chemistry.	Botany.	Materia Medica and Pharmacy.	General Pathology.	General Therapeutics.	Forensic Medicine.	Hygiene.	Midwifery and Diseases of Women and Children.	Surgery.	Medicine
LONDON UNIVERSITY, 1st Examination for B.M.	A Course of Lectures on each of four of the Subjects in the above headings.													
Examined in (a)	—	—			—	—	—							
Examination for honours		—			—	—	—							
Second examination	A Course of Lectures on two of each of the above Subjects, exclusive of the four in 1st Examination.													
Examined in (b)		—						—	—	—	—	—	—	—
Examination for honours		—	—									—		—
Doctor of Medicine (c)														—
Examined in														—
ROYAL COLL. OF PHYSICIANS Education must comprise (extending over a period of 5 years)	—	1st Exam. —			—	—	—	2nd Exam. —	3rd Exam. —	—		—	—	3 yrs
ROYAL COLLEGE OF SURGEONS: Studies														
Lectures		3 Winter Sessions.			1 Course		1 Summer Session.					1 Summer Session.	2 Win. Ses.	1 Cse
SOCIETY OF APOTHECARIES: Lectures — 1st Year, Winter Session		—			—									
,, ,, Sumr.						—	—					—		
,, 2nd Year, Winter		—												—
,, ,, Sumr.												—		
,, 3rd Year, Winter				—										—
NAVY MEDICAL DEPART. (d)		12 mos.	6 mos.		3 mos.	3 mos.	6 mos.					6 mos.	12 mos.	6m
ARMY AND ORDNANCE MEDICAL DEPARTMENT (d) (e)	12 mos.	6 mos.			12 mos.	3 mos.	3 mos.					6 mos.		
EAST INDIA COMPANY'S MEDICAL SERVICE (f)							2 Courses. 6 Months.					1 Course.		
Examined in		—	—			—	—		—		—	—	—	—

(a) And to translate passages from the Latin Pharmacopœia; having passed Examination for B.A. (b) And to translate passages of the Latin Pharmacopœia int age of 18. (c) And 1 Course of Natural Philosophy, and 1 of Logic. (f) And 3 months' instructio

SCHOLARSHIPS, EXHIBITIONS, PRIZES, ETC.

LONDON UNIVERSITY.

SCHOLARSHIPS—1 of 50*l.* at LL.B. degree; 5 of 50*l.* at M.B. degree.

EXHIBITIONS—3 of 30*l.* at 1st Examination for M.B.; 2 of 30*l.* at Matriculation.

GOLD MEDALS.—1 of 20*l.* at LL.D. degree; 7 of 5*l.* at M.B. degree; 7 of 5*l.* at 1st Examination for M.B.

PRIZES OF BOOKS—3 of 5*l.* at B.A. degree; 3 of 5*l.* at Matriculation.

KING'S COLLEGE.

SCHOLARSHIPS—Nine; the Warneford (2 of 25*l.*), the the College (1 of 40*l.*, 1 of 30*l.*, 3 of 20*l.*), the Daniell (20*l.*), the Divinity (30*l.*).

PRIZES—The Leathes (interest of 300*l.*), the Warneford (2 of 25*l.* and 15*l.*).

UNIVERSITY COLLEGE.

SCHOLARSHIPS—Andrews' two; 1 of 100*l.*, 1 of 60*l.*

MEDALS—Fellowes' clinical; one gold, one silver, and certificates of honour.

,, Liston; gold, and certificates of honour.

ST. BARTHOLOMEW'S HOSPITAL.

SCHOLARSHIPS—Two, of 45*l.*

PRIZES—Seven; the Wix, the Hichens, the President's, the Bentley, the Foster, Mr. Lloyd's.

ST. THOMAS'S HOSPITAL.

MATRICULATION EXAMINATION—Three Prizes of 20*l.*

PRIZES—The Treasurer's (one of 21*l.* and one of 10*l.* 10s.) for 1st year's Students; the President's (one of 21*l.*), and Dr. Roots's (one of 10*l.* 10s.), for 2nd year's Students.

Three of 5*l.* to best Clinical Clerks, 2nd year's men.

3rd and 4th year's men:—one of 15*l.* to most meritorious Clinical Assistant.

The Cheselden Medal; Mr. Smith's Prize of 5*l.* for best Essay on "Neuralgia;" and the Treasurer's Gold Medal for Proficieney and Good Conduet.

GUY'S HOSPITAL.

DRESSERSHIPS, CLINICAL CLERKSHIPS, and OBSTETRIC RESIDENTS.

WESTMINSTER HOSPITAL.

PRIZES—Two of 5*l.* 5s.

ST. GEORGE'S HOSPITAL.

SCHOLARSHIPS—Three; two of 30*l.*, one of 50*l.*

PRIZES—Four; Sir B. Brodie's, Dr. Chambers', the Thompson, and Sir Charles Clarke's.

CURATOR—with salary of 50*l.* } On recommendation of
REGISTRARS— ,, 20*l.* } Medical School Council.

LONDON HOSPITAL.

PRIZES—Two gold.

DRESSERSHIPS—Three, for twelve months.

C., BY EXAMINING BODIES AND DEPARTMENTS IN ENGLAND.

section.	Practical Chemistry.	Practical Pharmacy.	Attended Labours.	Medical Practice.	Surgical Practice.	Natural History.	Demonstrations.	Clinical Medicine.	Clinical Surgery.	Military Surgery.	Philosophy, Logic, and Moral Philosophy.	
nonths	1 Course	q. s.										London University, 1st Examination for B.M.
												Examined in (a).
												Examined for honours.
nonths			6	12 mos.	12 mos.							Second examination.
												Examined in (b).
												Examination for honours.
				2 yrs., or 1 yr. & 3 yrs. in practice (c).								Doctor of Medicine (e).
											—	Examined in.
						—						Royal Coll. of Physicians Education must comprise (extending over a period of 5 years).
Winter ssions		6 mos.		1 Win. and 1 Sum. Ses.	3 Win. and 2 Sum. Ses.							Royal College of Surgeons: Studies.
			After Lects.				3 Winter Sessions.	1 Win. and 1 Sum. Ses.	3 Win. and 2 Sum. Ses.			Lectures.
							—					Society of Apothecaries: Lectures—1st Year, Winter Session.
							—					,, ,, Summr.
			—	—								,, 2nd Year, Winter.
	—		—	—				—				,, ,, Summr.
—			—	—				—				,, 3rd Year, Winter.
12	3 mos.			12 mos.				6 mos.(Lect.)	6 mos.(Lect.)	6 mos.		Navy Medical Depart. (d).
	6 mos.	3 mos.	3 mos.	12 mos., and 8 mos. Lect.		3 mos.	12 months		8 mos.(Lect.)	6 mos.		Army and Ordnance Medical Department (d)(e)
			6	1 Course, 6 mos.				6 mos.	6 mos.	6 mos.		East India Company's Medical Service (f).
						—						Examined in.

ish, and of the English Pharmacopœia into Latin. (c) Or, if M.B., 5 years in practice. (d) Must have attended an Hospital 18 months subsequently to the e Treatment of the Insane, and 3 months on Ophthalmic Disease and practical knowledge of Cupping.

MIDDLESEX HOSPITAL.
Prizes—Three, of 10*l.* 10s.

CHARING-CROSS HOSPITAL.
Scholarships—Free.
Medals—Three; the Gold, the Governor's General Proficiency, and the Governor's Clinical.

ST. MARY'S HOSPITAL.
Prize—(10*l.*), Mr. Spencer Smith's.
Medal—Dr. Bird's Gold.
Resident Medical Officers (4), Non-Resident (2), a Medical and Surgical Registrar, Clinical Clerks, and Dressers, all open to competition among qualified perpetual pupils, without extra fee.

SCHOOL OF ANATOMY AND MEDICINE.
(Adjoining St. George's Hospital.)
Prizes—The Surgical and Medical Clinical.

QUEEN'S COLLEGE, Birmingham.
Fellowships—(all members holding a diploma are eligible.)
Scholarships—the Warneford (4).
Medals—the Warneford (2), the Governor's Gold (2).
Prizes—the Webster (books to value of 5*l.* 5s.), the Percy (books to value of 5*l.* 5s.), the Rateliff 10*l.* 10s., the Ingleby 5*l.* 5s.
Studentships of the College of Surgeons, and Appointments as Assistant-Surgeons in the Army or E. I. C.

SYDENHAM COLLEGE, Birmingham.
Prize for General Proficiency.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.
Medal—(10*l.* 10s.) with six months' free residence, dressership, and clerkship.
Free Residence to four pupils every six months.
Prize—Clinical.
Dressers (6), and Clinical Clerks (6), for two successive periods.

MANCHESTER SCHOOL OF MEDICINE AND SURGERY.
Scholarships—Three; of 20*l.* (tenable for two years), 15*l.*, and 10*l.* (tenable for one year.)

CHATHAM-STREET SCHOOL OF MEDICINE, Manchester.
Scholarships—Three; of 20*l.*, 15*l.*, and 10*l.*
Prizes—A Clinical of 21*l.* and one of 5*l.*

NEWCASTLE-ON-TYNE COLLEGE OF MEDICINE.
(In Connexion with the University of Durham.)
Exhibition—One of 15*l.* for two years.
Scholarships—in University of Durham.

Besides the above, Prizes and Certificates of Merit *are generally given in all the Classes.*

THE EXAMINING MEDICAL BODIES IN SCOTLAND.

SESSION 1854-55.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

SCHOOLS OF MEDICINE.

1. Every candidate for a Surgical diploma must have followed his course of study in a University; or in an established School of Medicine, as defined below; or in a Provincial School specially recognized by the College of Surgeons of that division of the United Kingdom in which it is situate.

2. Under the title "established Schools of Medicine" are comprehended the Medical Schools of those cities of Great Britain and Ireland in which diplomas in Surgery are granted, and such foreign schools as are similarly circumstanced in the countries in which they exist.

3. Every candidate for a Surgical Diploma must have passed at least one Winter Session in an established School of Medicine, or at the School of Aberdeen.

COURSE OF STUDY.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months; in which must have been included three Winter Sessions of six months' duration each:—

Anatomy, two courses (a), six months each; Practical Anatomy, twelve months; Chemistry, one course, six months; Practical Chemistry, one course, three months (the number of pupils in each class being limited to 25); or Analytical Chemistry, one course, three months; Materia Medica and Pharmacy, one course, six months; Institutions of Medicine or Physiology (b), one course, six months; Practice of Medicine, one course, six months; Clinical Medicine, one course, six months, or two courses (a), three months each, during the period of attendance at the Hospital where they are delivered; Principles and Practice of Surgery, two courses, six months each; or Principles and Practice of Surgery and Military Surgery, each one course of six months (a); Clinical Surgery, one course of six months, or two courses (a) of three months each, during the period of his attendance at the Hospital where they are delivered; Midwifery and the Diseases of Women and Children, one course, three months; Medical Jurisprudence, one course, three months.

Besides these Lectures, the candidate must have attended a course of instruction in Practical Pharmacy, at the laboratory of a surgeon or apothecary; or of a chemist and druggist recognized by the College on special application; or of a public hospital or dispensary; and he must produce evidence that he has been engaged in compounding and dispensing medicines for the space of six months. Those who produce certificates of having been, for the space of at least two years, private pupils or apprentices to regularly-licensed medical practitioners, keeping laboratories for dispensing medicines, shall be held qualified in this branch of instruction.

The six months' course delivered in Edinburgh must consist of not fewer than 110 lectures, with the exception of Clinical Medicine, Clinical Surgery, and Military Surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each, on any of the above subjects, will be taken as equivalent to one six months' course.

The candidate must also have attended, for twenty-one months, a public general hospital containing on an average eighty patients.

REGISTRATION AND CERTIFICATES.

All Edinburgh students who desire to possess the diploma of the College must enter their names, and the classes which they attend, whether under Professors in the University, or under other qualified teachers, in the Registration Book.

At the close of each Session, students shall produce to the Registrar the certificates of attendance they may have received from their respective teachers, the terms of which shall be entered in the Registration Book.

The book shall be closed for the registration of the Winter classes on the 30th of November in each year; and of the Summer or intermediate classes, at the end of the second week from their commencement.

All students whose classes are thus registered shall be entitled to receive from the Conservator certificates of their courses of study, attested by his signature; but no class shall be included in such certificates, unless actual attendance thereon have been previously attested by the Professor or Lecturer.

Such certificates will be required from all candidates for Surgical diplomas, in regard to that part of their Medical education which they may have received at Edinburgh. Similar certificates will be received from any other schools in which registration-books are kept, in regard to such portions of the course of study as the certificates may embrace. Candidates educated at schools where no registration-books are kept, must produce certificates from the respective Professors or Lecturers, both of their having entered to their several classes at an early period of the course, and also of their having attended those classes with due regularity. And in the case of Practical Anatomy, the certificate must express that the candidate has, during the course of his attendance, been actually engaged in the dissection of the human body, under the personal superintendence of the Professor or teacher.

EXAMINATIONS.

The days of examination are the first and third Tuesdays of every month.

No candidate will be admitted to examination before the termination of his last year's course of study.

Applications for examination must be made to the Examiner of the students' course of study at least two days previously to the day of examination.

Every candidate, on applying to the Examiner, will be required,—1st. To produce satisfactory evidence of his having attained the age of twenty-one years; and, 2nd. To present a tabular statement exhibiting the full amount of his professional education, as well as a separate list of all the classes, hospitals, and dispensaries, attended during each session of his studies. If he have been an apprentice, he shall also insert the name of his master, the date of his indenture, and the length of time for which he was bound. This statement, accurately filled up, must be attested by his signature.

If the candidate have been an apprentice to a Fellow of the College, he must also produce his discharged indenture.

The fees payable to the funds of the College must be lodged, before the examination, in the hands of the Treasurer, who will certify this upon the Examiner's letter, after inspecting and being satisfied with the certificates. The fees will be returned to unsuccessful candidates, whose names will be concealed.

Unsuccessful candidates will be remitted to their studies for a period to be determined by the judgment of the examinators, but not in any case for less than three months.

The Examiner, if he judge it proper, may order a meeting for examination on any day, at the request of a candidate; but in that case the candidate must pay two guineas in addition to the customary fees; and this money will not be returned to him in the event of his being remitted.

The College having instituted an examination in Latin, and also an examination in Mechanical Philosophy, to take place on the second Saturday in December annually without expense to the students, those who desire to avail themselves of either or both of these examinations must give in their names, addresses, and places of birth, to the officer of the College, two full days prior to the day of the examinations. Students intending to take the diploma of the College are recommended to take these examinations at as early a period in the course of study as possible.

Candidates for the diploma of the College, who have taken a degree in Arts from a University of Great Britain or of Ireland, will be exempted from the examinations in Latin and in Mechanical Philosophy.

All Candidates who have not given proof of the competency of their knowledge of Latin by the methods prescribed in the last two regulations, will be required to translate into English a portion of a Latin author at the commencement of their examination for the diploma of Licentiate; and if they cannot do so satisfactorily, the examination will not be proceeded with.

(a) The two Courses must not be simultaneous.

(b) In those Schools of England and Ireland in which two separate courses of lectures are delivered by different teachers, one on Anatomy, the other on Anatomy and Physiology, one of these courses will be received as the course of Anatomy, and the other as the course of Physiology required by the College.

All Candidates who have not given proof of the competency of their knowledge of Mechanical Philosophy by the methods prescribed above, will be liable to be examined on this department as a part of their examination for the diploma of Licentiate.

In order to test more effectually the practical knowledge of candidates, specimens of Anatomy and of the Materia Medica will be employed during the examinations; and every candidates will be required to write out one or more formulæ of prescription.

In recording the results of the examinations for the diploma of Licentiate, the Examinators have been instructed to attach special marks of their approbation, in future, to the names of those Licentiates whose acquirements shall appear to them to be of a superior description.

FEES PAYABLE BY CANDIDATES.

1. *For a Diploma*, ordinary candidates pay the sum of 10*l.*

2. Apprentices of those who were Fellows of the College prior to the Charter of 1851, pay 5*l.* for a diploma.

3. *For the Certificate of Qualification to act as Assistant-Surgeon in the Navy*, candidates not having paid for any previous qualification pay 4*l.* 19s. 6d.

[Assistant-Surgeons in the Navy, having previously obtained Certificates from the College, will receive a diploma on making up the sum to 10*l.*]

4. *For the Certificate of Qualification to act as full Surgeon in the Navy*, Assistant-Surgeons who have already obtained certificates from the College, pay 3*l.* 18s. 6d.; and those who have previously obtained the diploma of the College pay 2*l.* 17s. 6d.

[Surgeons in the Navy will obtain a diploma on making up the sum to 10*l.*]

The sums stated above include all fees of every kind, and the officer is prohibited from receiving any.

UNIVERSITY OF GLASGOW.

The Winter Session commences on Monday, November 6.

REGULATIONS FOR DEGREES IN MEDICINE AND SURGERY.

I. Candidates for the degrees of Doctor of Medicine and Master of Surgery must produce written evidence of the following qualifications:—1. A certificate of moral character signed by two respectable persons, and evidence that they have attained the age of twenty-one years. 2. That their course of professional study has extended over a period of not less than four years or four Winter Sessions at a University which confers Medical degrees, or at one of the established schools of London or Dublin; and that one at least of the four years or sessions has been passed at the University of Glasgow. 3. That in each of the four years or sessions the candidates shall have attended not less than two courses of lectures of six months' duration, and in case of their passing only one year at the University of Glasgow, that they shall have attended three such courses of lectures there. 4. That they have regularly attended once at least each of the following courses of lectures and instruction, viz.: Anatomy, six months; Chemistry, six months; Institutes of Medicine, six months; Botany (summer course), three months; Materia Medica and Pharmacy, six months; Surgery, six months; Practice of Medicine, six months; Midwifery, six months; Forensic Medicine, three months; Anatomical Dissections, six months; Practical Chemistry, three months; General Hospital, with Clinical Instruction, two years, of not less than nine months each, or eighteen months. 5. The certificates and other written evidence of the above-mentioned qualifications, a printed schedule of the course of study filled up by each candidate, and an inaugural dissertation composed by himself on some professional or allied topic, must be lodged with the Clerk of Senate, on or before the 1st of March or the 10th of June, for the respective following graduation terms.

II. The following are the regulations respecting examination:—1. The examinations for the April term of graduation commence in the last week of March, and those for the August term in the middle of July. 2. The examinations are conducted partly orally and partly in writing, on all the subjects included in the curriculum, and consist of the following parts, viz.:—1st. An Examination as to Proficiency in the Latin Language. 2nd. The Professional Examination, in two parts; the first comprehending the subjects of Anatomy, Chemistry, Physiology, and Botany; the second comprehending Practice of Medicine, Surgery, Materia Medica and Pharmacy, Midwifery, and Forensic Medicine. 3. Candidates will have it in their option to undergo the examination as to proficiency in Latin at the usual terms in any of the years of their Medical studies. They will also have it in their option to undergo the first part of the Professional Examination at any term after the completion of the second year of their studies, provided they shall have previously attended the courses of lectures on the four prescribed subjects.

III. The regulations for the degree of Master of Surgery are in all respects similar to those for the degree of Doctor of Medicine, with the exception that the examinations include a fuller reference to Practical Surgery, and that the dissertation must be on a surgical subject.

IV. The following are the regulations as to the terms for conferring degrees, fees, etc.:—1. The terms for conferring Medical and Surgical degrees are two in each year, viz.: The last Wednesday in April, and the first Wednesday in August, at twelve o'clock at noon. 2. The fee for the degree of M.D. is 25*l.* 3s. Of this sum the candidate is required to deposit 10*l.* 3s. with the Clerk of Senate not less than a week before the time of examination, which sum will be returned in the event of his not passing his trials. No deposit is required from those who undergo only the first part of the examination. The remaining sum of 15*l.* must be paid to the Clerk of Senate not later than a week before the day on which the degrees are conferred. 3. The fee for the degree of Master of Surgery is 10*l.* 10s., to be deposited at least a week before the term of examination.

FACULTY OF MEDICINE, 1855-56.

The Winter Session commences on Tuesday, 6th November, and terminates on the last Wednesday in April.

The Summer Session commences on the first Tuesday in May, and terminates on the last Friday in July. Courses of lectures on Botany, General and Surgical Anatomy, and Practical and Analytical Chemistry, are delivered by the respective Professors. The Anatomical Rooms and Chemical Laboratory are open during the months of May, June, and July.

Class Fees.—For each class, 3*l.* 3s., with the following exceptions, viz.: Practical Anatomy, six months, (when taken along with lectures on Anatomy;) Practical Chemistry, three months; and lectures on the Eye, each 2*l.* 2s.; Analytical Chemistry, 4*l.* 4s. for three months, including apparatus and re-agents.

Enrolment.—Library and Reading Room—By the regulations of the Senate, every student must, at the beginning of the session, enrol his name in the album of the University at the Library. No student can be enrolled for the Winter Session after the last day of November, without special application to, and permission from, the Senate. The payment of the fee of 7s. for enrolment in the Winter Session entitles the student to the use of the Library and Reading Room. The fee for the use of the Library during the Summer six months is 3s. 6d.

Hunterian Museum.—This Museum, illustrative of Anatomy and the various departments of Medicine, Natural History, Antiquities, and the Fine Arts, is open to the students of the Natural History class during the course, and to Medical students at all times on the purchase of the catalogue of the Medical department.

Botanic Garden.—The Botanic Garden is adapted to the illustration of the lectures on Botany, and is open to the students of the Botanical class during the Session.

Bursaries tenable by Medical Students.—The Brisbane bursary, of 50*l.* yearly, is held for four years by a student of Medicine, who is Master of Arts. The Walton bursary, of 20*l.* yearly, is held by a Medical student (a native of England being preferred), for four four years. The Armagh bursaries, three in number, amounting each to 15*l.* yearly, for three years, are open to students of Divinity and Medicine who have taken the degree of M.A.

Recognition by Public Boards.—Attendance on the lectures at the University of Glasgow qualifies for examination at all the public Boards. Graduates in surgery of this University are recognized by the English Poor-Law Unions, and by the East India Company, on the same footing as Licentiates of the Royal College of Surgeons of England.

GLASGOW ROYAL INFIRMARY.

This Hospital contains 282 beds for Medical and Surgical cases, and 250 for fever.

Physicians—Dr. J. A. Easton, Dr. Bell, Dr. M'Gregor, Dr. Weir. Surgeons—Dr. R. Hunter, Dr. J. G. Fleming, William Lyon, Esq., Dr. Corbett.

The hour of visit is two p.m., and, besides the clinical instruction given at the bedside, lectures on the cases are given four times weekly, at three p.m. The present lectures are on —Clinical Medicine, Dr. J. A. Easton and Dr. Joseph Bell; Clinical Surgery, Dr. R. Hunter and Dr. J. G. Fleming. During the summer session the hour of visit is twelve at noon. One of the Surgeons prescribes for the out-patients in the dispensary. *Post-mortem* examinations are made by the Physicians and Surgeons in presence of students, and the connexion between the morbid state and the symptoms observed during life is pointed out—thus constituting valuable lessons on Practical Pathology. The pathological museum is open to all students who desire to study the preparations; curator, Dr. Aitkin. The office of clerk, or interne, held for two years, is open to all students of the third year. The clerks are comfortably boarded in the Hospital for 45*l.* for the two years. Dressers to the Surgical wards and clerks to the dispensary are appointed without fee. Fees, admitting to all departments of the Hospital and the lectures—Perpetual, 8*l.* 8s.; or for one year, 5*l.* 5s.; for second year, 3*l.* 13s. 6d.; afterwards free.

GLASGOW EYE INFIRMARY.

This Hospital contains twenty-four beds for in-patients, of whom 111 were treated during the year; 1571 out-patients were prescribed for at the dispensary; 102 operations were performed. The hour of visit is one p.m.

Consulting-Surgeon, Dr. H. Rainy; Surgeons, Dr. Mackenzie and Dr. Andrew Anderson; Assistant-Surgeon, Dr. Wm. Brown. Student's fees, for six months' attendance, 2*l.* 2s.

GLASGOW LYING-IN HOSPITAL, ST. ANDREWS'-SQUARE.

This Hospital contains twelve beds for in-patients; and the students, assisted (if necessary) by one of the Accoucheurs, attend those women who are confined at their own houses. During the year 1854, the number of women delivered in the hospital was 427; at their own houses, 440: in all, 867.

Medical Superintendents—James Wilson, M.D., and Mr. Alex. Stewart, Surgeon. Out-door Accoucheurs—Mr. J. Leitch, Mr. R. Maxwell, Mr. James Cassels, and Mr. J. Burns, Surgeons. Student's fees, three months, 10s. 6d.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

The Licentiates of the Faculty of Physicians and Surgeons of Glasgow are, by the late Act of Parliament in their favour (13th Victoriæ Reginæ, cap. xx.), placed on the same footing, throughout the entire of Her Majesty's dominions, as the Licentiates of the Royal College of Surgeons of Edinburgh; and, consequently, as regards Surgery, as the Members of the Royal College of Surgeons of England; also, by special letters, those holding the diploma of the Faculty, are admitted to the same privileges, in respect to the army and navy, and H.E.I.C.'s Medical Service, as those holding the diploma of any of the Royal Colleges, and they have been fully recognized by the Poor-Law Commissioners as eligible for Union and Parish appointments.

The regulation-examination days are on the first and third Tuesdays of every month.

REGULATIONS REGARDING THE GRANTING OF THE DIPLOMA IN SURGERY.

Preliminary Instruction.—Every candidate for the diploma of this faculty must produce evidence of his having attained the age of 21 years. He must, either previously to or during his Medical education, have received regular instruction in Latin and Mathematics; and must have subsequently attended a course of Natural Philosophy of at least three months' duration.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each:—Anatomy, Practical Anatomy, and Surgery, of each two courses of six months (or Surgery and Military Surgery, one course of six months each); Chemistry, one course of six months; Practical Chemistry, one course of three months; Institutes of Medicine, Practice of Medicine, Materia Medica, Midwifery, and Diseases of Women and Children, one course of six months each; Medical Jurisprudence and Botany, one course of three months each; General Hospital, with at least eighty beds, twenty-one months; Practical Pharmacy, six months.

The Faculty recommend the following, viz.: Lectures on the Eye, and Hospital for Eye Diseases, (a three months' course of lectures on the eye, with six months' attendance on an eye hospital, containing at least 12 beds for operation-cases, will be considered equivalent to three months of a general hospital,) Lying-in Hospital, Hospital for Syphilitic Diseases, Pathological Anatomy, Natural History, and Comparative Anatomy, Greek, French, German, and Italian.

Each candidate shall be examined, partly orally, and partly by written question and answer, without the use of books. He shall translate Latin, write prescriptions, and be examined in preparations. The Committee of Examiners being satisfied with these trials, the candidate shall be entitled to his diploma, on taking and subscribing to the declaration authorized by law, in place of extra-judicial oaths.

The unsuccessful candidates shall be remitted to their studies for a period of not less than three months after a first rejection, and six months after a second, and their names shall be concealed. The whole of the deposited fee shall be returned to an unsuccessful candidate on his first rejection, but on every future similar occasion, whether the examination may have been before the Faculty, or any other licensing Board, or when the candidate, prior to application for a Surgical licence, may have been five years in practice, two guineas shall be retained. The Faculty Registrar is open during the months of November, for the signatures of those Students who wish to obtain the diploma, and the classes attended by each during the current session.

An examination in Latin will be held on the second and following Saturdays in December.

The regulation examination days are the first and third Tuesdays in each month.

The fee for the diploma is 10*l.*

UNIVERSITY AND KING'S COLLEGE, ABERDEEN.

Chancellor.—The Right Hon. the Earl of Aberdeen, LL.D.

Lord Rector.—The Right Hon. the Earl of Ellesmere, D.C.L.

Sub-Principal.—David Thomson, M.A.

Secretary.—George Ferguson, A.M.

MEDICAL SCHOOL.

The Winter Session commences on the first Monday of November, and terminates on the third Friday of April.

[*For Classes and Lecturers see Table, p.* 292.]

Students are required to matriculate within the first month of the Winter Session, and within the first fortnight of the Summer Session, and no certificate of attendance will be given without such matriculation.

ROYAL INFIRMARY.

The Hospital is open daily at 10 o'clock, a.m., and contains upwards of 300 beds. Separate courses on Clinical Medicine and Clinical Surgery are delivered in the Hospital three times a-week.

Physicians.—Dr. Dyce, Dr. Kilgour, Dr. W. Williamson, Dr. Nicol.

Surgeons.—William Keith, Esq., William Pirrie, Esq., David Kerr, Esq., A. J. Lizars, Esq.

Ophthalmic Surgeon.—John Cadenham, Esq.

Lecturers on Clinical Medicine and Surgery.—Dr. Kilgour, and William Keith, Esq.

Fee for the Medical and Surgical Practice of the Hospital, 1st year, 3*l.* 3s.; 2nd year, making perpetual, 3*l.* 3s.; or one sum of 5*l.* 5s. Clinical Medicine.—For the first course, 2*l.* 2s. Clinical Surgery.—For the first course, 2*l.* 2s. Subsequent courses, 1*l.* 1s. each.

Dispensary.—The Aberdeen General Dispensary, Vaccine, and Lying-in Institution, is open to the Student on applica-

tion to the Medical Officers. There are annually about 5000 patients, either prescribed for at the Institution or visited at their own houses.

Lunatic Asylum.—The Asylum contains about 240 patients. A limited number of Students are admitted to see the practice. Fee, for a course of three months, 2*l.* 2s. Consulting Physician, Dr. Macrobin.—Resident Physician and Superintendent, Dr. Robert Jamieson.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.B.

Students shall be entitled to the degree of M.B. who, having completed the Curriculum appointed for candidates for the degree of M.D., and having passed one *Annus Medicus*, at least, at King's College, shall, on examination, be found duly qualified; and the fee for such degree shall be five guineas. Those who have obtained the degree of M.B. shall be entitled to make application, within twelve years, for the degree of M.D., which degree shall be conferred by the Senatus, without further examination, on the candidates producing satisfactory evidence that they have creditably pursued the Medical Profession in the interval; and for the degree of M.D., thus conferred, the additional sum of 21*l.* 0s. 6d. shall be charged.

REGULATIONS TO BE OBSERVED IN GRANTING THE DEGREE OF M.D.

Candidates for the degree of M.D. must be of the age of twenty-one years complete, previous to examination. Candidates must produce satisfactory certificates of moral character, and of having studied the Classics and Mathematics at a University, or at an academy of acknowledged reputation. All candidates, with the exceptions mentioned below, must have been engaged in the study of Medicine for at least four years—one of which must be passed at King's College, Aberdeen; and must produce evidence of having attended in some recognized School of Medicine the following courses of Lectures:—Six Months' Courses.—Anatomy, 2 courses; chemistry, 1 course; materia medica, 1 course; surgery, 1 course; institutes of medicine and physiology, 1 course; practice of medicine, 1 course; midwifery, 1 course. Three Months' Courses.—Dissections, 2 courses; practical chemistry, 1 course; medical jurisprudence, 1 course; clinical surgery, 1 course; botany, 1 course; clinical medicine, 2 courses.

Attendance on at least two of the above courses during each Session is requisite to constitute an *Annus Medicus*. Certificates of attendance on a six months' course of chemistry, previous to the commencement of Medical study, will be received. For those who have a diploma of A.M., attendance on anatomy during the fourth Session of the Curriculum of Arts, and on a full course of chemistry, will be considered as one Medical Session. In addition to the above, every candidate must have attended for two years the wards of an Hospital containing 100 beds; and, during three months, a shop or dispensary for the compounding of medicines. Previous to commencing the Medical examination, candidates not having the degree of A.M. will be required to show that they have a competent knowledge of the Latin language, by translating a passage from Celsus. The preceding regulations will be strictly enforced in the case of all students who commenced their Medical studies at a period subsequent to October 1, 1840, but Practitioners who possess a licence or diploma from any of the Royal Colleges of Physicians or Surgeons, or from the Apothecaries' Company, and who have been engaged for at least five years in the practice of Medicine, will be admitted to examination on producing their licence or diploma, along with satisfactory evidence of good moral character, and of having studied the classics at a University, or at an academy of acknowledged reputation. Practitioners who commenced their Medical studies before October, 1840, and who have not been in practice for five years, will be admitted to examination under the conditions prescribed in Section III., with the exception of a year's residence at King's College. Fees, 26*l.* 5s. 6d.

N.B.—The University and King's College is the only institution in Aberdeen which has a legal power of granting degrees in Medicine. All Medical diplomas purporting to be from the University of Aberdeen, and not signed by the Principal and Professors of King's College, as given below, are illegal and void.

MARISCHAL COLLEGE AND UNIVERSITY OF ABERDEEN.

Chancellor.—His Grace the Duke of Richmond and Lennox.

Rector.—Austen H. Layard, Esq., M.P.

Dean of Faculty.—Alex. Thomson, Esq., of Banchory.

Principal.—The very Rev. Daniel Dewar, D.D. and LL.D.

Winter Session of 1855-56, of six months' duration, commences on Monday, the 5th of November.

REGULATIONS FOR GRANTING MEDICAL DEGREES.

Four years of attendance on Medical classes, of which two years may be passed at a recognized Medical School; but two must be passed in a University, and one of them, at least, in this University. The attendance, in each year, must embrace not fewer than two Medical classes of six months each; or one of six months, with two of three months each. But it will be held equivalent to one of these four years of attendance, first, in a Master of Arts, to have attended one Medical class while passing through the curriculum of Arts; or, secondly, in any other candidate, to have attended a Medical class in each of two years, along with classes in the curriculum of Arts. The attendance must include the following classes, each for a course of six months—Anatomy, Practical Anatomy, Chemistry, Materia Medica, Institutes of Medicine, Practice of Medicine, Surgery, Midwifery; and the following classes, each for a course of three months—Botany, Practical Chemistry, Medical Jurisprudence. In regard to Practical Anatomy, every candidate must produce a certificate that he has dissected all the parts of the human body. Eighteen months of attendance on the Medical and Surgical practice of an Hospital containing not fewer than eighty beds, along with attendance for six months on Lectures on Clinical Medicine, and for three months on Lectures on Clinical Surgery. Six months of compounding and dispensing Medicines in the laboratory of an Hospital, or of a Public Dispensary, or of a licensed General Practitioner, or of a regular Dispensing Druggist.

EXAMINATIONS.

There shall be two examination terms in each year, commencing on the second Tuesday of April, and the third Tuesday of October. Every candidate who is not a Master of Arts, nor possessed of a diploma or a licence in Medicine or in Surgery from any authority established by law within the United Kingdom, shall undergo a preliminary examination on the Latin language (the book to be used being Celsus *de Medicinâ*); on the etymology of such terms in the Medical Sciences as are derived from the Latin and the Greek; and on the Elements of Mental Science (the book to be used being Abercrombie *on the Intellectual Powers*). The preliminary examination may be undergone, at the option of the candidate, at any examination term after the expiry of the first session of his attendance on Medical classes. Every candidate shall undergo two separate Professional examinations; the first on the theoretical, and the second on the practical branches of Medical Science, as under, viz.:—First Examination—Anatomy, Physiology, Botany, Chemistry, Materia Medica. Second Examination—Medical Jurisprudence, Midwifery, Surgery, Practice of Medicine. Physiology will comprehend the Doctrines of Physics, illustrative of animal structure and function. Any candidate who so desires shall be admitted to the two Professional examinations at different terms, viz.:—to the first examination, at the end of his third year of Medical classes; and, provided he be twenty-one years of age, to the second examination at the end of his fourth year. But no longer interval than two years will be allowed to intervene between the two examinations, without a full renewal of the previous one. In order to be received for examination, certificates must have been lodged with the Professor of Medicine, fourteen days before the commencement of the examination term, stating the age of the candidate, what classes he has attended, and that he is of good moral character. Along with such certificates must be lodged a Schedule, filled up in his own handwriting, containing a list of them, and specifying such additional branches of education, Professional and general, as he may have studied.

CONFERRING OF DEGREES.

The Degree of Bachelor of Medicine may be conferred on any candidate who has passed the prescribed examinations.

The Degree of Doctor of Medicine may be conferred on any candidate, after passing the prescribed examinations, who is twenty-two years of age, or on any candidate who has been at least twelve months a Bachelor of Medicine of this University, after residing therein.

[*For Lecturers and Lectures, see Table, p.* 303.]

THE LUNATIC ASYLUM.

Under the care of Dr. Macrobin, Consulting Physician, and Dr. Robert Jamieson, Resident Physician, contains about 280 patients. A limited number of pupils is permitted to witness the practice pursued in this Asylum, in the treatment of mental disease. A course of Clinical instruction in the treatment of Insanity is given during the summer session by Dr. Jamieson, the Medical Superintendent. Fee £2 2*s*.

FEES.

For the Degree of Bachelor of Medicine	£16	5	0
For the Degree of Doctor of Medicine .	26	5	0

Graduates who have attended the several Medical Classes in this University, will be charged no Graduation Fees for the Degree of M.B.

UNIVERSITY OF ST. ANDREWS.

REGULATIONS RESPECTING THE EDUCATION OF CANDIDATES FOR THE DEGREE OF DOCTOR OF MEDICINE.

I. Every candidate for a Diploma in Medicine, upon presenting himself for examination, shall produce satisfactory evidence:—1. Of unexceptionable moral character. 2. Of having had a liberal and classical education. 3. Of having completed the twenty-first year of his age.

II. Fellows, members, and licentiates of the Royal Colleges of Surgeons of England, Edinburgh, and Dublin; of the Royal College of Physicians of London; of the Faculty of Physicians and Surgeons of Glasgow; and of the London Apothecaries' Company, are eligible as candidates for the degree of Doctor of Medicine, on producing their diploma or licence.

III. Candidates not holding any of the qualifications enumerated in the above clause, must produce satisfactory proof that they have regularly attended lectures delivered by Professors in some University, or by fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, or Dublin, for four complete winter sessions, or for three winter and three summer sessions, on the following branches:—1. Anatomy, two courses of six months each. 2. Practical Anatomy or Dissections, twelve months. 3. Physiology, one course of six months. 4. Chemistry, one ditto ditto. 5. Practical Chemistry, one ditto of three months. 6. Materia Medica and Pharmacy, one ditto ditto. 7. Midwifery and Diseases of Women and Children, one ditto ditto. 8. Surgery, one ditto of six months. 9. Clinical Surgery, one ditto ditto. 10. Practice of Medicine, one ditto ditto. 11. Clinical Medicine, one ditto ditto. And that they have diligently attended for at least two entire years the Medical Practice in some Public Hospital in Great Britain or Ireland, containing not less than 100 beds, and having a regular establishment of Physicians, as well as Surgeons.

REGULATIONS RESPECTING THE EXAMINATIONS.

Examiners for Degrees in Medicine.—George E. Day, M.D., F.R.S., Professor of Anatomy and Medicine; Arthur Connell, F.R.S.E., Professor of Chemistry; William Pyper, LL.D., Professor of Latin. *Assistant-Examiner.*—Andrew Anderson, M.D., Professor of Medicine in the Andersonian University, Glasgow.

The examination takes place twice in the year, commencing on the first Wednesday in May, and the third Wednesday in October. The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit 5*l*. of the graduation fee; which, however, will be accounted for to him, when he passes his examination at a subsequent trial. Candidates can only be admitted to examination at other periods by a special grace of the Senatus Academicus. The graduation fee in this case is fifty guineas. The examination extends over two days, and is conducted partly in writing and partly orally. On the first day, candidates are required to give a written translation of a passage from a Latin Medical Author, and are examined in the elements of Chemistry, in Materia Medica, and in Anatomy and Physiology. On the second day they are examined in Pathology and the Practice of Medicine, in the Principles of Surgery, and in Midwifery. The Degree is conferred on the following morning by the Rector, in the Hall of the Public Library of the University, and the diplomas are signed by the Principals and Professors of the University. Every candidate is required to present himself for registration to the Secretary, on or before the day preceding the examination, and to communicate by letter with the Professor of Medicine, at least a fortnight previously, stating what diploma or certificates he intends to produce.

ANDERSON'S UNIVERSITY, GLASGOW.

WINTER SESSION.

[*For Classes and Lecturers see Table p.* 303.]

General Fee.—The students may, on entering, pay a general fee of 30*l*., which admits to all the classes required for a diploma in Surgery and an Apothecary's licence. For this fee he will obtain perpetual tickets for Anatomy, Surgery, and Practice of Medicine, and a ticket to attend one course each, of Chemistry, Practical Chemistry, Materia Medica, Midwifery, Institutes of Medicine, Medical Jurisprudence, and Botany. If he should wish to attend a second course of any branch for which he has not a perpetual ticket, he will be required to pay 1*l*. 1s. to the teacher of that class; after which he is perpetual in it.

University Museum, Medical Library, etc.—The Museum, containing a splendid collection of specimens of Natural History, including more particularly those of Zoology, Geology, Mineralogy, and Antiquities, is open to all Students of the University. The Medical Library is open on Saturdays, during the Winter and Summer Sessions. Fee, 2s. per Session.

FACULTY OF MEDICINE IN IRELAND.

UNIVERSITIES, COLLEGES, COURSES OF STUDY, DEGREES AND LICENCES TO PRACTISE.

The following bodies grant one or more degrees or licences to practise Medicine or Surgery, and provide courses of instruction in the Medical sciences:—The University of Dublin with the Medical School of Trinity College. This University grants the degrees of M.B. or Bachelor of Medicine, and M.D. or Doctor of Medicine, and also a Surgical diploma. The Queen's University in Ireland, with its Provincial Colleges at Cork, Belfast, and Galway; this University confers the degree of M.D. The King and Queen's College of Physicians in Ireland, granting a licence and Fellowship. This institution, in connexion with the Medical Faculty of the University of Dublin, constitutes the School of Physic in Ireland. The Royal College of Surgeons in Ireland, which grants Letters Testimonial qualifying to practise Surgery, as a Licentiate, and also confers a Fellowship. The Rotunda Lying-in Hospital, which grants a diploma in Midwifery. The Governor and Company of the Apothecaries' Hall of Ireland.

The Medical Session in Ireland commences about the first week in November.

UNIVERSITY OF DUBLIN.

Medical School of Trinity College.—The Medical degrees in this University are granted on Shrove Tuesday and the first Tuesday in July. The degree of M.B. or Bachelor of Medicine, qualifying to practise and conferring the courtesy title of "doctor," may be obtained by all candidates who have graduated in Arts, and who have completed the requisite medical courses, and passed the Board of Examiners, consisting of the Professors of the School of Trinity College, and certain of the Professors and officers of the King and Queen's College of Physicians in Ireland. The Medical courses required of candidates for the degree of M.B. are Anatomy and Physiology, Practice of Medicine, Surgery, Chemistry, Botany, Materia Medica, and Pharmacy, institutes of Medicine, Midwifery, Medical Jurisprudence, Practical Anatomy and Practical Chemistry, Clinical Lectures at Sir P. Dun's Hospital during one session of six months, and three summer months, and also attendance for one session on the practice of a general hospital. At least one, and not more than three, of the above courses of lectures must be attended in each of four sessions; and three of the courses, at the option of the candidate, may be attended in the University of Edinburgh. The fees for

each course are 3*l.* 3s.; but those graduating in Arts in the University are allowed to attend and receive certificates for one of each of the required Medical courses gratuitously.

The graduation fees are, for the degree of M.B., 11*l.* 17s. 6d., exclusive of stamp duty; and for the degree of M.D., which may be taken without further examination in three years after the M.B., 22*l.*, exclusive of stamp duty.

The Diploma in Surgery may be obtained by such students as are matriculated in medicine, and have completed at least one year in Arts, on the following conditions:—

1. To complete one year in Arts, it shall be necessary to have answered at least one examination, subsequent to the Junior Freshman year; or to have completed the Junior Freshman year only, by passing the Michaelmas examination of that year, and keeping one previous term, either by lectures or by examination.

2. Students who have not passed an examination in the Senior Freshman year will be required to attend one course of lectures in Logic. Students who have not passed the Junior Sophister year of the Undergraduate course will be required to attend one course of Lectures on Mechanics with the Assistant to the Professor of Natural Philosophy.

3. Students so qualified will be admitted to examination for the diploma in surgery, as soon as they shall have completed the prescribed curriculum.

4. This curriculum shall extend over a period of four years, and shall comprise attendance upon the following courses of Lectures in the School of Physic in Ireland:—Anatomy and Physiology, 3 courses; Demonstrations and Dissections, 3 courses; Theory and Practice of Surgery, 3 courses; Practice of Medicine, 1 course; Chemistry, 1 course; Materia Medica, 1 course; Midwifery, 1 course; Practical Chemistry, Botany, and Medical Jurisprudence, 1 course each, of three months' duration.

Four of the above-named courses, together with a course of demonstrations and dissections may be attended in any school of Medicine recognized by the University.

Also attendance for three Sessions, each of nine months' duration, on the practice of any of the following Hospitals, together with attendance on the clinical lectures on Medicine and Surgery there delivered:—Richmond, Whitworth, and Hardwicke Hospitals:—Meath Hospital, Steeven's Hospital, Jervis-street Infirmary, City of Dublin Hospital, Mercer's Hospital, St. Vincent's Hospital.

Of the courses of lectures, which are of six months' duration, not more than three can be attended during any one Session.

5. Candidates for the diploma, who have complied with the foregoing regulations, must pass an examination before a Court of Examiners, consisting of the Regius Professor of Physic, the Professors of Anatomy, Surgery, Chemistry, Midwifery, and Botany,

The examination of each candidate will be divided into two parts, one of which shall be devoted to Anatomy and Physiology, Surgical Anatomy, the Theory and Practice of Surgery, and Operative Surgery; and the other to the Practice of Medicine, Midwifery, Chemistry, Materia Medica, and Toxicology.

6. Candidates for the diploma must submit their certificates and testimonials of qualification to the Regius Professor of Physic and to the Professor of Surgery, who shall sign the chart necessary to be laid before the Senior Lecturer and Registrar, previous to the issuing of the *Liceat ad Examinandum* to the Professors.

Gentlemen possessing the Surgical Diploma of this University have already received appointments in Her Majesty's Service.

The Medical School of Trinity College possesses spacious lecture and dissecting rooms, and a well-furnished Museum. Some important changes in the Medical department, recommended by the University Commission, are at present under consideration.

THE QUEEN'S UNIVERSITY IN IRELAND,

granting the degree of M.D., is the centre or head of the Provincial Colleges of Cork, Belfast, and Galway, each of which possesses a Faculty of Medicine. Candidates must matriculate in arts, previous to which an examination in a prescribed course of study must be proved. The curriculum of Medical study extends over a period of at least four years, and is subdivided into two periods of at least two years each; the first period comprises attendance on Chemistry, Botany, and Zoology, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. The second period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. Also, during the first period, Practical Chemistry in a recognized laboratory during three months, and the practice during six months of a Medico-Chirurgical Hospital, containing at least 60 beds, together with Clinical Lectures delivered therein. During the second period three months' Practical Midwifery in a recognized Hospital, with not less than 30 beds; three months' Practical Pharmacy; and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least 60 beds, and in which Clinical Instruction is delivered. Two examinations must be passed by candidates for the degree of M.D. One comprising the subjects of study of the first period; the other the subjects of study of the second period. At least one-third of the above courses must be attended in some one of the Queen's colleges; the remainder may be taken at the option of the candidate, in any school, College, or University recognized by the senate of the Queen's University. The examinations are conducted partly by written papers, partly by *vivâ voce* questions.

The Queen's Colleges present many advantages for Medical study, scholarships, varying in number, and of different values, from 20*l.* to 40*l.*, are annually, at the commencement of each session, conferred on the best answers in the several branches of study. The matriculation fees have been recently reduced from 3*l.* to 10s.; and from 2*l.* to 5s. The fees for the several courses vary from 1*l.* 10s. to 3*l.*

SCHOOL OF PHYSIC IN IRELAND.

Under this head are comprised the educational establishments, partly on the foundation of Trinity College, and partly on the foundation of the late Sir P. Dun, in connexion with the King and Queen's College of Physicians in Ireland.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

This College grants a licence and Fellowship. Candidates must produce a certificate of matriculation in the University of Dublin, unless they have been students of Arts in the Universities of Oxford, Cambridge, or Dublin; also proof of having been engagrd for at least four years in the study of medicine, and of having attended not less than two of the required courses in each year. These courses are Anatomy and Physiology, Chemistry, Institutes of Medicine, Materia Medica and Pharmacy, Practice of Medicine, Midwifery and Diseases of Women and Children, Surgery, Botany, and Medical Jurisprudence; of the two last, courses of three months each; of the remainder, courses of six months each; besides which, six months' dissections with demonstrations, and three months' practical chemistry, are required. The lectures must have been attended with the Professors of the School of Physic, or others recognized by the College. Hospital attendance for two years and six months, and six months' practice of a Lying-in Hospital are are also necessary.

Graduates in Medicine (not honorary) of one of the Universities of the United Kingdom, Licentiates of the Royal College of Physicians of London or Edinburgh, officers holding medical or surgical commissions in Her Majesty's service, Licentiates of a College of Surgeons, of four years' standing, those who hold the surgical diploma of Trinity College, Dublin, or Licentiates of a College of Surgeons in the United Kingdom, producing, in addition to their diploma, certificates of attendance on a course of lectures on the Institutes of Medicine and Botany, and on the Practice of a Lying-in Hospital for six months, are admissible to examination on producing evidence of their possessing any of the foregoing qualifications, in addition to the certificate of Matriculation in the University of Dublin. The examination is conducted on two different days; those who, in addition to the qualifications just enumerated, are also Graduates in Arts of the Universities of Dublin, Oxford, or Cambridge, are required to undergo the second day's examination only, Botany and Materia Medica being added in the case of members of a College of Surgeons.

By a recent regulation of this College, every person receiving its licence is obliged to make a solemn declaration to observe its

laws and ordinances, and among other things he solemnly engages "not to practise any system or method (so called) for the cure or alleviation of diseases of which the College has disapproved; nor to endeavour to obtain practice, or to attract public notice by advertising, or by any other unworthy means; I also engage that I will neither permit nor sanction the use of my name by any other party for such purposes, nor in connexion with any secret or other remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College." By the Dublin College of Physicians this regulation has been carried out in the letter and in the spirit.

ROYAL COLLEGE OF SURGEONS, IRELAND.

President—Sir Philip Crampton, Bart.

Vice-President—Robert C. Williams.

The Council—Alexander Read, Arthur Jacob, Thomas E. Beatty, William Hargrave, Andrew Ellis, Leonard Trant, Robert Adams, James Barker, William Colles, John H. Power, Hans Irvine, James S. Hughes, Edward Hutton, Robert Pentland, Samuel G. Wilmot, Richard G. H. Butcher, Augustus E. Tabuteau, Robert Mayne, Thomas L. Mackesey.

Honorary Secretary of the College.—Edward Hutton.

Secretary of the Council—Henry Maunsell.

Court of Examiners.—T. Rumley, C. Fleming, O'Bryen Bellingham, R. Tuohill, Thomas Byrne, Francis Battersby, M. H. Stapleton.

Examiners in Midwifery.—William Jameson, Samuel L. Hardy, Robert Shekleton.

PROFESSORS.

Anatomy and Physiology: Dr. Arthur Jacob.
Descriptive Anatomy: Dr. J. H. Power and Dr. Bevan.
Surgery: W. H. Porter and W. Hargrave, Esqrs.
Medicine: Dr. C. Benson.
Chemistry: Dr. W. Barker.
Materia Medica: Dr. R. C. Williams.
Midwifery: Dr. T. Beatty.
Medical Jurisprudence: Dr. T. G. Geoghegan.
Botany: Dr. A. Mitchell.
Practical Chemistry: Dr. Barker.
Comparative Anatomy: Dr. Jacob.
Regius Professor of Military Surgery: Jolliffe Tuffnell, Esq.
Logical Science: Dr. John Murray.

Fellows of the College are Members of the Corporation, and are admitted by examination; letters testimonials are granted to Licentiates, and a diploma in midwifery to Fellows and Licentiates educated and examined in that branch of Surgery.

Candidates for the Fellowship must be twenty-five years of age, and must give proof of liberal preliminary education, and good conduct during professional education. They are required to produce certificates of Surgical studies for six years (three of which must be for exercises in Dublin), and also of practice as House-Surgeon or dresser in an hospital; as well as certificates of attendance on hospitals, lectures, and dissections, as required from Licentiates; with the addition of Botany, Comparative Anatomy, and Natural Philosophy. Fee, 26*l.* 5*s.*; if the candidate be a Licentiate, 10*l.* 10*s.*

Candidates for Letters Testimonial are required to produce certificates of preliminary classical education, of four years' professional study (three of them in metropolitan schools), also three years' attendance on hospital lectures and dissections. Fee, 21*l.*

Candidates for the Midwifery Diploma must be Fellows or Licentiates of the College, are required to produce certificates of attendance on midwifery lectures and practice, with proof of having attended thirty cases of parturition.

Candidates for the Fellowship and Letters Testimonial are publicly examined on two separate days, in Anatomy, Physiology, Surgery, Practice of Medicine, and Pharmacy. The examiners are elected by a sworn jury of the Council appointed by lot, teachers being ineligible. Fellows and Licentiates of the College are qualified to practise as surgeons in any part of the British dominions, and to be appointed Medical officers to the army and navy, public hospitals, infirmaries, dispensaries, and workhouses.

THE APOTHECARIES' HALL OF IRELAND

grants the licence to practise as an apothecary. Candidates must undergo two examinations, one for the certificate qualifying to become an apprentice, the other for the licence to practise. The first examination comprises an excellent elementary course of classics, mathematics, and French. The requirements for the licence are certificates of apprenticeship to a qualified apothecary, of attendance on Chemistry, Anatomy, and Physiology, one course each; Practical Chemistry in a laboratory where the pupil shall have prepared the Pharmacopœial preparations; Botany, Materia Medica, Demonstrations and Dissections, Theory and Practice of Physic, Surgery, Midwifery and Diseases of Women and Children, Medical Jurisprudence, a certificate of eighteen months' attendance in a recognized Hospital, with clinical instruction therein.

A licence to act as qualified assistant is granted on examination, at the end of three years' apprenticeship, to all candidates who have attended one course of lectures on Botany, one upon Chemistry, one upon Practical Chemistry, and one upon Materia Medica.

An annual prize of five guineas is given to the author of the best essay on some subject connected with Pharmaceutic or Pathological Analysis, which is announced by the Court of Examiners of the Apothecaries' Hall at the commencement of each session.

Rotunda Lying-in Hospital, Dublin.—This Institution, a monument of the philanthropy of the late Dr. Morre, contains nearly 150 beds. Upwards of 2000 women are annually delivered. There is a museum and lecture-room, and clinical courses are delivered in winter and summer. There is accommodation for 60 intern pupils: fees for interns, 20 guineas; for externs, 10 guineas.

Coombe Lying-in Hospital and Anglesea Lying-in Hospital.—Instruction in Midwifery is given in both these Institutions.

MEDICAL SCHOOLS OF DUBLIN.

There are now in the City of Dublin three private schools, in which a complete system of Medical education is conducted. There are:—

The Carmichael, formerly the Richmond Hospital School of Medicine, in which courses of lectures are given on Anatomy and Physiology, Theory and Practice of Surgery and Operative Surgery, Theory and Practice of Medicine, Midwifery and Diseases of Women, Materia Medica and Therapeutics, Chemistry, Medical Jurisprudence, Botany and Natural History. In connexion with this School, and available by students attending it, is the valuable Museum of Pathology, the result of the labours of Professor Smith and other Surgeons of the Richmond Hospital. The Carmichael Premiums are continued in the School by a bequest of the late Richard Carmichael, F.R.C.S., and they are awarded to the best answerers at the end of each session.

Original School of Medicine, Peter-street.—Anatomy and Physiology, Practical Anatomy, Surgery, Medicine, Midwifery, Materia Medica, Forensic Medicine, Chemistry. Prizes of considerable amount are given each session in the different classes, and, in the department of Chemistry, a gold and silver medal are awarded by the lecturer.

Dublin School of Medicine, Peter-street.—Anatomy and Physiology, Practical Anatomy, Surgery, Medicine, Midwifery, Materia Medica, Chemistry, Botany. Prizes are given in the various classes.

The fees for each course in these schools are 2*l.* 2*s.*; and the lectures delivered therein are recognized by the various licensing bodies.

Dublin Hospitals.—There are seven General Clinical Hospitals in Dublin, varying in amount of beds from 100 to between 200 and 300. There are—Steevens's Hospital, the Richmond Surgical, Whitworth Medical, Hardwike Fever Hospitals, forming one Institution for clinical instruction; the Meath Hospital, St. Vincent's Hospital, Baggot-street Hospital, Jervis-street Hospital, and Mercer's Hospital. In addition to which there are—Sir P. Dun's Hospital, the Medical Clinique of the School of Physic in Ireland, and St. Mark's Ophthalmic Hospital, the Cork-street Fever Hospital, Westmoreland Lock Hospital, the Richmond Lunatic, and other well-appointed Institutions.

Steevens's Hospital contains about 200 beds, of which 30 are devoted to venereal cases. There is a Medical library; also accommodation for several intern pupils. Fees—Interns, winter, six months, 21*l.*; summer, six months, 15*l.* Externs, winter session, 8*l.* 8*s.*; summer, 5*l.* 5*s.* The scale of fees is about the same in all the chief Dublin Hospitals, 8*l.* 8*s.* for the session of nine months.

The Richmond Hospitals comprise over 200 beds. This Institution possesses great advantages; it is in the immediate neighbourhood of the Carmichael School; it affords accommodation for several intern Medical pupils, as well Medical as Surgical.

Meath Hospital.—This Institution receives Surgical, Medical, and fever patients.

St. Vincent's Hospital.—This is under the direction of the Sisters of Charity. It receives Medical and Surgical cases, and has a large Dispensary.

Baggot Street Hospital.—The instruction in this Institution is chiefly conducted by the Professors of the Royal College of Surgeons in Ireland.

Jervis-street Hospital.—This Institution, one of the oldest of the kind in Dublin, has recently been placed under the charge of the Sisters of Mercy. Clinical Lectures are regularly delivered, also Special Courses on Venereal Diseases, Cutaneous Diseases, etc.

Mercer's Hospital.—This is also a Clinical Hospital. Clinical Lectures are delivered, and the certificates of attendance recognized by all the licensing bodies.

Sir P. Dun's Hospital is devoted to Medical cases in the Clinique of the School of Physic, and is chiefly attended by the Professors of that school.

St. Mark's Ophthalmic Hospital.—This Institution contains 21 beds, and has a very extensive Ophthalmic Dispensary. A Clinique, with systematic instruction and operation two days in each week. This Institution possesses accommodation for a resident pupil.

Several other Institutions exist in Dublin, which, though not specially used for the purposes of Clinical instruction, afford ample opportunities for the study of disease. They are the Richmond, Island Bridge, and Swift's Lunatic Asylums, the Military Hospitals, the Westmoreland Lock Hospital, and the Cork-street Fever Hospital.

Well-organized Hospitals exist in the cities of Cork, Belfast, and Galway, which constitute Cliniques for the Queen's Colleges.

The Pathological Society gives a certificate to those who attend the requisite number of its meetings, and a gold medal, now much prized, is awarded to the author of the best essay on a given subject in Pathology.

There is a Student's *Medico-Chirurgical Society*, in which papers of considerable interest and ability are read.

ST. LUKE'S HOSPITAL FOR LUNATICS, OLD STREET.

Consulting Physician.—Dr. Sutherland.

Physicians.—Dr. Alex. John Sutherland, F.R.S.; Dr. Henry Monro.

Surgeon.—Mr. Luke.

Resident Medical Superintendent.—Henry Stevens, Esq.

Secretary.—G. Menee.

The practice of this Hospital is open to a limited number of pupils. Lectures on the Nature and Treatment of Insanity are delivered annually by Dr. Sutherland; and clinical lectures are given from time to time. Clinical clerks are selected from such pupils as have completed three months of the Hospital practice. Sessions, of three months each, commence on the 1st October, 1st January, and 1st May in every year. Fee for each session, 3*l.* 3s.

PHARMACEUTICAL SOCIETY, BLOOMSBURY-SQUARE.

Chemistry and Pharmacy: Mr. Redwood, Tuesday, Wednesday, and Friday, at half-past eight o'clock a.m. Botany and the Natural History of Drugs, Mr. Bentley, Saturday and Monday, at half-past eight a.m. The Laboratory for Practical Instruction in Pharmaceutical Chemistry, under Professor Redwood, will be opened on Monday, the 2nd of October. The season extends from the 1st of October to the end of July, and pupils may enter at any period during the season.

Fees—Five months, 15*l.* 15s.; four months, 13*l.* 13s.; three months, 11*l.* 11s.; two months, 9*l.* 9s.; one month, 6*l.* 6s. Students not registered in connexion with the Society pay a fee of one guinea for attendance at each of the courses of lectures.

The Board of Examiners.—The Board of Examiners meet on the third Tuesday in every month, excepting May and September, for examinations and granting certificates of qualification to practise pharmacy. Fee for minor examination and registration as an assistant, 5*l.* 5s.; or, if previously registered as an apprentice or student, 3*l.* 3s. For major examination and registration as a pharmaceutical chemist, 10*l.* 10s.; or, if previously registered as an assistant, 5*l.* 5s.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

Consulting Physicians—Sir J. Forbes, Dr. C. J. B. Williams, and Dr. Walshe. *Physicians*—Dr. Hamilton Roe, Dr. Theophilus Thompson, Dr. Cursham, Dr. Cotton, and Dr. Quain. *Assistant-Physicians*—Dr. Wadham, Dr. Pollock, and Dr. Edward Smith.

Pupils are admitted to the Hospital practice. Fees for six months 5*l.* 5s.; perpetual, 10*l.* 10s. Four clinical assistants reside in the Hospitals. Pupils are eligible to these appointments, which are held for six months. The resident Medical officer, Mr. Edwards, receives two dispensary pupils; and further particulars may be learned from him at the Hospital.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

Surgeons—Mr. G. J. Guthrie, Mr. C. G. Guthrie, Mr. H. Hancock. *Assistant-Surgeons*—Mr. Jabez Hogg, Mr. H. Power.

The Hospital contains 30 beds, and during the past year 5280 out-patients, and 161 in-patients, have been treated. The Medical officers attend on Mondays, Wednesdays, and Fridays, from one to two o'clock. Operations on Friday, at half-past one o'clock; and lectures are delivered on the Anatomy and Diseases of the Eye. Fee for attendance on the practice and lectures, 5*l.* 5s. The office of House-Surgeon is open to the competition of the students attending the Hospital. The practice of the Hospital is open to the Medical officers of the public service.

ROYAL FREE HOSPITAL.

Physicians—Dr. Brinton, Dr. Arthur Hassall, and Dr. Mortimer Glover. *Physician-Accoucheur*—Dr. Henry Bennet. *Surgeons*—Mr. W. Marsden, Mr. T. Wakley, Mr. Weedon Cooke, and Mr. Victor de Méric. *Assistant-Surgeons*—Mr. Alexander Marsden and Mr. J. S. Gamgee. *Medical Officer for Diseases of Children and Assistant-Accoucheur*—Mr. T. Carr Jackson. *Dentist*—Mr. Robinson. *House-Surgeons*—Mr. Turtle and Mr. Moorchouse. *Apothecary*—Mr. Morgan.

The Royal Free Hospital contains 160 beds, classed in equal proportions for Medical and Surgical cases.

ROYAL MEDICAL BENEVOLENT COLLEGE.

CURRICULUM, SCHOOL RULES, AND REGULATIONS.

Head Master—Rev. R. Thornton, M.A.
First Assistant—Rev. John Maskerry, M.A.
Second Assistant—W. E. Littlewood, Esq., B. A.
Matron—Miss Children.

Payments.—Exhibitioners, 30*l.* per annum. Day scholars (who need not be sons of Medical men)—Lower School, 12*l.* per annum; Upper School, 15*l.* per annum. Day-boys will pay an entrance fee of three guineas, unless nominated by a Governor. They will be allowed to dine with the others on payment. All will be required to wear the square collegiate cap.

Holidays.—Summer: six weeks, from last Tuesday in July to second Tuesday in September: Christmas: three weeks, from Tuesday nearest to December 21st to Tuesday nearest to January 11th. Easter: three days. Whitsuntide: two days. All the boys, without exception, will leave during the summer holidays. Those Exhibitioners, who wish to remain at Christmas, will have to make a reasonable payment for their board.

Subjects of Study.—Latin, Greek, English, French, and German; Writing, Arithmetic, Mathematics, and Natural Philosophy; History and Geography; Music; the Scriptures and the Prayer Book. Lectures to be delivered occasionally, with the approbation of the Head Master, on Literature and Science; the boys and others be invited to attend. The School will be divided into Upper and Lower; the Upper will embrace an Academical and Civil Department. On a boy's arrival at the head form in the Lower School, his parents or guardians will be required to signify to the Head Master which of the two departments it is desired he should enter. The Academical Department will receive instruction in Classics and Mathematics, with reference to the studies of the Universities, and the Matriculation Examinations for the Medical and Legal Professions. The Civil Department will study Natural Philosophy, Modern Languages, and the higher Mathematics.

Examinations.—The boys will be examined twice a-year, at Whitsuntide and at Christmas. Prizes will be awarded according to the report of the Examiners, and also for good conduct, according to the report of the Masters.

CLASSES AND LECTURERS AT THE LONDON, PROVINCIAL, AND SCOTTISH MEDICAL SCHOOLS.

	Anatomical Demonstrations.	Anatomy, Descriptive and Surgical.	Structural & General Anatomy & Physiology.	Chemistry.	Materia Medica and Therapeutics.	Principles & Practice of Medicine.	Principles & Practice of Surgery.	Midwifery & Diseases of Women & Children.	Botany.	Medical Jurisprudence.	Comparative Anatomy.	Experimental and Descriptive Natural Philosophy.	Practical Pathology	Microscopical Anatomy.	Dentistry.	Ophthalmic Surgery.	Practical Chemistry.
St. Bartholomew's ...	Mr Holden, Mr Savory	Mr Skey	Mr Paget	DrStenhouse	Dr Farre	Dr Burrows Dr Baly	MrLawrence	Dr West	Dr Kirkes	Dr Black	Mr M'Whinnie	Dr Martin	Dr Callender & House Surgeons				DrStenhouse Mr Tuson and Mr Attfield
St. Thomas's (a)	Mr Rainey. Dr Bristowe & Mr Jones	Mr Clark Mr Rainey	Mr Grainger Dr Brinton	Dr Thomson	Dr Peacock	Dr Bennett	Mr South	Dr Waller Dr Griffith	Dr Bristowe	Dr Brinton	Mr Jones		Mr Simon	Mr Rainey	Mr Patient	Mr. Macmurdo.	Dr Thomson
Guy's(c) ..... *Winter* ...	Mr Poland, Mr Callaway	Dr Pavy Mr C Foster	Dr Gull	Dr Taylor		Dr Addison Dr Barlow Dr Hughes	Mr Hilton Mr Birkett Mr Cock	Dr Lever Dr Oldham									
Summer					Dr O Rees	Dr O Rees Dr Gull, Dr Habershon	Mr Poland Mr Callaway	Dr Lever Dr Oldham	Mr Johnson	Dr. Taylor	Dr Pavy	Dr Odling	Dr Habershon Dr Wilks		Mr Bell Mr Salter	Mr France	Dr Odling
Westminster	Mr Power Mr A Marshall	Mr Power	Mr Hillman	H Lewis, M.A.	Dr Radcliffe	Dr Basham	Mr Guthrie Mr Brooke	Dr F Bird	Mr Syme	Dr. Fincham		Mr Brooke			Mr Clendon		Mr H Lewis
St. George's	Mr Holmes Mr Carter	Mr Hewett Mr Pollock Mr H Gray	Mr Johnson	Mr Noad	Dr Pitman	Dr Nairne Dr Page	Mr Tatum	Dr R Lee	Mr Masters	Dr Fuller						Mr Tatum Mr Johnson	Mr Noad
London	Mr N Ward Mr Wordsworth & Mr Gowlland	Mr Adams	Dr Carpenter	Dr Letheby	Dr H Davies	Dr Little	Mr Curling Mr Critchett	Dr Ramsbotham	Mr Bentley	Dr Ramsbotham, Dr Letheby	Mr Coles			Dr Clark	Mr Barrett	Mr Critchett	
Middlesex ...	Mr Nunn, Dr Van der Byl	Mr Moore	Mr De Morgan	Mr T Taylor Mr Heisch	DrH Thompson	Dr Stewart Dr Seth	Mr Shaw	Dr Frere	Mr Bentley	Dr Goodfellow.	Mr Waterhouse		Mr Henry	Dr Van der Byl			Mr T Taylor Mr Heisch
University College ...	Mr Ellis & Mr Ramsbotham	Mr Ellis	Dr Sharpey, F.R.S.	Mr Williamson	Dr Garrod	Dr Walshe	Mr Erichsen	Dr Murphy	Dr Lindley F.R.S.	Dr W B Carpenter.	Dr. Grant, F.R.S.(d)	Prof Potter	Dr Jenner		Dr Shelley	Mr W Jones	Professor Williamson
Charing-cross	Mr Goldsbro	Mr E Canton	Dr H Salter	Mr Lewis	Dr Steggall	Dr Chowne Dr Willshire	Mr Hancock	Dr Chowne		Dr. Birkett Mr. Hird							Mr Lewis
King's College	Mr Lee Mr Wood	Mr Partridge	Dr Beale	Dr Miller Mr Bloxham	Dr Royle	Dr Budd	Mr Fergusson	Dr Farre	Mr Henfrey	Dr Guy	Mr T R Jones						Mr Bowman
St. Mary's(e)	Dr Murchison	Mr Walton Mr Lane	Mr Lane Dr H. Jones	Dr Bernays	Dr Sieveking	Dr Chambers Dr Sibson	Mr Coulson Mr S Smith	Dr T Smith Mr Brown	DrSanderson	Mr Ancell	Dr Hewitt	Mr Blyth	Dr Markham		Mr Nasmyth	Mr W Cooper	
Theatre of Anat & Med. adjoining St. Georges (f)	Dr Deville	Dr Deville	Dr Lankester	Mr Rodgers	Dr Ballard	Dr Cormack Dr Ballard	Mr Pilcher	Mr Bloxam	Dr Lankester	Dr. Richardson.	Mr Hulme	Dr Thudichum			Mr Hulme		Mr Rodgers

(a) Clinical Lectures by Dr Barker. (b) Microscopical Demonstrations. (c) Demonstrations on Cutaneous Diseases by Dr. Addison and Dr. Gull; Hygiene, Dr. H. Greenhow. (d) And Palæo-Zoology.
(e) Clinical Medicine by Dr Alderson; Clinical Surgery by Mr. Ure; Military Surgery, Tropical Medicine, and the Hygiene of Fleets and Armies, by Dr. James Bird; and Aural Surgery by Mr. Toynbee.
(f) And Hygiene by Dr. Greenhow.

CLINICAL LECTURES on Medicine and Surgery are now delivered in almost every Hospital attached to a Medical School.

ueen's Col., Birminghm.	Mr Bolton Mr Pemberton	Mr S Cox Mr Parker	Dr Heslop	Mr Shaw	Dr Fife Mr Knowles	DrJohnstone	Mr S Cox	Mr Berry	Mr Knowles	Dr Davies	Dr Jordan						Mr Shaw
Sydenham Coll., Birm.	Mr Jones	Mr Elkington Mr Jones	Dr Keyworth	Dr A Hill	Dr Russell Mr Bassett	Dr Fletcher	Mr A Baker	Dr Elkington Mr Blake	Mr Westcott	Mr Orford			Dr Russell				Dr A Hill
Newcastle Coll. of Prac. Science in connexion with the U. of London (a)	Mr McNay Mr Preston Mr Stainthorpe	Mr Nicholson	Mr Newton Mr Furness	Mr Gray, jun. Mr Craster	Mr Nowton Mr Gibson	Dr Robinson	Mr W H Fife	Dr Dawson	Mr Sanderson, jun.	Dr Robinson Mr Rayne		Rev W Spencer				Mr J B Fife	Mr Gray, jun. Mr Craster
Newcastle-on-Tyne Col. of Med. & Sur. in connexion with Univ. of Durham (b)	Dr Penny		Dr Embleton Mr Gibb Mr Wilson	Dr Richardson	Dr Humble	Dr Charlton Dr Embleton	Dr and Mr Heath	Dr Gibson Mr Frost	Mr Thornhill Mr Oliver	Dr Pearse Mr Robinson Mr Chater			Dr Fenwick Mr Gibb				Dr Richardson
Chatham-st. Sch. of Med., Manches.(c)	Mr Murphy	Mr J S Fletcher, Mr J O Fletcher	Mr Dumville Dr Roberts	Mr Stone	Mr Somers	Dr Watts Dr Wilkinson	Mr Southam	Dr Whitehead Dr Merei	Dr Stone	Dr Aikenhead			Dr Watts				Mr Stone
Sheffd. Med. Institution	Mr Walker Mr Favell	Mr Walker Mr Favell	Mr Gregory Mr Skinner Mr Allanson	Dr Bingley	Dr Shearman Dr Jackson	Dr Bartolome Dr Law	Mr Barber	Mr Jackson		Dr Law							Dr Bingley
Leeds Schl. of Medicine		Mr W Nicholson, Mr Price, Mr Wheelhouse	Mr Ikin, Mr S Hey, Mr W Nicholson, Mr Price, Mr Wheelhouse	Mr Morley Mr Scattergood	Mr Bishop	Dr Chadwick Dr Heaton	Mr Hey Mr Nunneley	Mr Smith, Mr Braithwaite	Dr Heaton	Dr P Smith						Mr Nuuneley (d)	Mr Scattergood
Bristol Med. School.....	Mr C Leonard	Mr Coe Mr C Leonard	Dr Brittan Dr Martin	Mr Herapath	Dr Stanton	Dr Stanton Dr Brittan	Mr Clark Mr Prichard	Dr Swayne	Mr Etheridge	Dr Martyn							Mr Herapath
Liverpool Royal Infir.	Mr Fletcher Mr Waters		Mr Fletcher Mr Waters	Dr Brett Dr Edwards	Dr Nevins	Dr Inman	Mr Long	Mr Batty, Mr Grimsdale	Mr Archer	Dr Brett Dr Cameron			Mr Fletcher Mr Waters			Dr Taylor	Dr Brett
York School of Medicine	Mr Hornby Mr North		Mr Allen Mr Hornby	Mr Procter	Mr Williams Mr Moore	Dr Layeock	Mr Hey, Mr Keyworth	Mr Allen Mr Anderson	Mr Moore	Mr Procter				Mr Hornby			
Hull & East Riding Schl. of Medicine & Anatomy	Dr King		Mr Craven	Mr Beckett	Dr Daly	Dr Daly	Mr Gibson	Mr Hardey	Mr Reckitt	r M r o e							
Manches. Rl. Schl. of Med. and Surgery	Mr Lund	Dr Renaud	Mr Turner Mr Smith	Dr Allan	Mr Childs	Dr Browne	Mr Orr	Mr Heath	Mr Grindon	Mr Greaves			Dr Renaud	Mr Smith		Mr Hunt Mr Lund	Dr Allan
University of Edinburgh	Prof Goodsir	Prof Goodsir		Dr Gregory	Dr Christison	DrChristison Dr Bennett	Prof Syme	Dr Simpson	Dr Balfour	Dr Traill	Prof Goodsir		Dr Henderson	Dr Bennett			Dr Gregory
Surgeon's Hall, Edin.	Dr Struthers	Dr Struthers	Dr Sanders	Dr Wilson Dr Macadam	Dr Maclagan	Dr Wood Dr Gairdner	Mr Spence Mr Lister	Dr Keiller Dr Duncan		Dr Littlejohn		Mr Lees	Dr Haldane				Dr Macadam
Anderson's U., Glasgow	Drs Buchanan	Drs Buchanan	Drs Buchanan	Dr Penny	Dr Morton	Dr Anderson	Dr Hunter	Dr Paterson	Mr Bell	Dr Crawford		Dr Taylor					Dr Penny
Marischal Coll. and U., Aberdeen (e)	Prof Lizars	Prof Lizars	Prof Lizars	Dr Clark Mr Brazier	Dr Henderson	Dr Ogilvie Dr Macrobin	Prof Pirrie	Dr Dyce	Dr Beveridge	Dr Ogston				Dr Ogilvie			Dr Clarke Mr Brazier
University & King's Coll., Aberdeen (f)	Dr Redfern		Dr Redfern	Dr Fyfe	Dr Rattray	Dr Williamson	Dr Kerr	Dr Rainy	Rev J C Brown	Dr Reid		Mr Thomson		Dr Redfern			Dr Fyfe

(a) Military Surgery, by Sir John Fife. (b) And Mental Diseases, Dr. Mackintosh; Dietetics, Dr. Humble; Medical Ethics, Dr. Greenhow. (c) Psychological Medicine, Dr. Noble; and Aural Surgery, Mr. Williamson. (d) And Aural Practice. (e) And Dietetics and Hygiene, Dr. Henderson; and Natural History, Professor Nicol. (f) Institutes of Medicine (Physiology) Dr. Christie; and Natural History, Rev. J. Longmuir.

TABLE OF FEES TO THE LECTURES REQUIRED BY COLLEGE AND HALL.

	Anatomical Demonstrations.			Anatomy, Descriptive and Surgical.			Structural and General Anatomy and Physiology.			Chemistry.			Materia Medica and Therapeutics.			Principles and Practice of Medicine.			Principles and Practice of Surgery.			Midwifery and diseases of Women and Children.			Botany.			Medical Jurisprudence.			Practical Chemistry.	
No. of Courses required by College and Hall ...	2			3			3			1			1			2			2			2			1			1			1	
—	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course or Session.	Two Courses.	Perpetual.	One Course or Session.	A Second Course.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Two Courses.	Perpetual.	One Course.	Perpetual.
	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.
St. Bartholomew's	3 3	...	5 5	5 5	7 7	10 10	5 5	7 7	10 10	5 5	...	7 7	4 4	...	6 6	5 5	...	7 7	5 5	3 3	7 7	4 4	...	6 6	3 3	...	4 4	3 3	4 4	3 3	2 2	3 3
St. Thomas's	Second Year, £40, and every succeeding year, £10; perpetual to the whole, £90; for the entire Lectures and Hospital Practice in the first year, £40.																														
Guy's	Entire Lectures and Hospital Practice—First year, £40; second, £40; every succeeding year, £10; perpetual, £100.																														
Westminster	...	...	5 5	5 5	...	7 7	5 5	...	7 7	5 5	...	7 7	3 3	...	4 4	4 4	...	5 5	4 4	...	5 5	3 3	...	4 4	2 2	...	3 3	2 2	...	3 3	2 2	...
St. George's	...	...	...	6 6	...	8 8	6 6	...	8 8	6 6	...	8 8	5 5	...	6 6	5 5	...	6 6	4 4	...	6 6	4 4	...	6 6	3 3	...	4 4	3 3	...	4 4	4 4	...
London	5 5	...	10 10	5 5	...	10 10	3 3	...	5 5	7 7	...	7 7	3 3	...	4 4	4 4	...	7 7	4 4	...	6 6	4 4	...	6 6	3 3	...	4 4	3 3	...	4 4	2 2	3 3
Middlesex	2 2	...	3 3	8 0(a)	...	11 0(a)	4 0	...	6 0	6 0	...	8 0	3 3	...	5 5	4 0	...	6 0	4 0	5 5	6 0	3 0	...	5 0	3 0	...	4 2	3 3	...	5 5	3 3(b)	...
University	...	...	...	6 0	...	9 0	6 0	...	9 0	6 0	...	9 0	4 0	...	6 0	5 0	...	8 0	4 10	...	6 0	4 0	...	6 0	3 0	...	6 0	3 0	...	...	4 0	...
Charing-cross...	2 2	3 3	4 4	4 4	6 6	7 7	4 4	6 6	7 7	5 5	6 6	7 7	4 4	5 5	6 6	4 4	6 6	7 7	3 3	5 5	6 6	3 3	5 5	6 6	2 2	3 3	4 4	2 2	3 3	4 4	2 2	...
King's	...	...	...	6 6	...	9 9	6 6	...	9 9	7 7	...	9 9	5 5	...	6 6	5 5	...	7 7	4 4	...	6 6	4 4	...	6 6	3 3	...	4 4	3 3	...	4 4	4 4	8 8
St. Mary's	...	...	...	6 6	...	8 8	6 6	...	8 8	5 5	...	7 7	4 4	...	6 6	4 4	...	6 6	4 4	...	6 6	4 4	...	6 6	3 3	...	4 4	3 3	...	4 4	2 2	3 3
Queen's Coll., Birmingham..	4 4	...	...	7 7(c)	...	...	7 7(c)	...	...	4 4	...	...	5 5	...	...	5 5	...	...	5 5	...	...	4 4	...	...	4 4	...	...	4 4	...	...	3 3	...
Sydenham Coll., do.	...	...	...	4 4	...	7 7	4 4	...	9 9	4 4	...	7 7	4 4	...	7 7	4 4	...	7 7	4 4	...	7 7	3 3	...	4 4	3 3	...	4 4	3 3	...	4 4	2 2	...
Bristol Medical School ...	...	...	...	5 5	...	9 9	5 5	...	9 9	5 5	...	8 8	4 4	...	6 6	4 4	...	6 6	4 4	...	6 6	4 4	...	6 6	3 3	...	5 5	3 3	...	5 5	3 3	...
Hull and East Riding Sch. of Medicine	4 4	...	6 6	...	...	...	5 5	...	8 8	5 5	...	...	5 5	...	7 7	5 5	...	7 7	3 3	...	5 5	4 4	...	6 6	3 3	...	...	3 3	...	...	...	...
Leeds School of Medicine(d)	...	...	...	4 4	3 3	7 7	6 6	4 4	10 10	4 4	3 3	7 7	5 5	3 3	8 8	5 5	3 3	8 8	3 3	2 2	5 5	3 3	2 2	5 5	2 12 6	1 11 6	4 4	2 12 6	1 11 6	4 4	1 1	...
Liverpool Royal Infirmary School of Medicine ...	3 3	...	...	...	...	...	5 5	...	...	5 5	...	...	4 4	...	...	5 5	...	...	4 4	...	...	4 4	...	...	3 3	...	...	3 3	...	...	3 3	...
Manchester Royal School of Medicine and Surgery ...	2 2	...	...	...	...	...	4 4	...	...	4 4	...	...	4 4	...	...	4 4	...	...	4 4	...	...	4 4	...	...	...	...	...	3 3	...	...	3 3	...
Newcastle-on-Tyne College of Medicine, in connexion with University of Durham	3 3(d)	...	...	3 3	...	...	4 4	...	...	4 4	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	...	...
Newcastle College of Practical Science	3 3	...	...	...	...	...	4 4	...	...	4 4	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	...	...
Sheffield Medical Institution	2 2	...	...	...	...	...	4 4	...	...	6 6	...	...	4 4	...	...	4 4	...	...	3 3	...	...	3 3	...	...	3 3	...	...	3 3	...	...	...	...
York School of Medicine ...	4 4	...	7 7	...	...	...	6 6	...	10 10	5 5	...	7 7	5 5	...	7 7	5 5	...	8 8	3 3	...	5 5	3 3	...	5 5	2 12	...	4 4	2 12	...	4 4	...	...

(a) Single Course of Anatomy, Physiology, Demonstrations, and Dissection, £8 8s.; Perpetual, £15. (b) For General Pupils of the School, £2 2s. (c) £7 7s. for Surgical Anatomy, Descriptive Anatomy, and General Anatomy and Physiology. (d) Surgical Anatomy and Demonstrations, £3 3s. together.

PERPETUAL FEES FOR LECTURES, ETC., REQUIRED BY COLLEGE AND HALL,—

St. Bartholomew's, £94 10s. (Lectures and Hospital Practice)
St. Thomas's, £90 Ditto
Guy's, £90 Ditto
Westminster, £71 8s. Ditto
St. George's, £96 12s. Ditto
London, £88 4s. Ditto
Middlesex, £75 (exclusive of Prac. Chem.) Ditto
University, £90 Ditto
Charing Cross, £71 5s. (Lectures and Hospital Practice)
King's, £95 11s. Ditto
St. Mary's, £89 5s. Ditto
School adjoining St. George's, £73 10s. Ditto
Queen's College, Birmingham, £63 Ditto
Sydenham College, Birmingham, £42 (Lectures only)
Bristol Medical School, £47 5s. (exclusive of Prac. Chem.) Ditto
Hull and East Riding School of Medicine, £42 Ditto
Leeds School of Medicine, £42 (exclusive of Prac. Chemy.) (Lectures only.)
Liverpool Royal Infirmary School of Medicine, £45 Ditto
Manchester Royal School of Medicine and Surgery, £42 Ditto
Chatham-street School of Medicine, Manchester, £42 Ditto
Newcastle-on-Tyne College of Medicine, £42 Ditto
Sheffield Medical Institution, £42 Ditto
York School of Medicine, £42 Ditto

FEES FOR HOSPITAL PRACTICE.

	MEDICAL PRACTICE.						SURGICAL PRACTICE.						DRESSERSHIPS.		
	3 Mos.	6 Mos.	9 Mos.	12 Mos.	18 Mos.	Perpetl.	3 Mos.	6 Mos.	12 Mos.	18 Mos.	3 Years	Perpetl.	3 Mos.	6 Mos.	12 Mos.
	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	s .	£ s.	£ s.
St. Bartholomew's	...	10 10	12 12	...	15 15	31 10	...	15 15	21 10	...	26 5	31 10	12 12	18 18	26 5
St. Thomas's (a)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guy's (a)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Westminster (b)	...	10 10	...	12 12	15 15	21 0	8 8	12 12	21 0	...	...	31 10			
St George's	...	8 8	...	16 16	...	25 4	...	15 15	21 0	...	...	52 10	(c)	(c)	(c)
London	...	6 6	...	11 11	...	21 0	...	...	12 12(d)	18 18(e)	26 5(f)	...	...	...	5 5 (g)
Middlesex	...	10 10	...	...	15 15	21 0	...	10 10	15 15	...		21 0			
University (i)	...	10 10	...	15 15	...	26 5(h)	...	10 10	15 15	...		26 5(h)			
Charing-cross (k)	...	10 10	...	15 15	...	...	...	10 10	15 15	...					
King's (l)	6 6	10 10	...	...	15 15	21 0	10 10	15 15	...	21 0(m)		26 5			
St. Mary's	5 5	7 7	...	12 12	15 15	21 0	...	9 9	21 0	...	21 0	31 10			

(a) See Table of Fees to Lectures, p. .
(b) Hospital Practice, required by College and Hall, composition fee, 26 guineas.
(c) Pupils entering to the Surgical Practice for twelve months are allowed, when qualified, to dress patients for three months, and perpetual pupils for six months, without additional fee. The dresser of the Surgeon of the week boards at the Hospital free of expense.
(d) Including six months' dressership.
(e) Including twelve months' dressership.
(f) Including twelve months' dressership.
(g) Additional during the three years; and for twelve months' dressership after expiration of the three years, £8 8s.
(h) £26 5s. for both Medical and Surgical.
(i) Full period required to both Practices, £26 5s.
(k) Full period required by College and Hall to both practices, 25 guineas.
(l) Perpetual to the Medical and Surgical Practice:—Matriculated Students, £31 10s.; non-Matriculated, £36 15s.
(m) For twenty-one months.

TABLE OF FEES TO LECTURES *NOT* REQUIRED BY COLLEGE OR HALL.

	Comparative Anatomy.		Experimental and Descriptive Natural Philosophy.	Practical Pathology.		Microscopical Anatomy.	Dentistry.	Ophthalmic Surgery.
	One Course.	Perpetual.	One Course.	One Course.	Perpetual.	One Course.	One Course.	One Course.
	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.	£ s.
St. Bartholomew's	2 2	3 3	2 2	...	...	...	...	...
St. Thomas's	...	...	...	...	...	...	...	...
Guy's	...	...	...	...	...	...	...	...
Westminster	...	...	1 1	...	...	...	...	...
St. George's (a)	...	...	...	...	...	...	...	...
London	...	...	...	...	...	...	...	...
Middlesex	2 2	...	...	...	...	2 2	...	...
University	4 0(b)	8 0(b)	...	...	...	...	1 1	...
Charing-cross	...	...	...	...	...	...	...	...
King's (c)	3 3	4 4	...	...	...	...	...	...
St. Mary's (d)	...	...	...	2 2	3 3	...	...	...
Schol. adj. St. Grge's.	2 2	3 3	1 1 2	2 1	1 2 2	...	1 1 2 2	...

(a) Demoustrations of Cutaneous Disease, one Course, £12 12s.; Perpetual £15 15s.
(b) And Zoology.
(c) Logic, one Course, £2 2s.
(d) Aural Surgery, one Course, £6 6s.; perpetual, £10 10s.

THE INTRODUCTORY LECTURES

(The Winter Session commences this year on Oct. 1, ending 31st of March. The Summer Session begins May 1, lasting to the middle or end of July.)

King's College	.. .. ..
University College	Mr. Williamson, F.R.S.
St. Bartholomew's Hospital	Mr. Paget.
St. Thomas's Hospital	Dr. Peacock.
Guy's Hospital	W. W. Gull, M.D.
Westminster Hospital	Mr. Brooke, M.A., F.R.S.
London Hospital	Andrew Clark, M.D.
Middlesex Hospital	.. .. ..
Charing-cross Hospital	Dr. Hyde Salter.
St. Mary's Hospital	Mr. Coulson.
School of Medicine adjoining St. George's	Dr. Ballard.
Leeds School of Medicine	Dr. Pyemont Smith.
Liverpool Royal Infirmary	J. Cameron, M.D.
Manchester Royal School of Medicine and Surgery	Mr. Greaves.
Chatham-street School of Medicine	Mr. Stone.
Newcastle College of Practical Science	Mr. R. B. Sanderson, jun.
Newcastle-on-Tyne College of Medicine	G. Y. Heath, M.B.
York School of Medicine	Mr. North.
Neville Hall, Newcastle-on-Tyne	Dr. White.

GENERAL HOSPITAL STATISTICS.

	No. of Beds.	Days of Operation.	Average No. of Inmates 1851.
St. Bartholomew's	650	Saturdays at 1½	522
St. Thomas's	520	Saturdays at 1	449
Guy's	549	Tuesdays at 1	475
Westminster	175	Saturdays at 1	131
St. George's	325	Thursdays at 1	275
London	400	Fridays at 1½	308
Middlesex	300	Thursdays at 12½	255
University	120	Wednesdays at 2	86
Charing-cross	100	Mondays at 2	100
King's	120	Saturdays at 1½	106
St. Mary's	150	Wednesdays at 1	...

COST OF MEDICAL EDUCATION IN THE PROVINCES.

SCHOOLS AND HOSPITALS.	Number of Beds.	Fee for Two Years' Medical and Surgical Practice.	Six Months' Anatomy and Demonstrations.	Six Months' Fee for other Classes.	Fees for all the Classes required for Diploma.	Fees for Classes and Hospital Practice for Diploma.
SCOTLAND.						
Edinburgh Royal Infirmary and Coll. Surg. Hall	500	£ s. 12 17	£ s. 7 7	£ s. 3 3	£ s. 54 0	£ s. 66 17
Glasgow Royal Infirmary and Anderson's University	532	8 8	3 3	2 2	30 0	38 8
Aberdeen	300	9 9	5 5	3 3	44 0	53 9
IRELAND.						
City of Dublin Hospital and the College of Surgeons	104	21 0	8 8	2 2	40 0	61 0
Richmond Hospital and the Carmichael School	300	23 0	8 8	2 2	40 0	63 0
Sir P. Dun's and School of Physic	60	27 6	8 8	3 3	62 0	89 14
Steeven's Hospital	220	26 0	...	...	...	...
Belfast and Queen's College	...	...	6 6	3 3	40 0	...
Cork and Queen's College	...	...	6 6	3 3	40 0	...
ENGLAND.						
Birmingham and Queen's College	...	21 0	8 8	4 4	47 0	68 0
Bristol	240	20 0	8 8	4 4	48 0	68 0
Liverpool	226	30 0	8 8	4 4	45 0	75 0
Manchester	280	21 0	8 8	4 4	42 0	67 0
Newcastle	230	17 17	7 7	3 3	42 0	59 17
York	...	26 0	10 10	4 4	42 0	68 0

MEDICAL AGENTS.

THE LONDON AND PROVINCIAL MEDICAL PROTECTION SOCIEEY, 43 Lincoln's-inn-fields.
MR. BOWMER, 50, Lincoln's Inn-fields.
MR. JACOBSON, 38, Walbrook, Cheapside,
Messrs. LANE AND LARA, 14, John-street, Adelphi.
MR. ORRIDGE, 30, Bucklersbury.
MR. WORRALL, 48, Trinity-square, Borough.

TABLE OF MEDICAL AND SURGICAL OFFICERS OF THE LONDON HOSPITALS.

	CONSULTING PHYSICIANS.	PHYSICIANS.	PHYSICIAN-ACCOUCHEURS.	SURGEONS.	SURGEON-DENTISTS.	OPHTHALMIC SURGEONS.	ASSISTANT-PHYSICIANS.	ASSISTANT-SURGEONS.
King's College Hospital.....	Dr. Watson Dr. Ferguson	Dr. Budd Dr. Todd	Dr. A. Farre	Mr. Fergusson Mr. Partridge	Mr. Cartwright, jun.		Dr. G. Johnson	Mr. Bowman Mr. Lee
University College Hospital...	Mr. Quain (a)	Dr. Walshe Dr. Parkes Dr. Garrod Dr. Jenner	Dr. Murphy	Mr. Quain Mr. Erichsen	Mr. Shelley	Mr. Jones	Dr. Hare	Mr. Marshall Mr. Statham
St. Bartholomew's Hospital		Dr. Hue Dr. Burrows Dr. F. J. Farre Dr. Jeaffreson	Dr. West	Mr. Lawrence Mr. Stanley Mr. Lloyd Mr. Skey			Dr. Black Dr. Baly Dr. Kirkes Dr. Martin	Mr. Wormald Mr. Paget Mr. M'Whinnie Mr. Coote
St. Thomas's Hospital.....	Dr. Roots	Dr. Barker Dr. Bennett Dr. Goolden	Dr. Waller Dr. Griffith	Mr. South Mr. Mackmurdo Mr. Solly Mr. Clark Mr. Simon		Mr. Mackmurdo	Dr. Peacock Dr. Bristowe	
Guy's Hospital...		Dr. Addison Dr. Barlow Dr. Hughes	Dr. Lever Dr. Oldham	Mr. Cock Mr. Hilton Mr. Birkett	Mr. Bell Mr. Salter	Mr. France	Dr. Rees Dr. Gull Dr. Habershon	Mr. Poland Mr. Calloway
Westminster Hospital.....		Dr. Roe Dr. Basham Dr. Fincham	Dr. Bird Dr. Ogle	Mr. Holt Mr. Guthrie Mr. Brooke	Mr. Clendon		Dr. Rateliffe Dr. Marcet	Mr. Holthouse Mr. Hillman
St. George's Hospital		Dr. Wilson Dr. Mairne Dr. Page Dr. B. Jones	Dr. R. Lee	Mr. Hawkins Mr. Cutler Mr. Tatum Mr. H. C. Johnson			Dr. Pitman Dr. Fuller	Mr. Hewett Mr. Pollock
London Hospital		Dr. Little Dr. Fraser Dr. Davies	Dr. Ramsbotham	Mr. Luke Mr. Adams Mr. Curling			Dr. Parker Dr. Gibbon Dr. A. Clark	Mr. Critchett Mr. N. Ward Mr. Wordsworth
Middlesex Hospital		Dr. Hawkins Dr. Crawford Dr. S. Thompson	Dr. Frere	Mr. Shaw Mr. de Morgan Mr. Moore	Mr. Tomas	Mr. Moore	Dr. Stewart Dr. Goodfellow	Mr. Heury
Charing - Cross Hospital.....	Dr. Shearman	Dr. Golding Dr. Chowne		Mr. Hancock Mr. E. Canton			Dr. Wiltshire Dr. Salter	Mr. Hird Mr. Barwell
St. Mary's Hospital (c)		Dr. Alderson Dr. Chambers Dr. Sibson	Dr. T. Smith Mr. J. B. Brown (b)	Mr. Coulson Mr. Lane Mr. Ure	Mr. Nasmyth	Mr. W. Cooper	Dr. H. Jones Dr. Sieveking Dr. Markham	Mr. S. Smith Mr. Walton Mr. Lane

(a) To the Eye Infirmary. (b) Surgeon-Accoucheur. (c) Aural Surgeon, Mr. Toynbee.

HOSPITALS AND DISPENSARIES FOR PARTICULAR DISEASES.

The figures attached denote the NUMBER OF BEDS.

Bethlem Hospital for Lunatics, St. George's-fields.
Blenheim-st. Inf. & Free Dispensary, Blenheim-st., Oxford-st.
Bloomsbury Dispensary, 62, Great Russell-street.
British Lying-in Hospital, Endell-street, Long Acre.
Brixton, Streatham-hill, and Herne-hill Dispensary.
Central London Ophthalmic Hospital, 1, Calthorpe-st., Gray's-inn-road, 6.
Chelsea, Brompton, and Belgrave Dispensary, Sloane-sq., Chelsea.
City Dispensary, 76, Queen-street, Cheapside.
City of London and East London Dispensary, 40, Wilson-street, Finsbury-square.
City of London Hospital for Diseases of the Chest, 6, Liverpool-street, Finsbury.
City of London Lying-in Hospital, City-road.
City Orthopædic Hospital, Hatton-garden.
Clapham General Dispensary, Manor-street, Clapham.
Dispensary for Asthma, Consumption, and Diseases of the Chest, 26, Margaret-street, Regent-st.
Eastern Dispensary, 46, Great Alie-street.
Farringdon General Dispensary and Lying-in Charity, 17, Bartlett's-buildings, Holborn.
Finsbury Dispensary, 16, Woodbridge-street.
General Dispensary for Children, 16, Queen-street, Worship-street.
General Lying-in Hospital, York-road, Lambeth.
German Hospital, Dalston.
Harrison's Spinal Institution, Middlesex-place, New-road.
Holloway and N. Islington Dispensary, 2, Lowther-cottages, and Palmer-place, Holloway.
Hospital for Consumption and Diseases of the Chest, Brompton.
Hospital for Diseases of the Skin, 25, New Bridge-st., Blackfriars.
Hospital for the Cure of Deformities, Portland-rd., Regent's-pk.
Hospital for Sick Children.
Hospital for Women, Soho-sq., 21.
Islington Dispensary, 1, Church-row, Islington.
Kensington Dispensary, Church-street, Kensington.
Lock Hos. & Asylum, Harrow-road.
London Dispensary, 21, Church-street, Spitalfields.
London Fever Hospital Liverpool-road, Islington.
Lying-in Instn., 90, Newman-st.
Marylebone Free Dispensary for Diseases of Women, 47, George-street, Portman-square.
Marylebone Infirmary, New-road.
Metropolitan Convalescent Institution, 32, Sackville-street.
Metropolitan Dispensary, 9, Forc-street, Cripplegate.
Metropolitan Ear Infirmary, 32, Sackville-street.
Metropolitan Free Hospital, Devonshire-square, City.
Middlesex Lunatic Asy., Hanwell.
Middlesex County Lunatic Asy., Colney Hatch.
National Vaccine Institution, 8, Russell-square, Fitzroy-square.
Northern Dispensary, 9, Somers-place, New-road.
North London Inf. for Diseases of the Eye, 31, Charlotte-street, Portland-place.
Pimlico & W. London Gen. Disp., 11, Shaftesbury-ter., Pimlico.
Public Disp. for the Relief of Sick Poor, 6, Carey-st., Lincoln's-inn.
Queen Adelaide's Dispensary, Wilmot-square, Bethnal-green.
Queen Adelaide's Lying-in Hospital, Queen-street, Golden-square.
Queen Charlotte's Lying-in Hos., Manor-house, Lisson-grove, St. Marylebone.
Royal Dispensary for Diseases of the Ear, Dean-street, Soho.
Royal General Dispensary, 26, Burton-crescent, St. Pancras.
Royal General Dispensary, 25, Bartholomew-cl., Aldersgate-st.
Royal Inf. for Asthma, Consumption, etc., City-road, near Windsor-terrace.
Royal Inf. for Diseases of the Eye, Cork-street, Burlington-gardens.
Royal Jennerian and London Vaccine Institution, 18, Providence-row, Finsbury.
Royal Kent Dispensary, Broadway, Deptford.
Royal London Ophthalmic Hos., Moorfields.
Royal Maternity Charity, for Delivering Poor Married Women at their own Habitations, 17, Little Knightrider-street, Doctors'-commons.
Royal Orthopædic Hospital for the Cure of Club Foot, Lateral Curvature of the Spine, and all other Contractious and Deformities, 6, Bloomsbury-square.
Royal Pimlico Dispensary and Lying-in Instn., 1, Belgrave-ter.
Royal Sea-bathing Infirmary, Office, 4, Dowgate-hill, City.
Royal South London Dispnsy., 23, Laurie-ter., Westminster-road.
Royal Universal Inf. for Children, Waterloo-bridge-road.
Royal Westminster Ophthalmic Hospital.
Samaritan Free Hospital for Women and Children, 27, Orchard-street, Portman-square.
St. George's and St. James's Disp., 60, King-st., Golden-square, and 48, Mount-street, Grosvenor-sq.
St. George and St. James's Lying-in Charity for Home Relief.
St. Luke's Hospital for Lunatics, Old-street.
St. Mark's Hospital for Fistula and other Diseases of the Rectum, City-road.

St. Marylebone General Dispensary, 77, Welbeck-street.
St. Paul and Barnabas' Dispn., 67, Upper Ebury-street, Pimlico.
Small-pox and Vaccination Hos., Upper Holloway.
Stamford-hill, Stoke Newington Clapton, West Hackney, Kingsland, and Dalston Dispensary.
Surrey Disp., 6, Great Dover-road.
Tower Hamlets' Disp., 40, Colet-pl., Commercial-road East.
Western Dispensary, 59, Tothill-street, Westminster.
West London & Chelsea Inf. for Diseases of the Eye, Jubilee-place, King's-road.
Western Dispensary for Diseases of the Eye, 41, Queen-street, Edgware-road.
Western Dispensary for Diseases of the Skin, 21A, Charlotte-st., Fitzroy-square.
Western General Dispensary, Lisson-grove, New-road.
Westminster General Dispensary, 9, Gerard-street, Soho.

PROVINCIAL HOSPITALS AND DISPENSARIES.

BEDFORDSHIRE.
Bedford Fever Hospital, 50.
Bedford General Infirmary, 96.
Bedford Lunatic Asylum, 270.
Woburn Infirmary.

BERKSHIRE.
Newbury Dispensary.
Reading—Rl. Berks. Hosp., 89.
Reading Dispensary.
Sunning Dispensary.
Windsor Royal Dispensary.

BUCKINGHAMSHIRE.
Aylesbury—Buckinghamshire General Infirmary, 34.

CAMBRIDGESHIRE.
Cambridge.—Addenbrooke's Hospital, 106.

CHESHIRE.
Birkenhead Hosp. and Disp., 16.
Chester General Infirmary, 100.
Macclesfield Dispensary.
Stockport Infirmary, 41.

CORNWALL.
Bodmin. — East Cornwall Elizabethan Hospital and Disp., 40.
County Lunatic Asyl., Bodmin, 267.
Falmouth Public Dispensary and Humane Society.
Helston Public Dispensary.
Penzance Public Dispensary.
Truro Dispensary.
Truro.—Royal Cornwall In., 47.

CUMBERLAND.
Carlisle.—Cumberland Infir., 52.
Carlisle Dispensary.
Carlisle House of Recovery.
Whitehaven Fever Hospital.
Whitehaven and West Cumberland Infirmary, 50.
Workington Dispensary.

DERBYSHIRE.
Buxton Bath Charity.
Derby. — Derbyshire Gen. Infir., 160.
Derby Self-supporting Dispensary.

DEVONSHIRE.
Barnstaple and North Devon Dis.
Bideford Dispensary.
Devon County Lunatic Asylum, near Exeter, 450.
Devonport and Stonehouse General Dispensary and Institution for Diseases of the Eye and Ear.
Exeter.—Devon and Exeter Hospital, 201.
Exeter Dispensary.
Exeter Lying-in Charity.
Honiton Dispensary.
North Devon Infirmary, 80.
Plymouth Public Dispensary,
Plymouth Royal Eye Infirm., 12.
St. Thomas's Hospital for Lunatics, near Exeter, 50.
South Devon and East Cornwall Hospital, Plymouth, 55.
Teignmouth and Dawlish General Dispensary and Marine Infirm.
Teignmouth Dispensary, 20.
Torbay Infir. and Dis. Torquay.
West of England Eye Infirm., 17.

DORSETSHIRE.
Dorset County Hos., Dorchester, 45.
Dorset County Lunatic Asylum, Forston, near Dorchester, 180.
Dorset County and Weymouth Royal Eye Infirmary, 15.
Weymouth Infirm. and Disp., 10.
Weymouth Sanatorium, 7.

DURHAM.
Darlington Dispensary.
Durham County Hospital, 48.
Gateshead Dispensary.
Middlesboro'-on-Tees Dispensary.
Seaham Harbour Infirmary, 14
Sonth Shields Dispensary.
Stockton-upon-Tees Dispensary.
Sunderland Eye Infirmary.
Sunderland General Infirm., 30.

ESSEX.
Essex and Colchester Hospital, Colchester, 94.

GLOUCESTERSHIRE.
Bristol Dispensary.
Bristol Disp. for Diseases of Skin.
Bristol Dispensary for the Cure of Complaints of the Eye.
Bristol Dorcas Society.
Bristol Eye Hospital.
Bristol General Hospital, 32.
Bristol Royal Infirmary, 242.
Bristol Lying-in Institution.
Bristol—St. Peter's Hospital for Sick and Lunatic Paupers, 90.
Cheltenham Dispensary for Women and Children, and Lying-in Institution.
Cheltenham Gen. Hos. and Dis., 42.
Clifton Dispensary.
County Lunatic Asy., Gloucester, 320
Gloucester Dis. and Vaccine Inst.
Gloucester Infirmary, 161.
Stroud Gen. Hos. and Disp., 20.
Tetbury Dispensary.

HAMPSHIRE.
Hants County Hos., Winchester, 120.
Royal Portsmouth, Portsea, and Gosport Hospital, 33.
Royal Isle of Wight Infirm., 24.
Royal South Hants Infirmary, Southampton, 70.

HEREFORDSHIRE.
Hereford General Infirmary, 72.
Leominster Dispensary.
Ross Dispensary.

HERTFORDSHIRE.
Hemel-Hempstead — West Herts Infirmary, 33.
Hertford General Infirmary, 35.
Hitchin.—North Herts and South Beds Infirmary, 30.

HUNTINGDONSHIRE.
Huntingdon County Hospital, 26.

KENT.
Canterbury Dispensary.
Canterbury—Kent and Cant. Hos., 120.
Dover Hospital Disp., 14.
Dreadnought Hospital Ship, for Seamen, 250.
Folkestone Infirmary.
Gravesend and Milton Dispensary.
Hythe Dispensary.
Kent County Lunatic Asy., 650.
Kent County Ophthalmic Hos., 27.
Maidstone and West Kent Infirmary and Dispensary, 24.
Margate—Royal Sea-Bathing Infir., 220.
Ramsgate and St. Lawrence Disp.
Ramsgate Seamen's Infirm., 20.
Rochester, Chatham, and Strood Dispensary.
Rochester, Chatham, and Strood Lying-in Institution.
Sandgate Dispensary.
Tunbridge-wells Dis. and Infir., 23.

LANCASHIRE.
Ardwick and Ancoats Dis.
Bolton Infirmary, 20.
Bury Dispensary.
Chorlton-on-Medlock Dispensary, Manchester.
County Lunatic Asylum, Prestwich, near Manchester, 514.
County Lunatic Asylum, Rainhill, near Prescott, 400.
Lancaster County Lunatic Asylum, 700.
Lancaster General Dispensary and House of Recovery, 40.
Liverpool Dispensaries.
Liverpool Eye and Ear Infirm., 24.
Liverpool Infir. and Lunatic Asy., 226.
Liverpool Lock Hospital, 50.
Liverpool Lying-in Hos. and Dis. for Women and Children, 15.
Liverpool Northern Hosp., 120.
Liverpool—St. Ann's Dis., and Ear and Eye Institution.
Liverpool.—Southern and Toxteth Hospital, 120.
Manchester Eye Hospital, 25.
Manchester House of Recovery.
Manchester and Salford Lying-in Hospital and Dispensary.
Ormskirk Dispensary.
Preston Dispensary.
Rochdale General Dispensary.
Royal Infirmary and Lunatic Hospital, Manchester.
Salford and Pendleton Royal Hospital and Dispensary. 10.
Southport Hospital, 120.
Warrington Dispensary.
Wavertree, Childwall, and Allenton Dispensary.

LEICESTERSHIRE.
Leicester General Dispensary.
Leicester House of Recovery from Contagious Fevers, 30.
Leicester Infirmary, 115.
Lough Dispensary, 9.

LINCOLNSHIRE.
Gainsborough Dispensary.
Horncastle Public Dispensary.
Lincoln County Hospital, 67.
Lincoln General Dispensary.
Spalding Dispensary.
Spalding Union Infirmary, 43.
Stamford, Rutland, and Gen. Infir. 32.

NORFOLK.
Norfolk and Norwich Eye Infir., 9.
Norfolk and Norwich Hos., 144.
Norfolk County Lunatic Asy., 500.
Norwich Dis. for Med. cases only.
West Norfolk and Lynn Hos., 52.
Yarmouth Hospital, 28.

NORTHAMPTONSHIRE.
Northampton Gen. Infir., 114.
Northampton General Lunatic Asylum, 250.
Peterborough Infir. and Dis., 20.
Royal Victoria Dispensary.

NORTHUMBERLAND.
Alnwick Infirmary, 12.
Hexham Dispensary.
Newcastle-upon-Tyne Disp.
Newcastle-upon-Tyne Fever Hospital, 45.
Newcastle-upon-Tyne Infirmary, 250.
Newcastle-upon-Tyne Lying-in Hospital.

NOTTINGHAMSHIRE.
Newark-upon-Trent Dis. and Hos., 11.
Nottingham County Lunatic Asylum, 236.
Nottingham Dispensary.
Nottingham General Hos., 122.
Nottingham Union Hos. and Dis., 128.
Wellow Hospital.

OXFORDSHIRE.
Oxford and Berks County Pauper Lunatic Asylum, 370.
Oxford Medical Dispensary and Lying-in Charity.
Oxford—Radcliffe Infirm., 156.
Warneford Hospital for Insane, 45.

SHROPSHIRE.
Salop and Montgomery Counties Lunatic Asylum, 300.
Salop Infirmary, 140.
Shrewsbury Dispensary.
Shropshire Eye and Ear Dispens.
South Salop and Bridgnorth In., 10.
Wellington Dispensary.

SOMERSETSHIRE.
Bath Dispensary for Diseases of Women and Children.
Bath Ear and Eye Infirmary.
Bath Eastern Dispensary.
Bath Eye Infirmary, 4.
Bath General Hospital, 127.
Bath United Hospital, 112.
Bath Western Dispensary.
Bridgewater Infirmary, 40.
Cannington Dispensary.
Clevedon, Tickenham, and Walton Dispensary.
Inst. for Diseases of Chest, Bath.
Institution for Idiot and Imbecile Children, 35, Belvidere, Bath.
Lyncombe & Widcombe Dis., Bath.
Somersetshire County Pauper Lunatic Asylum, Wells, 400.
Southern (Lyncombe and Widcombe Dispensary), Bath.
Taunton and Somerset Hospital 82.
Taunton Eye Infirmary, 6.
Wiveliscombe Dispensary, 12.

STAFFORDSHIRE.
North Staffordshire Infirmary, 122
South Staffordshire General Hos., Wolverhamptou, 100.
Staffordshire General Infirmary, 120.

SUFFOLK.
East Suffolk and Ipswich Hospital.
Mutford and Lothingland General Dispensary and Infirmary, Lowestoft, 14.
Southwold Dispensary.
Suffolk County Lunatic Asy., 250.
Suffolk Gen. Hos., Bury St. Edmunds, 60.

SURREY.
Kingston-on-Thames Dispensary.
Richmond Dispensary.
Asylum for Idiots, Red-hill, near Reigate.

SUSSEX.
Brighton Dispensary.
Brighton—Sussex County Hos. 124.
Chichester General Infirm., 84.
East Sussex, Hastings, and St. Leonard's Infirmary, 22.
Sussex and Brighton Infirmary for Diseases of the Eye, 8.

WARWICKSHIRE.
Birmingham and Midland Counties Lying-in Hos., and Dis. for the Diseases of Women and Children, 13.

Birmingham General Dispensary.
Birmingham General Hospital, 221.
Birmingham — Queen's Hospital, with detached fever wards, 130.
Coventry and Warwickshire Hos., 26.
Coventry Provident Dispensary.
Eye Infirmary, Birmingham, 6.
Leamington, Warneford Hos., 44.
Southam Eye and Ear Infirm., 16.
Stratford-on-Avon Infirmary.
Warwick County Lunatic Asylum, 350.
Warwick Dispensary.

WILTSHIRE.

Devizes Dispensary.
Salisbury General Infirm., 116.

WORCESTERSHIRE.

Dudley Dispensary.
Great Malvern Dispensary.
Kidderminster Infirmary.
Malvern Wells Lying-in Inst.
Stourbridge Dispensary.
Tenbury Dispensary.
Worcester Dispensary.
Worcester Infirmary, 100.
Worcester Ophthalmic Inst., 3.
Worcestershire Humane Society.

YORKSHIRE.

Beverley Dispensary.
Bradford Infirmary, 62.
Doncaster Dispensary.
Halifax Infirmary, 30.
Harrogate Bath Hospital, 100.
Huddersfield Infirmary, 40.
Hull General Infirmary, 125.
Knaresborough Dispensary.
Leeds Dispensary.
Leeds Eye and Ear Infirmary, 5.
Leeds General Infirmary, 141.
Leeds Hospital for Women and Children, 12 to 18.
Leeds House of Recovery, 80.
Leyburn Dispensary.
Malton Dispensary.
North and East Riding Lunatic Asylum, Clifton, York, 318.
Northern Sea-bathing Infirmary, Scarboro', 50.
Pontefract General Dispensary.
Ripon Dispensary and House of Recovery, 12.
Rotherham Dispensary.
Scarborough Dispensary.
Sheffield General Infirmary.
Sheffield Public Dispensary.
Stokesley Dispensary.
The Retreat — Quaker's Lunatic Asylum, 114.
Wakefield General Dispensary pus Clayton Hospital.
Whitby Public Dispensary.
York County Hospital, 103.
York Dispensary.
York Institution for Diseases of the Ear.
York Lunatic Asylum, 116.

BRECKNOCKSHIRE.

Crickhowell Dispensary.

CARDIGANSHIRE.

Aberystwith Infirmary, 14.

CARMARTHENSHIRE.

Carmarthenshire Infirmary, 20.

CARNARVONSHIRE.

Carnarvonshire and Anglesey Infirmary and Dispensary, 18.

DENBIGHSHIRE.

Denbighshire Infirm. and General Dispensary, 35.
North Wales Asylum for Insane, 170.
Wrexham Infirm. and General Dis., 30.

FLINTSHIRE.

Flintshire Dispensary, Holywell.

GLAMORGANSHIRE.

Glamorganshire and Monmouthshire Infirmary and Dis., Cardiff, 30.
Swansea Infirmary, 26.

MONMOUTHSHIRE.

Abergavenny Gen. Dispensary.
Monmouth Disp. & Hos., 5.
Newport Dispensary.

CHANNEL ISLANDS.

Isle of Man Gen. Hos. and Dis.

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Binyon, A., 3, Great Marlborough-street.
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Blackwell, William, 3, Bedford-court.
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Bourjeaurd, P., 11, Davies-street, Berkeley-square.
Brennand, P., 217, High Holborn. (Veterinary).
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Carsberg, H., 15, Clerkenwell-close.
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Clark, John, 225, Piccadilly.
Clement, H., 26, Harper-street, New Kent-road.
Coxeter, James, 23, Grafton-street East, and 117, Cheapside.
Dixon, William, 60, Great Portland-street.
Durroch, W. F., 2, New-street, St. Thomas's-street, Boro'.
Eagland, Edwin H., 21, Coventry-street.
Einsle, Edward, 46, St. Martin's-lane.
Ernst, F., 43, Lamb's Conduit-street.
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Jack, Wm., 14, Ratcliffe-row, St. Luke's.
Jonas, Lavater Adolphe, 13, Broad-street-buildings.
Kinseley, Thomas, 17, Wych-street, Strand.
Lings, Wm., 1, Jewin-street, Aldersgate.
Long, Mrs. Mary, 217, High Holborn. (Veterinary).
Lorberg, Charles H., 5, Brompton-road.
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Martin, Thos., 3, Thornhill-place East, Caledonian-road.
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Whiting, W., and Co., 28, High-street, Camden-town.
Wood, J., 15, Aske-street, Hoxton.
Wormull, A., 182, Union-street, Southwark.
Wright, Henry, 18, London-road, Southwark.

NUMBER OF PRACTITIONERS IN MEDICINE, ACCORDING TO THE CENSUS OF 1851, IN GREAT BRITAIN, WITH THE RESPECTIVE AGES.

	Total Number.	AGES.														
		Under 20 Years.	20 and under 25	25 and under 30	30 and under 35	35 and under 40	40 and under 45	45 and unde 50	50 and under 55	55 and under 60	60 and under 65	65 and under 70	70 and under 75	75 and under 80	80 and under 85	85 and upwards.
Physicians	2328	—	73	177	009	368	316	264	237	212	146	89	67	40	21	9
Surgeons or Apothecaries	15,162	—	1127	1764	2303	2383	2067	1556	1305	1007	726	415	265	133	82	23
Druggists	15,325	3630	2765	2236	1887	1521	1069	772	567	348	235	146	83	39	12	8
Dentists	1167	150	163	188	174	153	108	79	59	33	28	18	8	4	2	—
Aurists	4	1	—	1	1	—	—	—	—	—	—	1	—	—	—	—
Oculists	14	—	1	1	2	2	2	2	—	—	2	2	—	—	—	—

ACTS OF PARLIAMENT
RELATING TO OR OF INTEREST TO THE PROFESSION.

EDWARD II.

15th. Idiocy to bo judged of by the Justices.

17th. St. 1, cap. x. Providing for Lunatics.

EDWARD IV.

1st. Letters patent, "that the mystery of Barbers and Surgeons of the City of London should bo one body aud one perpetual community. Two Masters or Governors to rule aud govern the mystery; to have the survey, search, correction, and government of all Surgeons, and of instrumeuts, plaisters, and other medicines, and of receipts. Surgeons to be approved as well as instructed by the Governors. Persons approved to be presented to the Mayor of London."

HENRY VIII.

1st. Cap. vii. Relating to the fees and faults of Corouers. [The first statute that we have in the books relating to Corouers is the Statute of Westminster, cap. i. and cap. x., which provides that the Corouers shall be "a sufficient person, tho wisest and discrectest Knight." Other Acts, as follow, also refer to this officer:—

3rd Heury VII. cap. i.

3rd Edward I. cap. x.

Ditto, cap. ix.

4th Edward I., "de Officio Coronatis."

32nd Heury VIII. cap. xx. § 7.

33rd Henry VIII. cap. xii.

1st and 2nd Phil. and Mary, cap. xiii.

12th George II. cap. xxix., and

25th George II. cap. xxix.

3rd. Cap. xi. For the appointing of Physicians and Surgeons. "Inconveniences arising by ignoraut persous practising Physic or Surgery. By whom every Physician aud Surgeon shall be allowed"—by a Bishop or Dean of St. Paul's.

5th. Cap. vi. "Tho Surgeons of London shall be exempt from bearing armour, or parish offices, inquests," etc.

14th and 15th. Cap. v. The privileges and authority of Physicians in Loudon. "The Physiciaus of London made a body corporate. The Charter of Incorporatiou. There shall be eight Elects of the Physicians of London. Physicians iu other places to be examined by the Presideut aud three of the Elects. Graduates of the Universities excepted."

22nd. Cap. xiii. For Bakers, Brewers, Surgeons, and Scriveuers, not to be accounted Haudicrafts. The reason for the passing of this Act was that, by the 1st Richard III. cap. ix. no alien was allowed to use auy "handicraft" in England.

32nd. Cap. xl. For Physicians and their privilege. "Tho Physicians in London shall be discharged to bear certain offices there. Four Physicians shall be chosen yearly to search apothecary wares in London. Any of the Physicians in London may practise Surgery."

32nd. Cap. xlii. For Barbers and Surgeous. "The authority and libertics of Barbers and Surgeous in London, being made of oue Company. By whom and at what time Barbers of London were incorporated. The benefit like to ensue by joining the Barbers and Surgeons in oue Company. Made one Compauy and incorporated. Exempt from bearing of arms, or to be iu watches or inquests. The Surgeons may take yearly four condemued persons for Anatomies. No Barber in London shall uso Surgery, nor any Surgeon in Londou use Barbery. Every Surgeou of Loudon shall have a sign at his door. Any person may keep a Barber or Surgeon as his servant."

33rd. Cap. xx. Punishment of Lunatics for High Treason. If of sane mind wheu the offence was committed, but afterwards becomo lunatic, the puuishment for High Treasou to be inflicted notwithstauding.

34th aud 35th. Cap. viii. A Bill that persons, being no common Surgeons, may minister Medicines uotwithstauding the Statute 3rd, Henry VIII. cap. xi.

[This Act relates certain abuses of 3rd Henry VIII. cap. xi. as the following: "Sithence the making of which said Act, the Company and Fellowship of Surgeons of London, minding only their own lucres, and nothing the profit or ease of the diseased or patient, have sued, troubled, and vexed divers honest persons, whom God hath endued with the knowledge of the nature, kind, and operation of certain herbs, roots, and waters, in customable diseases, as womens' breasts being sore, a pin and the web in the eye, uncomes of hands, burnings, scaldings, sore mouths, tho stone, strangury, saucelim, and morphea," etc. It also recites that "tho most part of the persons of the said craft of Surgeons have small cunning, yet they will take great sums of money, and do little therefore."]

"Any subject of tho king may cure outward sores."

MARY.

1st. Cap. ix. An Act touching the Corporation of Physiciaus in London. "A confirmation of 14 and 15 Henry VIII. cap. v. Whosoever shall be committed to prison by the President of the College of Physicians shall be received and kept thereby. The offender's forfeiture. Searching Apothecary wares. Penalty for resisting the search of Apothecary wares. Other Magistrates shall assist the Physicians in their search."

ELIZABETH.

14th. Cap. xiv. An Act for the Assurance of Gifts, Grants, etc., made and to be made to and for the Relief of the Poor in the Hospitals, etc.

39th. Cap. v. An Act for erecting of Hospitals.

43rd. Cap. iv. § 2. Universities and Royal Colleges excepted out of the Statute of Charitable Uses.

JAMES I.

1st. Cap. xxxi. Act for the ordering and relief of persons infected with the Plague. "Infected persons going abroad deemed felons."

2nd. Cap. xxxi. An Act for the charitable relief and ordering of persons iufected with the Plague. "An infected person commanded to keep his house. Searchers, watchers, examiners, keepers, and buriers appointed."

3rd. Cap. v. An Act to prevent and avoid dangers which grow by Popish Recusauts. § 8.—"No recusant couvict shall practise Physic or exercise tho trade or art of an Apothecary." Peualty £100.

19th. Cap. i. An Act for reviving aud making perpetual 39th Eliz. cap. v.

19th. Cap. xxvii. Au Act to prevent the destroying and murdering of Bastard Children. "It shall bo murther for a mother to *conceal the death* of her bastard child"—from the difficulty of telling whether the child was born alive or dead—"although hardly it is to be proved."

CHARLES I.

5th. Letters patent, confirming and onlarging the privileges of the Barbers and Surgeous.

CHARLES II.

20th. Cap. xiii. The 14th Eliz. cap. xiv. confirmed.

WILLIAM AND MARY.

5th. Cap. xxi. § 3. Stamp duty ou Physicians' admittance to the Collego, £2. Coutinued by 9 and 10 Wm. III. cap. xxv. and 12th Ann, st. 2, cap. ix.

WILLIAM III.

6th and 7th. Cap. iv. An Act for exempting Apothecaries from serving the offices of Constable, Scavenger, aud other parish and ward offices, and from serving upon Juries. "Apothecaries within London, and seven miles thereof, exempt. Country Apothecaries who have served seven years exempt." Act to continue seveu years.

GEORGE I.

9th. Cap. viii. The exemption of Apothecaries from certain offices (6 and 7 Will. III. cap. iv.) made perpetual.

10th. Cap. xx. Act for the searching of Medicines.

11th. Cap. xii. Incorporation of the Governors of Guy's Hospital.

GEORGE II.

9th. Cap. xxiii. An Act for laying a duty on the Retailers of Spirituous Liquors, and for licensiug the Retailers thereof. § 12.—"Act not to exteud to any Physiciaus, Apothecaries, Surgeons, or Chemists, as to Spirits used in the making-up of Medicines."

9th. Cap. xxxvi. § 4. Universities aud Royal Colleges excepted out of the Mortmain Act.

12th. Cap. xxiii. Au Act for providing a Reward to Joanna Stephens, upon a proper discovery to be made by her, for the use of the public, of the Medicines prepared by her for the cure of the Stone. "£5000 granted out of the supplies for the discovery of Mrs. Stephens's Medicines." (Private Act.)

12th. Cap. xxxi. An Act for establishiug and well-governing an Hospital or Infirmary in the City of Bath. (Private Act.)

13th. Cap. xix. An Act to restrain the excessive increase of Horseraces. § 6.—"A moiety of penaltics for offences in Somersetshire to go to the Hospital in the City of Bath."

15th. Cap. xxx. Au Act to prevent the Marriage of Lunatics.

16th. Cap. viii. § 12. The 12th section of 9th George II. cap. xxiii. § 12 repealed.

17th. Cap. v. Lunatics to be confined and chained, if necessary, by warraut of Justices.

18th. Cap. xv. An Act for making the Surgeons of Loudon and the Barbers of London two separate and distinct Corporations. Recites the letters pateut of 1st Edward IV. and 32nd Henry VIII. cap. xl., and letters patent of 5th Charles I "Uniou of Barbers and Surgeous of Loudon dissolved after Juue 24, 1745. Surgeons of Londou made a separate body. Names of the Master, Wardens, Examiners, and Court of Assistauts:—Master or Goveruor—John Ranby, Esq., Serjeaut-Surgeon to His Majesty. Wardens—Joseph Sandford and William Cheselden, Esqrs. Examiners—Ambrose Dickins, Esq., Wm. Petty, Esq., John Shiptou, Esq., William Cheselden, Esq., John Freke, Wm. Pyle, Legard Sparham, James Hickes, and Peter Sainthill, together with John Ranby, Esq. Court of Assistauts—The before-uamed; and also John Hayward, Noah Roul, Johu Westbrook, Wm. Singleton, and James Phillips. Masters to meet ou July 1, 1745, Company of Surgeons to enjoy the same privileges, etc., as by former Acts or letters patent. Candidates to serve as Surgeons or Mates of Regiments, etc., to be examined. Surgeons excepted from parish, ward, and leet offices, aud juries. Act uot to prejudice the President, College, etc., of Physicians. Mystery of Barbers incorporated. £510 given to the united Company by Edward Arris for the use of the public Anatomy Lectures on tho Muscles, and annuity of £16 bequeathed by John Gale for one Anatomy Lecture, to be vested in the Surgeons' Company, and paid by the Barbers' Company, and held in trust. Books, papers, etc., belonging to the united Company, aud relating to Surgeous only, to be delivered to them; all other books may be inspected by the Surgeons, and copies taken."

25th. Cap. xxix. An Act for giving a proper reward to Coroners for the due execution of their office; aud for the removal of Coroners, upon a lawful convictiou for certain misdemeanors. "Coroners to be paid 20s. for every inquisition taken in any towuship coutributing to the county rates; aud 9d for every milo, to be paid out of the county rates; for inquisition on bodies dying in gaol as Justices think fit; for iuquisitions on a body slain, 13s. 4d. over aud abovc. Coroners for particular places excepted. Coroner convicted of misdemeanor in his office to be amoved."

25th. Cap. xxxvii. An Act for better preventing the horrid crime of Murder. "Bodies of murderers in London to be delivered to Surgeons' Hall, and to be dissected and anatomized; or, in any other county or place, to be delivered to such Surgeon as Judge or Justice shall direct."

26th. Cap. iii. Directions for performing Quarantine and erecting Lazarettos. "Persons disobeying directions guilty of felony. Orders for Quarautine to be read in churches."

26th. Cap. viii. Directions for Quarautine and Lazarettos.

26th. Cap. xviii. Goods liable to retain infection not to be landed unless aired in a foreigu Lazaret.

GEORGE III.

4th. Cap. ii. Land Tax Act. Colleges, etc., in Universities, and Hospitals not chargeable; but tenants of Hospitals not exempt.

39th and 40th. Cap. xciv. For the safe custody of insane persons charged with offences.

39th. Cap. xcix. Regulations as to the quarantine of goods from the Levant, repealed by.

39th and 40th. Cap. lxxx. For erecting a lazaret on Chetney Hill, in Kent, and for reducing into one all laws relating to quarantine, and for making further provision.

58th. Cap. xlvii. Relating to Fever Hospitals in Ireland. For preventing increase of infectious fevers.

GEORGE IV.

4th. Cap. lxiv. For consolidating and amending the laws relating to the building, repairing, and regulating certain Gaols and Houses of Correction in England and Wales. § 32.—Justices shall appoint a Surgeon, being a Member of one of the Royal Colleges of Surgeons, to each of the prisons within their jurisdiction to which this Act extends, and such Surgeon is required to visit every prison to which he is appointed twice at least in every week, and oftener if necessary, and to see every prisoner, whether criminal or debtor, and to report to General or Quarter Sessions the condition of the prison, and the state of health of the prisoners under his care; to keep a journal, and enter the date of every attendance in the performance of duty, with any observations which may occur to him, and sign the same; such journal to be kept in the prison, but laid before the Justices for their inspection at Quarter Sessions, and be signed by the Chairman; Justices to direct a reasonable sum to be paid as salary to such Surgeon, and such sums as shall be due for medicines and other articles for the sick.

6th. Cap. i. Exempts Surgeons from serving on Juries and Inquests. All Surgeons being Members of one of the Royal Colleges of Surgeons in London, Edinburgh, or Dublin, *and actually practising*, shall be exempted from serving upon any Juries or Inquests.

9th. Cap. xxi. Providing that the body of every convicted Murderer shall be dissected or hung in chains.

10th. Cap. xxix. An Act relating to the pay, clothing, etc., of the disembodied militia, which reduced the allowance to officers (including Surgeons.)

GEORGE IV. & WILLIAM IV.

11th Geo. IV. & 1st Will. IV. Cap. xix. An Act to extend the powers of Grand Juries in the execution of an Act, 58th Geo. III., relating to Fever Hospitals in Ireland.

Ditto. Cap. xxii. For appropriating the Richmond Lunatic Asylum, in Dublin, to the purposes of a District Lunatic Asylum.

Ditto. Cap. xxx. For taking an account of the population of Great Britain, and of the increase or diminution thereof.

Ditto. Cap. lii. Relating to the disembodied militia. § 20. Allowance made for medicines—One guinea for every 100 men, and 2d. per week for each non-commissioned officer. § 23. Allowances to Surgeons.

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Advertisements should reach the office by two o'clock on Thursday, at the latest, but earlier, if possible, accompanied by a Post-office order, (payable to Mr. James Lucas, at the Post-office, 1, Coventry-street,) or postage-stamps for the amount, and directed to 11, New Burlington-street, London.

TO CORRESPONDENTS.

We have to present our acknowledgments to the Secretaries and Registrars of the various Medical Institutions for the promptitude with which they have replied to our applications for information, thus enabling us to present, in *one* Number, a digest of the regulations of nearly all the Colleges and Schools in Great Britain. We are sorry, however, to say that there have been a few exceptions to this general rule. In some cases, after two applications, no answer whatever has been returned; and in others, the postage has not been prepaid, and we have been referred to local prints (not forwarded) for the information required. If the authorities in question did but think for one moment, they would see that the publication of such a Number as that now put forth is of equal advantage to their respective Schools as to the Students, and therefore calling for at least common courtesy towards ourselves.

COMMUNICATIONS have been received from—
Mr. Propert; Mr. Shillitoe; Dr. Letheby; H. J.; Mr. Jos. Aston; Mr. Hunt; M. B.; Mr. Williams; Mr. E. Clarke;
Answers to numerous Correspondents are unavoidably postponed.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on September 13, 1855:—

Noot, William Lane, Cardigan.
Robinson, Major Kirkby, Acomb.
Scurrah, John Dewherst, Padiham, Lancas.
Skinner, John, Kentish Town.
Watson, Alexander, Well-street, Hackney.

Exchange of Dr. Easton and Mr. Sullivan.—Admiralty, September 19.—The Secretary of the Admiralty presents his compliments to the Editor, and begs to acquaint him that the following intelligence has been received in this office:—"Dr. Easton, Surgeon, R.N., and Mr. Sullivan, Master's-Assistant, who were captured at Hango, in the Cossack's boat, were exchanged at on Odessa the 18th inst."

DEATHS.

Atkinson.—September 6, William Atkinson, Esq., Surgeon, of Broughton-in-Furness, aged 55.

Edwards.—June 16, at Calcutta, of cholera, Thomas Nelson Edwards, Esq., Assistant-Surgeon, H.E.I.C.S., aged 23.

Clarance.—Sept. 12, at Thaxted, Essex, in his 68th year, Surtees William Clarance, Esq., late Surgeon to the Forces.

The Medical Officer of Health for the City of London.—A morning paper says:—"In consequence of the acceptance by the Medical officer of the City of London, John Simon, Esq., of an appointment under the Board of Health, numerous candidates are already in the field, including Dr. Waller Lewis, Medical officer to the General Post-office, and author of several celebrated sanatory works, George Borlase Childs, Esq., Surgeon to the City Police, etc., and others.

Mortality Notabilia.—The mortality of London, as shown by the returns for last week, differs little from the average for the second week of September, or from the mortality that has prevailed in the previous three weeks. The number of persons who died in the week that ended on Saturday is 1033, of whom 523 are males, and 510 females. About a half of the entire number died under 20 years of age; 40 had lived 80 years, or had attained a greater age; and one person, a female, is reported to have reached the age of 101. Diarrhœa or summer cholera continues to show a decrease. Only 4 deaths are returned as caused by cholera.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	1	6	6	22	7
North	490,396	3	2	5	5	23	12
Central ..	393,256	1	2	9	4	11	10
East.....	485,522	8	..	6	4	21	15
South	616,635	8	2	12	8	19	13
Total..	2,362,236	20	7	38	27	96	57

APPOINTMENTS FOR THE WEEK.

SEPTEMBER.	Miscellaneous Register.
22. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
24. Monday.....	
25. Tuesday	Operations at Guy's, 1 p.m.
26. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
27. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
28. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-place School, etc.

LECTURE I.

(Continued from page 257.)

HAVING now traced the history of subcutaneous tenotomy to the year 1834, when Stromeyer had published his successful cases, and it was beginning seriously to attract the attention of the Profession, I will proceed to narrate the circumstances of its introduction into this country.

It must be regarded as a fortunate circumstance for the progress of Orthopædic Surgery in this country that a gentleman, who is now a distinguished Physician of this metropolis, Dr. Little, was in early childhood afflicted with a deformity of the foot, of the variety termed equino-varus, taking place after infantile paralysis, affecting the extensor muscles of the left leg. The contraction was severe, and the consequent lameness and deformity such as greatly to interfere with progression. While a Medical Student he devoted much attention to these distortions from this circumstance. He consulted the leading Surgeons of the day, but from none did he receive the slightest prospect of cure, the affection being invariably attributed to malformation, and anchylosis of the individual bones of the tarsus, aud was compelled to be content with the assistance afforded by wearing mechanical instruments.

In the year 1832 he first learned that Delpech had divided the tendo-Achillis. With some hope he again consulted several Members of the Profession, himself believing in the feasibility of the operation, but was dissuaded by the fears expressed of inflammation, diffuse suppuration, exfoliation of tendons, etc. Even if the operation succeeded, it was considered doubtful whether the astragalus could be replaced beneath the axis of the tibia; and if this should be accomplished, it was thought that anchylosis of the ankle-joint would probably take place.

On perusing the works of Delpech, "Chirurgie Clinique," (1823), and his great work "L'Orthomorphie," published six years afterwards, in the year 1829, Dr. Little's hopes and confidence were greatly diminished by finding that Delpech narrated the same case without announcing any repetition of the operation. All idea of relief was therefore relinquished.

In the year, 1834, the important modifications in the operation by Stromeyer were published, and six successful cases detailed. Hope and confidence were again restored to the young Physician, who at once resolved to proceed to the Continent and submit to the operation, if further inquiry and investigation should appear to sanction it. In 1835, and the spring of 1836, he tells us that he visited Leyden, Leipsic, Dresden, and Berlin. Disappointment was still experienced from several distinguished Professors, but Professors J. Müller and R. Froreip, of Berlin, agreed in rejecting the supposition of malformation of the bones, or of any condition of them existing calculated to impede replacement of the foot. Froreip considered Stromeyer's operation to be based on sound surgical principles, and Dr. Little therefore determined on placing himself under the care of Stromeyer.

The tendo-Achillis was divided by Stromeyer, the method of transfixing the limb being adopted, without any ill effects; and by judicious treatment the deformity was completely removed. I am enabled to state that the foot remains perfect in form at the present time, showing no disposition to return. A slight jerking forwards, or throwing movement, of the leg is observed in walking, but this depends entirely upon the paralytic nature of the primary affection upon which the contraction supervened.

Stromeyer, with the liberality of feeling which distinguishes all great men, was not only desirous that his patient should bring into England a cure in his own person, but that he should also bring some practical experience in the mode of operating. Through his kindness, therefore, Dr. Little was permitted to perform the operation in Hanover, in July, 1836. When he returned to Berlin with his cured foot, Dr. Little informs us that Dieffenbach adopted the operation with the whole ardour of his genius, and in conjunction with him Dr. Little treated upwards of 30 cases of club foot. It was not only a fortunate circumstance for the advance of Orthopædic surgery in this country that the operation was thus early performed on a member of our own Profession, but it is still more fortunate that he was both willing and able, by his industry and scientific acquirements, to investigate in a philosophical spirit the whole subject of deformities generally. This he at once began in good earnest, and in 1837 published at Berlin a dissertation on club-foot (f), and two years afterwards he published in London a treatise on club-foot and analagous distortions (g), the first monograph published on this subject after the discovery of subcutaneous tenotomy. On the 20th February, 1837, Dr. Little first divided the tendo-Achillis in London. The operation had been performed in England in May, 1836, by Mr. Whipple, of Plymouth, but the plan of immediate restoration of the foot as recommended by Bouvier was adopted, and not the method of Stromeyer.

The cures performed by Dr. Little in London soon induced some of our wealthy and benevolent countrymen, the merchant princes of this metropolis, led and stimulated by the untiring exertions of Mr. Quarles Harris, to establish, in the year 1838, a special institution for the diffusion of the advantages of this important discovery among the poorer classes of the country, and for the further development of a scientific system of treatment of deformities generally. The Institution rose in popular favour with unparalleled rapidity. The poor flocked to it in thousands. Above 17,000 have been under treatment up to the present time. Money was readily given. The Queen became its patron, and contributed, together with Prince Albert, largely to its funds. She granted to it the title of a Royal Hospital, as a mark of her especial favour, and, at the expense of £500, purchased the perpetual right to nominate to a bed, in the name of the Prince of Wales. The practice of the Hospital has always been freely open to all members of the Profession, and, on the part of my colleagues and myself, I now invite any here present to come and judge for themselves of the value of the Institution and the treatment adopted.

I will venture to assert, that no better illustration of the incalculable benefits conferred upon the poor, and the great advantage to science, accruing from the establishment of special Hospitals in this metropolis, can be given or desired, than the results which have followed the establishment of the Orthopædic Hospital. The Profession have long felt and appreciated the advantages derived from the establishment of Ophthalmic Hospitals. We know that this department of Surgery has attained a higher point in this than in any other country, exclusively by the labours of the Surgeons connected with these Hospitals. By their writings and public teaching, the results of their experience and scientific inquiry have been diffused through the Profession, and the poorer classes

(f) Symbolæ ad Talipedem Varum Cognoscendum. Berolini. 1837.
(g) A Treatise on the Nature of Club-Foot and Analogous Distortions. London. 1839.

of the public, both in the metropolis and the country, benefited to a proportionate extent. What has been done by these Hospitals, I trust is now also being accomplished by the Orthopædic Hospital.

With every desire on our part to promote a general knowledge of the treatment of deformities, there seem to be certain difficulties in the nature of the subject likely to retard this being accomplished in the way best calculated to ensure success, viz., by the establishment of special wards for these cases in the large Metropolitan Hospitals, as we have, at the present time special wards and even Infirmaries for eye diseases attached to them. One obstacle to this plan is, the great length of time the patients would occupy the beds of these Hospitals, which are already quite inadequate to accommodate the acute cases, and those occupying only a few weeks for their cure, which present themselves for admission. The average time during which each patient occupies a bed in St. Thomas's Hospital, for instance, I have ascertained to be six weeks, and it is probably about the same at the other great Hospitals; while, at the Orthopædic Hospital, the average time is exactly six months, some cases taking only two or three months, while others require as many years. It is evident, therefore, that no considerable number of beds could be devoted to these cases in the Metropolitan Hospitals without depriving the poor, in a proportionate degree, of the scanty and insufficient accommodation which is at present afforded them in these Institutions. During the six months occupied in the cure of each orthopædic case, four cases of the more acute and urgent forms of disease must be refused admission.

Another obstacle is the great expense of the instruments used in the cure of these cases, and which are seldom available for more than one case. A large expenditure in this department is one of the contemplated objects in a special Hospital, but would be very unwillingly acceded to at some, even of the largest Metropolitan Hospitals, while at others it might tend to impair the usefulness of these Institutions in the other departments.

While these obstacles might, and probably would, prevent the plan I allude to being carried out to an extent proportionate to the requirements of the poor of this country, and, therefore, the necessity for a special Institution would still remain, they ought not to prevent its being done on a smaller scale, say from 12 to 20 beds in each Hospital, which would afford the Surgeons of such Hospital the opportunity of advancing, by their own investigations, this department of Surgery, and of rapidly diffusing a knowledge of its usefulness through the length and breadth of the land. I will give you an illustration of the want of some such an arrangement. The operation of dividing subcutaneously the posterior tibial tendon is one of the most important, and when performed in infants, in whom it often lies at a considerable depth, and its anatomical relations are much changed, is one of the most difficult operations in Orthopædic Surgery. Unless it be efficiently performed in a severe case of congenital club-foot, (talipes varus,) there is not the slightest hope of curing the case. I believe that, although the slight, and even some of the apparently severe, cases of club-foot might occasionally have been cured by division of the other tendons, and long perseverance in mechanical treatment, the severe and rigid cases of this deformity were never cured till the posterior tibial tendon was divided. This operation was performed in infants by an open wound, the tendon being taken up on a director, like tying an artery for aneurism, till the year 1842. Dr. Little informs us that, "Having, about this period, (1842,) witnessed suppuration in a limb ending fatally, in which a tendon had been severed after exposure, he relinquished this departure from subcutaneous tenotomy." Various experiments were then made by Dr. Little and Mr. Tamplin to divide this tendon subcutaneously by a stilette and canular contrivance, which was abandoned, and subsequently the present method of operating, which I shall describe in another lecture, was adopted. I merely mention it here to show its importance, and fix the date at which it was performed at the Orthopædic Hospital. Now, it may appear somewhat strange when I tell you, that I have been the means of introducing this operation into two of our great Hospitals, Guy's and St. Thomas's, within the last three years. This improvement in operative Surgery took ten years to travel from Bloomsbury-square to the Borough—rather slow in these railroad times, but I doubt whether it has yet reached some closer Institutions. The late distinguished and much respected Surgeon, Mr. Bransby Cooper, took great interest in Orthopædic Surgery for some time before his death; and in 1851 and 1852 was a very frequent visiter to the Orthopædic Hospital. This operation for dividing the posterior tibial tendon, particularly pleased him; he determined to adopt it, and in April, 1852, I assisted him to perform the operation on a boy, in the theatre of Guy's Hospital, Mr. B. Cooper at the time making a few observations in explanation of his asking my assistance, and complimentary to the Orthopædic Hospital. On the same morning I had exhibited to him some dissections of mine, particularly in reference to the altered relations of this tendon in severe cases of varus, and the altered form of the astralagus at birth. I may add that I never saw the operation better or more satisfactorily performed. In the early parts of last summer, I had the pleasure of assisting my former teacher and much respected friend, Mr. South, to perform this operation on a male child, in St. Thomas's Hospital. The posterior tibial tendon, I should mention, had been previously attempted to be divided in this Hospital by a sharp-pointed bistoury; I hesitate to say divided, because I have no confidence in the practicability of this mode of procedure in children; it is not at all to be relied upon, or compared with the safe and certain method we now adopt. I know also that within the last twelvemonth the posterior tibial tendon has been divided by an open wound, on a director, by an Hospital Surgeon.

Thus, you will observe, that whilst I advocate the continuance of a special Orthopædic Hospital in this Metropolis, I also desire to see the practice thoroughly incorporated with the general practice of surgery at our Metropolitan and Provincial Hospitals. It is only by such an arrangement that the knowledge of the subject gained at the special Hospital can be quickly diffused through the Profession by means of the large schools attached to these Hospitals; otherwise it is likely that the rate of travelling alluded to in the posterior tibial operation, may remain and continue to be the ordinary travelling speed of all Orthopædic improvements, between the special and general Hospitals. The closer these Institutions are connected, the better for the interests of science, of our Profession, and for the public. This want of connexion is undoubtedly the explanation of the fact, that the Profession generally are less informed of the advances made by Orthopædic Surgery in the scientific treatment of deformities, than any other improvements in general Surgery, or even some other special subjects. In confirmation of this statement I will for a moment allude to a case of club-foot, talipes varus, the casts of which are on the table. I operated on this child

Fig. 1.

Talipes varus. The cure had been attempted by removal of the skin from the convexity of the foot; the cicatrix is shown.

Fig. 2.

The same foot cured by tenotomy.

on the 20th October, 1852, being then a year and nine months old. When he was brought to town, a few days previously, I was astonished at observing two very long scars, one on each foot, reaching from the front, in a curved direction, over the convexity and outer part of the foot quite to the back, and measuring 2¾ inches in length. There were also several short scars at right angles to the larger ones, evidently from the sutures, which had cut their way out. Judge my surprise when I learnt that these were the scars of operations performed only about a year previously, to cure the club-feet, and that the operations had been performed by a Surgeon in large practice in one of the most important manufacturing towns in the north of England.

As far as I could learn in explanation of this extraordinary and novel procedure from the family and nurse, for I had no communication with the surgeon who operated, it appeared that the surgeon in question commenced the mechanical treatment of the case soon after the birth of the child, using splints, and especially gutta percha, which several times caused sores and gave rise to a great deal of pain and trouble, doubtless from the pressure of some of the hardened folds and irregularities in shape produced in adapting it to the foot when soft. At the end of about ten months, however, it seems that very little progress had been made, and then this gentleman proposed and executed the operations of which we now see the scars. The idea seems to have been to endeavour to overcome the turning inwards of the foot, by the removal of as large a portion of skin as possible from the outer half and convexity of the foot.

I may remark, that there often appears to be a great excess of skin on the convexity of the foot in a severe case of varus, and this is rendered very apparent by any effort to turn the foot in its proper direction. You may pinch up a large fold between your thumb and finger. I suppose this tempted the Surgeon to remove it, but upon what idea or by what process of reasoning the suggestion of the operation was arrived at, I am unable to say. He was probably familiar with the operation of firing a horse, and the phenomena of contraction by cicatrization after burns, but he must certainly have been ignorant of the true nature of the affection, and the fact that contracted and shortened muscles formed the great obstacles to be overcome. I was informed that the wound healed slowly, and that the foot required the use of poultices for two months. I sincerely hope that this was the first, and may be the last time, this operation, which might with propriety be spoken of as the *cutaneous*, in contradistinction to the subcutaneous operation for club-foot. Let me ask whether this operation would have been performed by any Surgeon in England, if any provision had been made in the Hospitals of the metropolis for the cultivation and clinical teaching of Orthopædic Surgery.

The necessity of some such means as I have adverted to, for the further cultivation of Orthopædic Surgery is forced upon us by the consideration, that the history of Orthopædic Surgery is but a portion of the general history of the progress of Pathology and Scientific Surgery in which it forms a very prominent and important part. It is not only to the cure of club-foot that the great discovery of subcutaneous tenotomy is applicable. It has frequently been employed with the greatest advantage in the reduction of dislocations and the treatment of fractures. In an attempt to reduce an old dislocation of the elbow-joint, my friend and colleage, Mr. Lonsdale, recently divided the triceps muscle, and also made a free subcutaneous division of some of the ligaments of the elbow-joint, without any ill effects, though the attempt at reduction was not successful. Our experience of the harmless character of subcutaneous tenotomy, the absence of pain and inflammation after such wounds; in fact, the practical and complete realization of the truth of the great Hunterian law, has led to the application of the same principle in the treatment of many other affections. Among these I may enumerate the subcutaneous incisions into the large joints for removal of loose cartilages ; the subcutaneous operation, suggested by Velpeau, for the radical cure of hernia ; the paring of the ends of the bones in cases of ununited fracture. This has even been extended to the fracture of the patella in cases described as elongated and weak union, but which I have elsewhere described as cases of ununited fracture (h).

The subcutaneous method of opening abscesses.

The subcutaneous section of the sphincter ani for fissure, first done by Blandin.

The subcutaneous incision for curing strictures of the urethra, first practised by my friend, Dr. Henry Dick, to whom I am much indebted for many valuable suggestions and information on the practice of subcutaneous operations.

The enumeration of a few of the more important applications of the subcutaneous method of operating, may perhaps still further impress you with the importance and interest attached to the subject which I propose to treat in these lectures, and may support its claims to hold a high rank in scientific Surgery, and demand a more general attention from the Profession than it has yet received.

(h) Trans. of Path. Soc. of London Vol. II.

ORIGINAL COMMUNICATIONS.

A DESCRIPTION OF THE UNITED AFRICAN TWINS, NOW BEING EXHIBITED AT THE EGYPTIAN HALL, PICCADILLY.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P., etc.

It will have been seen by the advertisements that there was brought to London, for exhibition, a few days ago, a very uncommon specimen of the freaks in which Nature sometimes indulges while carrying out her systems of generation and development, in the persons of two African girls, whose bodies are indissolubly joined together ; and as I have had opportunities afforded me of examining them minutely, I forward you the following account, thinking that your readers will feel interested in the description :—

They are five years old, and are as well grown and plump as most children of the same age. One of them is rather larger than the other, which was the case when they were born. The band of union is sixteen inches in circumference It commences about the inferior edge of the first division of the sacrum, and involves all the bones below that line to the extremity of the coccyx. The point, which may be distinctly felt, is blunter than ordinary, as though the two bones were fused into one. There is no doubt that the bones themselves are joined together by ossific deposition ; and the union extends throughout the right half of the lower part of the sacrum belonging to one child, and the left half of that belonging to the other, and along the whole of the coccyges of both ; at the same time including the posterior edge of the sacro-iliac symphysis, below the posterior superior spinous process of the ilium. There is, consequently, a deeper sulcus at the junction of the bodies on one side than on the other ;—on the shallower side the bony connexion can be well made out ; on the other side, the bony union cannot be felt, the skin not being sufficiently yielding. The tuberosities of the ischia—all four—appear perfectly distinct. There is but one anus, occupying the position it would naturally do, as regards the coccyx in one of the children, provided that child was separated from its sister. In a corresponding part of the body belonging to the other child there is a deep, blind depression, such as we see in one variety of imperforate anus, looking very much, when superficially examined, as if it were the termination of another rectum. Within the anus the finger passes into a wide cavity, the common continuation of the two *intestina recta ;* and the place where these two bowels unite into one canal is out of its reach.

There are two sets of external genital organs, at the lowest part of the union of the two bodies—two clitorides, two hymens, and two meati urinarii ; but there is no fourchette ; for the labia externa of each running backwards in relation to each body, behind the symphysis pubis, meet the labia coming from the other, and by their junction produce an appearance of there being only one vulva. Each of these conjoined labia is not longer than an ordinary labium of a child of the same age—about one inch—and the fossa navicularis, although it contains a double set of external organs, is but little larger than if it belonged to a single child. The genital fissure, instead of commencing anterior to the lower part of the symphysis pubis, begins quite underneath, at some distance behind the symphysis. Each symphysis pubis is formed as is natural ; and they are separated from each other by a considerable space. The anus is on one side of the vulva, so that what answers to the perinæum, about half an inch in extent, runs laterally to the tip of the coccyx, which is somewhat twisted to one side. There are two vaginæ, and, without doubt, two uteri.

The children stand not quite back to back, but rather sideways ; so that they are able to place their arms round each other's neck, and give each other a kiss, but they cannot walk side by side. When lying, one reclines upon her back, and the other upon her side.

Their systems do not act at all in unison, for one can be awakened without disturbing her sister. One is often hungry when the other is not ; one, indeed, is sometimes eating while the other is sleeping ; and their pulses are far from synchronous. Although there is but one anus, the action of the bowels is distinct to each, and performed by each at different times, the

one giving the other intimation of the inclination. If aperient medicine is administered to one it does not affect the other. There is reason to believe, that although the sacra are united, the caudæ equinæ are separate, and each inclosed within its own proper sheath; for if the external genital organs of one are touched, the other does not feel it; and the same remark applies to their lower extremities, as well as all other parts of their persons. They run about with amazing ease and activity.

Their dispositions are both very amiable, though one is milder than the other in temper, the little one having the most "pluck;" and their intelligence is equal to, if it does not exceed, that of most European children of the same age. They play together with their toys; they seldom have contrary wishes, and, although there are at times little *tiffs* between them, they have never been known to have a downright quarrel. These particulars I obtained from the gentleman who has the charge of them. He tells me he has never seen their mother; but was informed by their aunt, who was present at their delivery, that the labour was rather tedious, though not to be considered difficult, and that they were small at their birth. I cannot learn what part of their bodies presented, nor in what position they passed through the pelvis.

The connexion between these African twins bears a great resemblance to that of the Hungarian Sisters, who were exhibited in London at the beginning of the last century. Those girls were united by their sacra in a similar manner. They were born at Szony in 1801, and lived till they were twenty-two years old; one died in convulsions, and the other survived her sister but a few minutes. Their nervous systems were as distinct as in the case of the African Twins, for one often slept while the other was awake; one was often ill, being much afflicted with fits, while the other was quite well; and they menstruated at different times. (Philos. Trans. Vol. IV.)

In 1829, the London public had an opportunity of seeing the Siamese Twins, then youths of 18 years old. They are united by a band, 11 inches in circumference and 4 in length, reaching from the ensiform cartilage to the umbilicus. The extremities of the two cartilages are joined at the upper part of the band, and there is one umbilicus at its lower face. When here, they always slept at the same time, and one could not be awakened without rousing his brother. They were always hungry at the same time, and satisfied with the same quantity of food, both preferring the same kind. In fact, their systems seemed to act considerably in unison, though their pulses differed in frequency and power; and asparagus eaten by the one did not impregnate with its peculiar odour the urine of the other.

It may interest those who visited the Siamese Twins, while among us, to know that Mr. Thompson (the gentleman who has the charge of the African Girls) saw them six months ago in North Carolina, where they reside as farmers; they are in very comfortable circumstances, and possess slaves as well as other property. They are now 44 years old, are both married (their wives being sisters), and they have each four or five children.

7, Portman-square, September 24, 1855.

CASES OF NOCTURNAL CEREBRAL DISORDER IN CHILDREN.

By C. HANDFIELD JONES, M.B., F.R.S.

The following cases are examples of a form of cerebral disorder which I have met with rather frequently of late. No mention, that I can find, is made of it by Maunsell and Evanson, Underwood or West, nor by Romberg. After detailing the cases, I will offer a few remarks as to its nature.

Case 1.—F. C., aged 9, a female; admitted May 14th. Has been ill two years, having been first attacked in Ireland; looks healthy; suffers from pains, which fly all about her, and at night, when she is worse, is light-headed, and talks "all manner of nonsense;" skin cold; pulse weak; bowels open; tongue clean; appetite uncertain; never lived in a damp place. Pot. iod. gr. i., syrup. ferri iod. ʒss., aq. carui ʒi., ter die; ol. morrh. ʒij., ter die. 21st.—A little better, talks less nonsense, but is restless at night. Pt. in mist. c. oleo.; pulv. Doveri gr. iij., o. n. 28th.—Is rather better; does not talk nonsense at night. Pt. in oleo et mist., omiss. pot. iod. June 18.—Gets on nicely; does not talk nonsense now. Decoct. cinchon. ʒss., syr. ferri iod. ʒss., ter die. Pt. in oleo. 28th.—Is now well.

Case 2.—E. J., aged 3, a female; admitted April 19th. Had scarlatina when nine months old, bowels have been costive since. Her mother has lost five children. Ill eight months, off and on. Her legs and arms start and twitch in the night, not in the day time, and she is taken at the same time with laughing fits, and then with screaming. She sleeps about two hours; the attacks come on about ten p.m., and last till two a.m. Bowels always confined, unless she takes medicine. Takes food sometimes well, not so well when she has the nocturnal attacks; is easily frightened; has got all her teeth; rather pallid; motions sometimes very black, not from steel. Syr. ferri iod. ♏ xx., pot. iod. gr. i., aquæ piment. ʒij., ter die. Bread and milk morning and evening, light pudding and meat for dinner on alternate days. 26th.—Has been very bad the last two nights, but on the whole better. Pt. in mist. hydr. c. cretâ gr. i., pulv. rhei gr. iij., o. n. May 10th.—Much better till last two days, when she has had return of the symptoms. Pt. in mist. omiss. pot. iod. Rhubarb and magnesia alternate mornings. 17th.—Is much better; sleeps well of a night; appetite pretty good; bowels not much acted on. Pt. pulv. rhei gr. iv., aloës pulv. gr. ss., alt. aur. 24th.—Not so well the last two days, the weather affects her; appears black under the eyes in the morning; bowels well opened. Liq. pot. arsenit. ♏ ij., aquæ ʒi., ter die. Pt. in pulv. June 7th.—Does not continue the same two days together; is worse when the weather changes. The affection is brought on by any disorder. Looks very well in the face. Pt. 14th.—Same. Ferri et quin. citratis gr. ijss., aquæ ʒij., ter die. 21st.—Much benefit. 28th.—Sleeps better, talks, and works with her limbs, a little at night, but much less than she did; is stronger; good appetite. Pt. July 5th.—Was very poorly last night, starting, jumping, and laughing; looks this morning remarkably well. Pt. 19th.—Worse last week, no sleep; appetite very good. Quin. disulph. gr. i., acid. s. dil. q.s., aquæ ʒij., ter die. 26th.—Sleeping much better, but talks too much, will talk for four or five hours without stopping. Pt. (Not seen again.)

Case 3.—E. T., aged 7, a female; admitted June 21st. Complains of pain over the left iliac crest; has been leeched at the painful part without relief; has some enlarged sub-maxillary glands; tongue pale; bowels costive; looks pale and feeble; always has been delicate; lives in a dry place. Pulv. jalapæ c. scamm. gr. viij., h. n.; ferri et quin. citrat. gr. ij., ex aquâ, ter die. 28th.—Keeps talking all the time in her sleep at night, talks about what she has seen in the day; some cough; the least cold flies to her chest; there is a great deal of semi-moist râle in the upper part of the left lung, and in the left back, some rough breathing in right; bowels very obstinate, motions often powder whitish and scybalous; tongue whitish; is feverish and "wringing wet," with perspiration at night; skin is hot now; is apt to feel chilly, and to have cold legs and feet. Ferri et quin. citrat. gr. iv., ter die; hydr. c. cretâ gr. i., extr. aloës aquos. gr. ij., o. n. July 5th.—A little better, sleeping more comfortably; appetite not better; motions unhealthy; skin hottish; pulse weak; tongue whitish. Diet of bread and milk. Pt. in mist. Hydr. c. cretâ gr. i., pulv. Doveri gr. i., o. n; olei ricini ʒi.—ij. o. mane. 12th.—Motions of healthier appearance; sleeps better, talks less nonsense; appetite bad. Potass. iod. gr. i., syr. ferri iod. ʒss., aquæ ʒss., ter die. Pt. in pulv. alt. noct. 23rd.—Much better, sleeping very well last few nights; appetite improves; perspires less at night; toothache and swelled face last few days; teeth are tolerably sound. Pt. in mist. Ol. ricini ʒi.—ij., p. r. n. August 6th.—Is a great deal better, but not strong; sleeps a great deal better, does not talk nonsense; pulse weak. Syr. ferri iod. ʒss., aquæ ʒij., ter die; ol. morrh. ʒij., ter die, for ten days. She ceased attendance, as the family were going away, I think.

Remarks.—These cerebral disorders are, I believe, instances of the injurious action of the malarious influence which has been for some time widely diffused in London. Aguish affections, neuralgiæ, and rheumatic pains are exceedingly prevalent among the patients who visit St. Mary's, and they are not confined to them. In the cases above cited, I believe the brain or its membranes were the seat of the disorder. It is difficult to give it an accurate name, and perhaps better not to attempt, but to content one's self with indicating its affinities,

which are clearly with rheumatism and neuralgia, or ague. Dr. Macculloch, in his able work on marsh fever and malaria, has clearly pointed out the possibility of cerebral disorder being the result of malarious miasma, and it seems highly probable that the central nervous organ might suffer in the same way as the peripheral. I have lately had a delicate female under my care, who was married, and did not seem to be what is usually called hysterical, who suffered severely from attacks which appeared to be of this kind. She described them as consisting of a feeling of wretchedness, misery, and stupidness, as if she were quite lost, while at the same time such bad thoughts came into her mind, that she did not like to be alone. "She is obliged to get up and do something at these times, or she does not know what would happen." She finds taking a stimulant, or speaking to another person, relieves the bad feelings. Under arsenic, iron, and quinine, she improved a good deal; the attacks became much less frequent, but did not cease. The action of the malarious influence in this case was rather of a paralyzing kind, while in the cases above recorded it was more irritative. All my patients were weakly girls. In none of them was there any apparent organic disease. The attacks in all of the cases were nocturnal. In Nos. 1 and 3, iodide of potassium with iodide of iron was very efficacious, and was useful also in No. 2. This is a considerable evidence in favour of the rheumatic character of the affection. Quinine and citrate of iron and quinine were also decidedly beneficial, but I much incline to think that change of air, removal to some elevated healthy spot, would have been the best remedy of all. In Nos. 2 and 3 the abdominal organs were not in a healthy state, but it was evident that the disorder was not merely the result of irritation communicated from them to the brain. It is very certain that any lowering treatment would have been injurious. The flying pains in Case 1, and the swollen face in Case 3, help to indicate a rheumatic element in the disorder.

INFLAMMATION OF THE OS AND CERVIX UTERI.

By Dr. RIGBY.

In treating the subject of inflammation of the os and cervix uteri, I must beg it to be remembered that I do not feel justified in looking upon it commonly as a primary idiopathic complaint; but rather as one which is of a secondary character, or, in other words, symptomatic of some cause the presence of which has induced it. I can no more look upon inflammation of the os and cervix uteri as a primary disease, causing derangement of the general health, etc., than I can upon a gouty toe, a rheumatic knee-joint, or enlarged strumous gland. Most of these uterine affections are the local manifestations of some general derangement, but which, in their turn, re-act as causes producing their own set of sympathies and effects. The female generative organs, situated at the lower part of the trunk, supporting the chief weight and pressure of the intestines, and subject to great periodic alternations of vascularity, not to mention the wonderful changes they undergo during pregnancy and parturition, are rendered peculiarly disposed to be affected by any morbid action which may occur, especially in the great machinery of the chylopoietic system, and liable to be fixed upon in the various blood diseases, to localize their energy and expend their virulence upon. It will therefore be seen, that there are few affections of the general health in a female in which the generative system is not more or less affected or involved; and, although these local affections, which in the first instance are mostly effects of deranged health, react, and produce in their turn considerable sympathetic derangement; yet it must ever be borne in mind that, unless a distinct local cause be present, they must be looked upon as "the local manifestations of a general derangement," in order that we may form correct and rational ideas respecting their nature and treatment.

I cannot understand on what grounds it can be justifiably asserted that the uterine organs follow a different law in this respect to any other organ or parts of the body. If we take the various morbid appearances which the mouth presents, as regards the tongue, fauces, tonsils, etc., we do not usually look upon these as purely local affections producing symptomatic derangement, but as the local effects and evidences of a general condition of health, and should condemn the treatment which advocates mere local applications in these affections as highly empirical and unscientific.

Inflammation of the os and cervix rarely occurs as an acute affection, but, in by far the majority of cases, in a subacute or chronic form. It is marked by continued aching pain about the lower part of the pelvis, extending to the back, and much increased by the erect posture and by exercise, and especially aggravated by sitting down suddenly on a hard seat, by the passage of hardened fæces, and particularly by sexual intercourse. It is usually attended with a sense of heat, weight, and throbbing, with more or less irritability of the bladder. At first, the pain is not constant, but is allayed by rest; so that she is perfectly easy in the recumbent posture, but by degrees it scarcely ever leaves her, and she gradually becomes aware of sharp darting pains, like a sudden prick or stab flying through the pelvis from time to time.

A white creamy discharge from the vagina accompanies this affection, and was first pointed out by Sir C. M. Clarke as diagnostic of inflammation of the cervix uteri. It "is opaque, of a perfectly white colour; it resembles in consistence a mixture of starch and water made without heat, or thin cream. It is easily washed from the finger after an examination, and is capable of being diffused through water, rendering it turbid" (a).

Inflammation of the cervix uteri is mostly accompanied by considerable derangement of the digestive organs, and by an atonic state of the system generally. The face is pale, or, perhaps, sallow, the pulse is feeble and irritable, the tongue pale and flabby, or red, dry, and rough, from the presence of uterine irritation; and the vital powers are depressed.

It is caused by whatever tends to produce or keep up uterine congestion. Constipated bowels and torpid liver are decidedly two of the most frequent general causes of this affection. An intestinal canal, loaded with large fæcal accumulations, not only obstructs the returning circulation from the pelvic viscera, as is so commonly seen by its effects in producing an hæmorrhoidal habit, but by pushing down the uterus into the pelvis lower than is natural for it, its venous circulation becomes also impeded, and considerable engorgement of the organ is produced. Thus it will be intelligible how, in atonic habits, a slight degree of prolapsus uteri will frequently produce this condition of the cervix; and hence it is that inflammation of the cervix often follows an abortion, especially if she has got up too soon after its occurrence. The patient, weakened by the loss, has risen from the recumbent posture while the uterus was still large and heavy, and the soft parts too relaxed to give it the proper amount of support.

As in dysmenorrhœa the local congestions, whether uterine or ovarian, are sometimes a result of an impure or morbid condition of the circulation, so here also we occasionally meet with inflammation of the cervix as the local manifestation of a general cause, resisting ordinary treatment, although fairly amenable to such as is indicated by the nature of the general affection.

Considering the amount of general derangement of health which attends a case of ordinary inflammation of the os and cervix uteri, it is highly desirable to premise some doses of alterative and laxative medicine, and thus to clear out the bowels, etc., before proceeding to any special local treatment. A dose of blue pill for two or three successive nights, and a brisk laxative the following morning, frequently produce such a change in the general symptoms as to materially alter the severity of the uterine affection. By restoring the liver to healthy action, and clearing the intestines of a large quantity of fæculent matter, the abdominal circulation becomes greatly relieved, and local congestion proportionably diminished. Indeed, we can scarcely be said to have ascertained the real extent of the local affection, until this treatment has been premised. If the os uteri still remains much congested and swollen, and, upon examination with the speculum, appears of a dark red colour, it is better at once to scarify the part, as being the quickest and most effective mode of relieving the patient. The blood starts at the slightest touch of the scarifying lancet, and two or more ounces are quickly taken away, with immediate diminution of her symptoms. The horizontal position must be strictly enforced, so as to give the empty vessels time to lose their dilated condition.

(a) On the Diseases of Females, p. 37.

If the disease has assumed more of the chronic character, and, therefore, the glandular tissue of the cervix more involved, leeches are generally preferable. After the bleeding has ceased, the vagina should be repeatedly washed out with a warm decoction of poppies.

Besides the alterative and laxative medicines to which I alluded, she should take some alkaline mixture to improve the state of the urine, which is usually very acid under these circumstances, and thus allay any disposition to irritation of the bladder. No combination is better than small doses of the bicarbonate and nitrate of potass, and she may continue to use this after meals, even when she has commenced the use of mineral acids and tonics. The nature of the constitutional symptoms will point out how far the alterative and tonic plan of treatment must be modified; but the general indications are to restore the digestive organs to a healthy condition; to relieve local congestion, and invigorate the system.

If the glandular tissue of the cervix be much implicated, the induration of the part very considerable, and the lancinating pains frequent and severe, the above treatment must be more or less modified. It is generally preferable to apply leeches to the anus, not only to relieve hæmorrhoidal congestion, which is usually present, but in order to avoid the irritation and even slight inflammatory action, which the bites are apt to produce.

A suppository of diacetate of lead and conium is a useful application in these cases; and, where the patient is too much reduced to bear leeches, becomes a valuable substitute for them. For the same reason the well-known lotion of Goulard and decoction of poppyheads is useful in these cases, and, when retained in the vagina for some minutes, produces much relief to the patient's suffering.

Mrs. H., aged 27, young-looking, diminutive, delicate, married eight months.

March 30, 1847.—Complains of pains in the loins and lower part of the abdomen and back, increased by standing and exercise; albuminous discharge; tongue and bowels natural; suffers from dysmenorrhœa; has lately been suffering from neuralgic headache.

One month after marriage was hurt by the pommel of her saddle, and aborted a month afterwards. She has had a second abortion two months ago, apparently at the same period of pregnancy.

Examination per Vaginam.—Uterus natural; os and cervix extremely tender, and throbbing distinctly. Some leeches were applied immediately; they filled in ten minutes, and bled freely. Acid. nitro-muriat. ex infuso gentianæ comp. ter die. Liquor plumbi c. decocto papaveris pro lotione.

April 8.—Relieved, but not sufficiently so. Is suffering from arthritic pains of her limbs; the urine is turbid, etc. ℞ Pulv. guaiaci, magnesiæ, āā gr. x. M. Ft. pulv.: om. mane sumend. ℞ Acidi hydrochlor. dil. acidi nitrici dil. āā ʒi., extr. taraxaci ʒi., decoct. sarzæ comp. ʒviij. M. Ft. mist. Sumat cochl. magn. ij. ter die.

30.—Some more leeches were applied to the os uteri; they bled sparingly.

Examination per Vaginam.—Os and cervix much less swollen and tender. Rep. med.

May 14.—Was relieved for a day or two; has no darting pains, but a continued pain of the back, and has still the white creamy discharge. The catamenia appeared on the 8th, preceded by rather more pain than usual. ℞ Pulv. guaiaci, magnesiæ, āā gr. x. M. Ft. pulv. o. m. s. ℞ Decoct. sarzæ comp. c. liq. calcis, ter die.

As she was living in a new house, built on a damp clay soil, I was much inclined to attribute the state of her general health to the nature of her residence, and urged her to go into the country as soon as she felt strong enough. This soon produced a considerable improvement. Although preceded by a good deal of pain, the next catamenial period was natural; the darting pains had entirely ceased, and the leucorrhœa nearly so. She came to town after a fortnight's stay in the country; she was still pale and weak, and suffered a good deal from pains in her limbs, but the digestive organs were in a more healthy state, and the appetite better, and I put her upon nitro-mur. acid with the succus taraxaci and infus. gentianæ comp. She returned to the country immediately, and continued to improve in strength and looks; the two following menstrual periods were attended with much less pain, the discharge was more copious, and producing greater feeling of relief. She continued the above mixture until September, regulating the bowels with the guaiacum and magnesia powders.

I saw her again in September. She had passed one catamenial period, and was beginning to suffer from a severe pain in the pelvis (not of a throbbing or darting character), exactly as had been the case at the commencement of her pregnancies. ℞ Extracti taraxaci fluidi coch. med. j. o. n. Rep. pulv. guaiaci c. magnesiâ, o. m.

If the pain be severe, let her take gr. v. or x. of Dover's powder.

She was much relieved by this treatment. She regulated the liver and bowels by an occasional dose of blue pill, etc., and was safely delivered of a healthy child the following May.

Beyond the fact of her suffering occasionally from headache of a neuralgic character, there was but little evidence to point out the presence of an arthritic diathesis of the system. The predominant symptoms were the pelvic pain increased by the upright posture, and the white, creamy discharge, described by Sir C. M. Clarke, in a delicate female, enfeebled by two early abortions, rapidly succeeding each other. The examination, per vaginam, put the nature of the case beyond doubt. The uterus was healthy, but the os and cervix throbbing with arterial excitement, and intensely painful when touched. I might have added, that these parts were considerably swollen, and of a deep red blush. As leeches were at hand I applied them myself, and certainly never saw the process of taking hold and filling performed so rapidly as on this occasion. There was one leech which actually came off well filled in seven minutes. I almost regret that I did not scarify the part instead; but she was weak, and I do not think could have borne a larger loss of blood without inconvenience. The state of the tongue and bowels did not indicate any alterative or laxative medicine, and I merely gave the nitro-muriatic acid in infus. gentianæ co., and desired her to use the decoct. papav. c. liq. plumbi as an injection.

The inflammation of the cervix was quickly relieved by the leeches, although not entirely removed. She now acknowledged to having arthritic pains of her limbs; the urine was thick. I therefore gave her the guaiacum and magnesia powders o. m., and ordered a mixture of nitro-muriatic acid with taraxacum and sarsaparilla. In a month after the first application of the leeches, they were repeated. They bled much less this time, as, indeed, might be expected, the os and cervix having become much less tender and swollen. Again the relief was but temporary; the white, creamy discharge continued. There was still much pain of back, and the next catamenial period was preceded by a good deal of suffering; the rheumatic or arthritic habit of her system appeared to be the cause which kept up the local congestion, exactly as is so commonly seen with a sprained joint, or other injuries in a gouty subject. She had been accustomed to live in the country, and had not enjoyed good health since being in her present residence; moreover, the symptoms of the general derangement did not yield so readily as I might have expected; and feeling, therefore, convinced that a change of air was necessary, I urged her to try a fortnight in the country. A decided improvement was immediately perceptible; arrangements were made for a permanent residence in the country. She quickly recovered her health, and pregnancy, with a successful result, followed.

ON CERTAIN POINTS IN THE TREATMENT OF STRICTURE.

(IMPROVED METHOD OF APPLYING CAUSTIC TO STRICTURES.)

By J. ZACHARIAH LAURENCE, F.R.C.S.
Surgeon to the Northern Dispensary.

No. II.

Any person who has had experience in the treatment of strictures knows that there is a class of cases in which, after dilatation has been carried to a certain point, no further progress can be made. This form Mr. Syme has specially alluded to as the "unyielding," in which, "though dilatation may be carried on to some extent, it is sooner or later arrested by resistance of the tough texture at the seat of contraction." To this species of the disease the treatment by *caustic* or *incision* is applicable.

The treatment by caustic has, to a certain degree, lost ground; I apprehend more from the method in which it is usually applied, than from any intrinsic demerit of its own. "Much of the obloquy that has been heaped upon cauterization has unquestionably been occasioned less by the action of the caustic, than by the unskilful mode in which it has been applied," are the words of Mr. Benjamin Phillips (a). He incised the urethra before applying his porte-caustique to the stricture.

The method usually followed by Surgeons, is to arm a tolerably full-sized wax bougie, by inserting into a cavity made in its termination some scraped caustic, and then to pass the instrument, thus armed, down to the stricture, against which it is held in close contact for half a minute or so. A little consideration shows this to be a clumsy, unsurgical proceeding. There are two very obvious objections to it. 1. Only the mouth of the stricture is reached by the caustic. 2. There is a great risk of fragments of caustic dissolving and flowing into the portion of the healthy urethra immediately in front of the stricture. The method of cauterization by the porte-caustique is less objectionable in these respects, but implies a degree of dilatation which would render its utility doubtful.

"Whenever caustic is frequently employed, you are in danger of creating a false passage, in consequence of the dissolved caustic flowing to the lower part of the urethra, and destroying the parts unequally (b)."

I believe that the method I am now about to describe is free from these objections, and will afford Surgeons a wider scope of testing the curative powers of caustics, than they have hitherto enjoyed.

If the point of a catgut bougie be immersed in nitrate of silver in a state of fusion in a platinum crucible, it will be found to swell up and partially char; but I find that the addition of a small quantity of water prevents this, and that by twirling round the end of the bougie in this liquid you may get its termination coated very evenly with a fine layer of the caustic. It requires a little practice to hit off the precise quantity of water to add, but I have now succeeded in arming any number of bougies easily and expeditiously in this way. The mode of application is this: Pass a full-sized straight catheter with one terminal aperture (such as I have described in the *Association Journal* for May 5, 1854) completely *down* to the stricture; then pass the armed bougie (having previously marked off with a scratch of the nail the extent you wish to project it) through the catheter *into* the stricture; the whole track of this latter may then be freely and equably cauterized by gently rotating the bougie. In this way I have employed the nitrate of silver with advantage. It will be seen that the only amount of dilatation that this method of cauterization presupposes, is that which is sufficient to admit the finest catgut instrument,—a degree always attainable by moderate skill and patience.(c) I find that the operation is easy to perform with the simple apparatus I have mentioned. Mr. Coxeter, however, is at present engaged in adapting the principle to a special instrument for the purpose; but I am not prepared to say that it will thereby acquire any additional superiority or not, although, from what I know of Mr. Coxeter, I presume it will.

REPORT OF A FATAL CASE OF INTESTINAL OBSTRUCTION, WITH REMARKS.

By THOMAS CHAPLIN, M.R.C.S., L.S.A.
Resident Medical Officer to the Bloomsbury Dispensary.

The patient in the following case was a tall, spare man, 71 years of age. He had, for the most part, enjoyed good health until 17 years ago, when he had a severe attack of illness, reported to have been inflammation of the liver, which made so considerable an inroad upon his constitution that he has since been unable to follow any kind of employment. For some years he has been troubled with occasional attacks of costiveness, accompanied with a good deal of flatulence, which, however, have, for the most part, been readily relieved by a moderate dose of castor oil or a mild aloetic pill. The alvine evacuation has usually been scanty, and during the last six weeks he has frequently complained of a feeling of fulness in the abdomen.

I was first requested to see him on Tuesday, the 13th of June, 1854, when I was informed, that in consequence of his bowels having been confined he had taken some of his ordinary aperient pills on the Saturday previous, which had operated slightly on the following day, but that not feeling relieved he had taken some castor oil on the Monday, without, however, any further evacuation being produced.

I found him in bed, with an anxious countenance, and complaining of pain and a feeling of fulness and oppression in the abdomen, with a frequent desire to go to stool, and occasional fits of straining, though nothing had passed from the bowels since the previous Sunday. The skin was hot; the pulse quick and small. Tongue loaded with white fur, moist. The abdomen was distended, and painful on pressure, particularly in the left iliac region, which was very dull upon percussion. The whole of the abdominal surface also was less resonant than in health.

Looking upon the case as one of obstructed bowels, in which inflammation, if it had not already commenced, was just about to supervene, I thought it best to adopt moderate local depletion, with general antiphlogistic measures, and accordingly ordered eight leeches to be applied over the left iliac region, and the whole abdomen to be afterwards covered with a thin, warm, linseed-meal poultice. The patient to take three grains of mercury with chalk, and four grains of Dover's powder, every four hours, with a saline, effervescing draught.

June 14th, Wednesday.—The pain and tenderness of the abdomen are much relieved, but there is the same sense of fulness, and nothing has passed from the bowels. There is a good deal of eructation, but no vomiting. Skin cooler. Tongue coated, moist. He passes water freely.

A copious enema of gruel, with olive oil and turpentine, to be thrown into the bowel.

Nine o'clock, p.m.—Only half a pint of the injection was thrown up, the administration causing him much pain, in consequence of his being troubled with hæmorrhoids. The fluid remained a few minutes, and then returned, bringing away only some small pieces of pale-coloured fæcal matter.

15th, Thursday.—There is no improvement in the symptoms. The bowels have not been moved. There is a constant feeling of uneasiness and distress, which he refers to the region of the stomach. He feels sick, and is troubled with belching, but does not vomit. Skin cool. Pulse rather quick, feeble. He passes high-coloured urine.

Ordered five grains of aloes and soap pill, to be taken directly, and repeated in four hours.

In the evening the symptoms were somewhat aggravated. Dr. Pidduck, the Physician to the Dispensary, kindly saw the case with me, and we made a careful exploration of the abdomen. The whole surface was tense, and less resonant than is usual. In the right iliac region we felt, or thought we felt, a convolution of distended bowel, which we could follow upwards in the course of the ascending colon. We failed, however, to trace any portion of intestine in the position of the transverse colon; but in the left iliac region, which was very decidedly dull upon percussion, could be felt a large mass, seemingly of distended bowel, which it appeared probable was the sigmoid flexure of the colon filled with fæcal matter. Though the whole abdomen was somewhat painful on pressure, the left iliac region was the most tender spot. The patient was perfectly calm and collected, and expressed his conviction that he should not recover.

He was ordered an enema of castor oil, turpentine, yelk of egg, and water, immediately, and a draught containing sesquicarbonate of ammonia, compound decoction of aloes and camphor water, every six hours. A turpentine epithem to be placed upon the abdomen.

16th, Friday.—Nothing has passed from the bowels. The injection remained only a few minutes. He has vomited upwards of two pints of yellowish brown fluid, having the odour of fæces. Tongue coated brown, but not dry. Pulse very feeble; skin cool. He takes nothing but a little toast-and-water, and very strongly objects to any further remedial measures being employed. He has occasional fits of severe straining, followed by a discharge of blood from the piles,

(a) Treatise on the Urethra, London, 1832, page 216.
(b) Brodie's Lectures on the Urinary Organs, London, 4th Edition, 1849, page 62.
(c) The most approved porte-caustique appears to be that of Leroy d'Etiolles; but "the smallest size with which it is practicable to work is No. 3, but No. 5 is much more manageable," are Mr. Thompson's words—so that with my method I can apply the nitrate of silver by an instrument *one-sixth* the size of that of Leroy's.

which produce much suffering. He passes water freely. All medicine is to be discontinued, and a large injection of warm water to be given.

17th, Saturday.—The fæcal vomiting continues at intervals. No relief from the bowels. The patient is now much exhausted; the extremities are cold, and the pulse scarcely perceptible at the wrist. Much pain and a feeling of oppression about the epigastric region.

To take a grain of opium in a pill, with aromatic confection, every four hours.

Throughout Sunday and Monday he remained in much the same state, but gradually became weaker, and died at eleven o'clock, p.m., on Monday, the 19th, the mental faculties remaining perfect to the last.

An examination of the abdomen was made seventeen hours after death. The whole of the peritoneal surface was found free from marks of recent inflammation. Stomach and small intestines distended (except at the lower part) with flatus and fluid fæcal matter. The whole of the large intestine empty, pale, and contracted, the colon being scarcely larger than the little finger. The ileum, about eighteen inches from its termination in the cæcum, was tightly bound down to the left side of the brim of the pelvis by a very narrow band of adhesion, which crossed the bowel like a piece of string, and completely strangulated it. This band was situated in close relation with a small cyst developed in the areolar tissue of the pelvis over the situation of the ureter. In the attempt to remove the parts the strip of membrane gave way, and the bowel, which was itself perfectly free from adhesions, was at once liberated. Above the stricture the intestine was distended so as to equal the ordinary size of the colon, and, as well as the omentum, of a dark red or claret colour, with a slightly greenish tinge; below the same point it was empty and pale.

Remarks.—This case has been thought to possess some interest, inasmuch as it affords an illustration of the slight causes which may sometimes give rise to a fatal strangulation of a portion of bowel; and, secondly, with reference to the diagnosis of the seat of the obstruction, and the remedial measures which may be employed to relieve it.

With respect to the cause of the obstruction, it appears to belong to that class in which, from some slight, and often unknown, cause (a), inflammation is set up in some very limited portion of the peritoneal surface, lymph is thrown out, and becomes organized, and, in the process of organization and subsequent contraction, constricts a portion of the intestine, and more or less impedes the passage of its contents. In this instance, the inflammatory action seems also to have given rise to the development of a small cystic growth in the sub-peritoneal areolar tissue of the pelvis. The extreme tenuity of the band of membrane, and its non-adhesion to the intestine, which it crossed, are remarkable. A similar case is described by Mr. Luke, in the 35th Volume of the Medico-Chirurgical Transactions, in which the constricting band of membrane was thought to be congenital.

In the attempt to form a diagnosis of the seat of the stricture during life, the case was found to be beset with difficulties. In the early part of the disease, attention was directed to the left iliac region, both by the marked dulness upon percussion, and the greater tenderness upon pressure in that part; and, after the latter had been in some measure removed by leeches, the dulness and fulness which remained seemed to point out the sigmoid flexure of the colon as the part at which the obstruction existed. At the same time, the impossibility of tracing the course of the transverse colon (which in that case should have been distended), while what was thought to be the distended cæcum could readily be detected, as well as the fact of the second injection passing pretty freely into the bowel, rendered it probable that the obstructing cause was situated at a higher point in the intestinal canal. Under these circumstances, it was thought wiser to withhold the judgment, and up to the time of the autopsy neither Dr. Pidduck nor myself had formed any definite opinion as to the precise seat of the obstruction.

From the revelations of the post-mortem examination, it is obvious that the exhibition of active purgatives could not have failed to aggravate the sufferings and hasten the death of the patient. During life, indeed, the threatened inflammation, the paroxysms of straining, and the increase in the severity of the symptoms after the five grains of aloes and soap pill, were a sufficient warning to abstain from their use. The only remedial measures which could have been adopted were those to be derived from Surgical interference; and had the patient been younger such interference would, in all probability, have been proposed. In this instance, however, the age and infirm state of health of the sufferer were so much against the successful result of a serious operation, that the idea of proposing it was at once dismissed. But although the age of this patient rendered any operative procedure injudicious, I trust the case will not be thought destitute of practical value in its bearing upon the various operations which have been proposed for the relief of these internal strangulations. The trivial nature of the obstructing cause, and the facility with which it could have been removed by the hand passed into the abdomen, go far to justify the trial of even so formidable a proceeding as opening the abdominal cavity in a case occurring under more favourable circumstances as to age, etc. With respect to the kind of operation most suitable, that recommended and performed by Mr. Hilton, and described by him in the 30th Volume of the Medico-Chirurgical Transactions, in which the incision is made in the linea alba below the umbilicus, seems to offer the best chance of success. Less blood is lost in it than when the opening is made in the groin; and when the seat of the obstruction is doubtful, as in the majority of cases requiring this operation it must be, it affords greater facilities for a thorough exploration of both sides of the abdominal cavity.

62, Gt. Russell-street, July, 1855.

(a) I have since been informed that, many years ago, the patient received a stab in the left groin. The knife was supposed not to have entered the abdomen, but it is probable that the force of the blow expending itself upon the firm structures forming the brim of the pelvis, was sufficient to excite the inflammatory action, from which the band of adhesion resulted.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING AUGUST.

The subjoined report includes as usual the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-Cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

Number of cases 4; recovered 3; died 1.

Case 1.—A child, aged 2½, in fair health, under the care of Mr. Cock, in Guy's Hospital. The usual operation was performed, and very little bleeding attended it. The stone removed was about the shape of a date stone, but smaller. About an hour after the operation severe bleeding occurred, and when Mr. Cock was summoned the child was all but dead. A trial was made of the oiled silk apparatus made for that purpose, but it failed to control the bleeding, and was removed. The wound was next filled with sponge, and the hæmorrhage was now arrested. The child subsequently recovered well. *Case* 2.—A boy, aged 9, in good health, under Mr. Hilton's care, in Guy's Hospital. Some bleeding followed the operation, and the oiled silk apparatus, with ice, was employed successfully. An ovoid lithic acid calculus, nearly as large as a walnut, was removed. Recovered. *Case* 3.—A delicate boy, aged 4, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He was taken first to Mr. Childs' house, suffering from retention of urine and other symptoms of impacted calculus. On passing a sound a rough substance was felt in the prostatic urethra, over which the end of the instrument passed. In the belief that it would not be necessary to enter the bladder, the operation was at once performed. The stone, however, had meanwhile slipped back, and an ordinary lithotomy procedure was consequently necessary. A small stone was removed, and the child afterwards sent to the Hospital. Recovered without a bad symptom. *Case* 4.—A man, aged 68, under the care of

Mr. Fergusson, in King's College Hospital. He was in bad health and paralytic. The symptoms of stone had been present for a year, and dated from an attack of paralysis of the bladder, which had now been quite recovered from. The usual operation was performed, when the stone was found to be encysted behind the prostate. A small portion broke off in the forceps, but for the dislodgment of the remainder the scoop was necessary. The stone was the size of a small cherry, being a mulberry nucleus, coated with phosphates. The man did badly afterwards, and death took place on the fifth day. At the autopsy the cellular tissue of the pelvis was found infiltrated with pus. The kidneys were contracted, and occupied by many cysts; the ureters were inflamed, and contained pus. The bladder was extensively sacculated, and its mucous membrane so much congested as to appear on the point of sloughing. There was no peritonitis. The heart was large and fatty, and its aortic valves diseased to a small extent. The brain was congested, and its blood-vessels extensively ossified.

LITHOTRITY.

The man recently under the care of Mr. Curling, in the London Hospital, has been discharged well. Three operations had been performed, from none of which had the slightest inconvenience resulted. The fragments of a smallish calculus were passed by the urethra, and subsequently all symptoms ceased, while by careful sounding no stone could be detected.

CYSTOTOMY FOR IRRITABLE BLADDER.

A man, aged 56, was admitted into King's College Hospital, suffering the symptoms of irritable bladder, the commencement of which dated five years back. He was compelled to pass his water every quarter of an hour, and suffered much pain before and during the act. The bladder had been examined for stone, but none had ever been detected. The urine was in a healthy condition. Under these circumstances Mr. Fergusson determined to try the effect of opening the neck of the bladder. Incisions almost exactly resembling those of lithotomy were accordingly made, and the case subsequently treated as one of stone. No calculus was found. Considerable bleeding followed the operation, but it was arrested, and the man has since done well. The distressing symptoms have been greatly relieved. The wound is now nearly healed, and all the urine flows by the penis.

TREPHINING OF THE SKULL.

Both the patients whose cases were mentioned last month have since been discharged well.

A boy, aged 14, was admitted into St. Mary's Hospital, under the care of Mr. Haynes Walton, on account of a compound fracture, with depression of the left parietal bone near its middle. The injury had been occasioned by a brick, which had fallen on to the head from a height of fifty feet. There were no symptoms of compression, and the dura mater was not lacerated. By means of Hey's saw a portion of overhanging bone was cut away, and the depressed fragment was then raised into its place. Doing well.

HERNIOTOMY.

Case No. 6 *of last month.*—In this, a woman under Mr. Ward's care, in the London Hospital, suffered from an artificial anus, after an operation for femoral hernia. The discharge of fæces continued solely from the wound, until the 27th day, after which it gradually ceased, and the latter is now quite healed. The woman has regained her health, and the bowels act spontaneously. Recovered.

Number of cases 6; recovered 3; under treatment 1; died 2.

Case 1.—A man, aged 33, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of an inguinal hernia of fourteen years' standing. Strangulation had existed fourteen hours, symptoms severe. Reduction could not be effected until the sac was opened, the neck of the latter constituting the stricture. The sac contained much dark serum. Recovery, without a bad symptom. *Case* 2.—A woman, aged 60, under the care of Mr. Haynes Walton, in St. Mary's Hospital. The hernia was femoral, and had been irreducible for six years. Symptoms of strangulation had been present for two days, and had followed a sudden increase in size of the tumour. There had been vomiting and constipation, and the tumour was tender and the abdomen tense. The sac was not opened. Recovered. *Case* 3.—A boy, aged 16 months, under the care of Mr. Gowland, in the London Hospital, on account of congenital hernia. The tumour was the size of an egg, and had been strangulated thirty hours. The infant had been brought to the Hospital on the previous day, and reduction attempted in vain; but there being then no urgent symptoms, the operation was deferred. During the night, however, there had been vomiting. The symptoms were not very severe, but Mr. Luke and Mr. Gowland having both failed in their attempts at taxis, it was decided to operate. The sac was not opened. Recovered well. *Case* 4.—A woman, aged 56, under the care of Mr. Cock, in Guy's Hospital. Hernia femoral, strangulated forty hours, the size of a pigeon's egg. The symptoms were acute and severe. The sac was not opened. Some bleeding followed the division of the stricture, and it was needful to plug the wound with sponge in order to control it. The symptoms were at once greatly relieved, but, during the next few days, the belly remained full, and there was a tendency to vomiting. Calomel and opium were employed. On the fourth day the bowels acted after an enema. On the seventh day the bowels had acted freely, and all tension of the abdomen had disappeared; the wound, however, was sloughy. On the eighth day a profuse discharge of what appeared to be the contents of the small intestine took place. The escape of fæces by the artificial anus continued, and, a fortnight later, a mass of sloughy omentum was discharged. The passage per anum continued throughout to occur occasionally, showing that the canal of the gut was not occluded. At present the artificial opening is all but closed, and the woman is in a fair way for recovery. *Case* 5.—A woman, aged 65, under Mr. Cock's care, in Guy's Hospital, on account of a femoral hernia four days strangulated. The abdomen was tense and tender, and there were from the first the signs of existing peritonitis. Reduction could not be effected until the sac had been opened. The bowel was found sticky with lymph, and slightly adherent, there being no fluid whatever in the sac. Great difficulty was encountered in returning the bowel without also allowing the sac to slip up, and the latter had to be held *in situ* by forceps during the reduction. The bowels never acted, and death from general peritonitis occurred on the fourth day. The autopsy showed the effects of acute peritonitis, and, in the strangulated portion was a pinhole aperture, through which, however, no escape of fæces had taken place. *Case* 6.—Of this case, in which, after the usual operation for femoral hernia, death occurred, we have not been able to obtain any particulars.

AMPUTATIONS.

The cases left under care by last month's report have either recovered or remain under treatment.

Number of cases, 10; recovered, 6; under treatment, 2; died 2.

Of the Thigh.—*Case* 1.—A woman, aged 47, under the care of Mr. Curling, in the London Hospital, on account of a contracted knee. In June, 1852, this patient had (under Mr. Paget's care, in St. Bartholomew's Hospital) an abscess in the lower part of the thigh opened, which had occasioned very peculiar symptoms. (See *Medical Times and Gazette*, July 10, 1852, page 38.) The wound afterwards was, for some time, very unhealthy, and ultimately she left the Hospital, before it was quite healed. Soon after her return home, sloughing phagedæna attacked the sore, and for this she was shortly after admitted into St. Thomas's Hospital, under Mr. McMurdo's care. The phagedæna was extensive and severe, and repeated consultations were held respecting the propriety of amputating; the question being decided in the negative, only because of the woman's extreme debility. For two months or more she was not expected to recover. At length, however, the wound slowly healed. Since then, her limb has been quite useless on account of the contraction of the knee, and she now sought admission into the London Hospital, in order to have it removed. Mr. Curling amputated through the middle of the thigh, cutting his flap chiefly from the outer and posterior aspects, as these were the only parts not involved in cicatrix. During the fortnight following the operation the woman was feeble, and the aspect of the stump was bad, on account of protrusion of the bone. No sloughing, however, occurred, and by careful management the soft parts were brought forward so as to cover the bone. The stump is now nearly

healed, and the woman's health good. *Case* 2.—A boy, aged 5, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint of twelve months' duration. He was very feeble, and there were large collections of matter in the thigh. By careful preparatory treatment, good diet, etc., he was got into a state of health sufficiently improved to bear the operation. He recovered well. *Case* 3.—A strumous boy, aged 13, under the care of Mr. Coulson, in St. Mary's Hospital, on account of diseased knee and ankle-joint in the same limb. Amputation through the thigh. Doing well. *Case* 4.—A man, aged 33, under Mr. Fergusson's care, in King's College Hospital, on account of medullary cancer of the lower part of the femur. The disease had existed fifteen months, and had rapidly advanced during the last two. The man had lost much flesh, and was cachectic. Amputation by double flaps was performed, about two inches below the trochanter. Very little blood was lost. Death from exhaustion occurred on the second day. Excepting a fatty condition of the heart, the autopsy showed nothing remarkable. *Case* 5.—A man, aged 22, under the care of Mr. Callaway, in Guy's Hospital, on account of compound fractures of both legs. He was a railway ticket-collector, of temperate habits, and, before the accident, in excellent health. The injury had caused severe collapse. As soon as reaction was commencing, (about twelve hours after the accident,) primary amputation of the right thigh was performed; the injury on that side being much the more severe. The man sank, and died of exhaustion about forty-eight hours after the operation.

Of the Leg.—Case 6.—A lad, aged 15, under the care of Mr. Cock, in Guy's Hospital, on account of acute disorganizing disease of the ankle-joint. The disease had existed but two months, but it had reduced the boy to so extreme a condition of emaciation and debility, that it was feared he would not live through the operation. There had been most profuse discharge. The amputation was by lateral flaps in the middle of the leg. The boy rallied well from the operation, and made a rapid and excellent recovery.

Of the Upper Extremity.—Case 7.—A lad, aged 15, in excellent health, was admitted under the care of Mr. Ward, into the London Hospital, on account of a crushed hand. Primary amputation at the wrist-joint was performed, the chief flap being obtained from the palm. The stump healed without any abscess, and was sound on the twentieth day. The boy possesses good power of pronation and supination. *Case* 8.—A lad, aged 12, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lawrence, on account of a crushed hand. It was necessary to remove at once all the fingers, with their metacarpal bones, but, as the thumb was uninjured, an attempt was made to preserve it. The soft parts proved, however, to have been too much bruised, and such an amount of sloughing followed as exposed the bones, and rendered a secondary amputation through the forearm necessary. This was performed two weeks after the accident, the lad then being in good condition, and the wounds granulating. Recovered well. *Case* 9.—A man, aged 43, in good health, admitted, under the care of Mr. Cock, into Guy's Hospital, his hand having been cut off by a circular saw. Primary amputation through the forearm. Recovered. *Case* 10.—A girl, aged 14, in fair health, under the care of Mr. Canton, in Charing-cross Hospital, on account of diseased elbow-joint, the consequence of an injury received ten weeks before admission. The humerus being diseased to within three inches of the shoulder-joint, amputation at that part was performed. The patient recovered quickly.

EXCISION OF JOINTS.

A girl, aged 17, under the care of Mr. Hancock, in the Charing-cross Hospital, on account of diseased elbow-joint. She was in a condition of health quite favourable to the operation, and excision of the articulation was accordingly performed in the usual manner. Her progress afterwards was good for ten days, when she was seized with the symptoms of acute pneumonia, from which she died on the fourteenth day. No autopsy was permitted.

REMOVAL OF THE TESTIS.

A healthy-looking man, aged 18, was admitted, under the care of Mr. Coulson, into St. Mary's Hospital, on account of considerable enlargement of the right testicle. The disease was believed to have existed only two months, and had only occasioned slight pain at intervals. The gland was about the size of a goose's egg, smooth, with a tight, elastic feel, but without fluctuation. The cord was not affected. The scrotum was red, and a little inflamed. After a fair trial of mercurial and iodine treatment, the removal of the gland was decided upon. After the operation, the patient had an attack of scarlet fever, from which, however, he recovered well. The wound soon healed. The disease proved to be cystic sarcoma, and involved the greater part of the gland.

REMOVAL OF MALIGNANT TUMOURS.

Case 1.—A man, aged 36, under the care of Mr. Fergusson, in King's College Hospital, on account of cancer of the scrotum, of fifteen months' duration. The disease involved the whole of the front part, and extended backwards, leaving a deep hollow between the testes. The whole was excised, and the edges of the wound brought together by sutures. Doing well. *Case* 2.—A man, aged 47, in good health, under Mr. Fergusson's care in King's College Hospital, on account of epithelial cancer of the lower lip, of six months' duration. The man had never been a smoker. Excision by the V-shaped incision, the wound being subsequently united by needles. Recovery, with extremely little deformity. *Case* 3.—A woman, aged 54, under the care of Mr. Cock, in Guy's Hospital, on account of a re-appearance of cancer in the cicatrix after partial excision of the breast. The first operation had been performed ten years ago, when a well-characterized mass of scirrhus was removed, together with the upper half of the mammary gland. For nine years she remained quite well, but during the last year some scirrhous nodules in the cicatrix had been slowly developing. The operation consisted in excising the cicatrical tissues and neighbouring skins. Recovered. *Case* 4.—A man, aged 56, under care in St. Bartholomew's Hospital, on account of an ulcerated epithelial cancer of the upper lip. The excision was performed by Mr. Jowers, (House-Surgeon,) a large triangular portion being cut away. The wound was united by hare-lip pins, and was quite healed in a week. *Case* 5.—A delicate and nervous woman, aged about 45, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of a scirrhous tumour in the breast, with enlarged axillary glands. The operation was performed by Mr. Jowers, (House-Surgeon,) and consisted in the removal of the entire breast, and of the affected glands. The wound was, necessarily, large, the dissection extending into the axilla. The woman was not hopeful, and, before the operation, had expressed an opinion that she should not recover. A few days after the operation she was attacked by feverishness, symptoms of cerebral irritation, and from these she died at the end of a fortnight. No autopsy permitted. *Case* 6.—A man, aged 44, in fair health, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, on account of extensive cancerous ulceration of the lower lip. The diseased part was freely excised. For five days following the operation the man did well, but subsequently an attack of erysipelas occurred, which was attended by a general eruption, resembling scarlet fever, and from which he died. *Case* 7.—A man, aged 50, under Mr. Lloyd's care, in St. Bartholomew's Hospital, on account of epithelial cancer, involving the right angle of the mouth, and large portions of both upper and lower lips. The diseased parts were excised, and the edges of the wound united. The wound did not heal, and is already extensively involved in a return of the disease. *Case* 8.—A man, aged 79, under care on account of an epithelial cancer of the lower lip. Excision. Recovery. *Case* 9.—A stout, healthy man, aged 76, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a cancerous growth, the size of an egg, on the right side of the forehead. It had grown in the cicatrix of a previous operation for the same disease, which was performed by Mr. Lawrence three years ago. The origin of the first growth was attributed by the man to a blow which he had received. At the former operation the disease was of epithelial character, but, on the present occasion, the section of the tumour presented also spots of melanosis. He recovered well. *Case* 10.—A woman, aged 45, under the care of Mr. Lane, in St. Mary's Hospital, on account of returned scirrhous cancer in the cicatrix, left by the removal of the mammary gland, five years ago. There were numerous small tubercles, which, together with the adjacent skin, were dissected away. The wound healed quickly. *Case* 11.—A man, aged 40, under the care of Mr. Spencer Smith, in St. Mary's Hospital, on account of epi-

thelial cancer of the lip, of six months' duration. Excision. Recovery. *Case* 12.—A man, aged 60, under the care of Mr. Callaway, in Guy's Hospital, on account of an epithelial cancer of the lip. It was of large size, and situated at the left angle of the mouth. After excision, the wound healed, but the man, having left the Hospital, commenced again his habit of smoking, irritated the cicatrix, and caused it to again ulcerate.—*Case* 13.—A man, aged 44, somewhat cachectic, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of a large growth of medullary cancer from the axillary lymphatics. The tumour was the size of two fists. On the arm of the same side was a large congenital mole, which had recently ulcerated, and become painful. In the operation, the tumour was found to lie directly on the axillary vein, and a careful dissection was required. The man is now nearly well. Since the operation, the mole on the arm has healed, and has ceased to be painful.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A man, aged 25, under the care of Mr. Birkett, in Guy's Hospital, on account of a very large erectile growth in the skin and subcutaneous tissue of the right side of the abdomen. It covered a space as large as three hands outspread side by side, and had a thickness in parts of nearly two inches. It was of congenital origin, but had given no trouble until latterly when it had increased in size, and become covered with small warts, or papillary growths, from which there had been much oozing of thin blood. By the continued drain of blood the man had been reduced to a state of great anæmia. In the excision it was found to be united inseparably to the external oblique muscle, parts of which had to be removed with it. The dissection required great care, and was effected with but little loss of blood. The wound left was, necessarily, very large indeed. The man has done remarkably well since the operation, and may now be considered out of danger. The structure of the growth proved, after the operation, to resemble exactly that of the corpus spongiosum. *Case* 2.—A pale, weakly woman, aged 39, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a parotid tumour, about the size of an egg. It was of several years' growth, but had not until lately occasioned any pain. In the operation it was found to have deep attachments, and being adherent to the parotid, a portion of the latter was necessarily removed with it. Its structure was glandular. The patient recovered well. *Cases* 3, 4, 5, and 6.—In these, fatty tumours, of considerable size, were removed from various parts of the body. In all, the patients recovered well. *Case* 7.—A woman, aged 22, under the care of Mr. Cock, in Guy's Hospital, on account of a small fibrous tumour on the capsule of the left mammary gland. It had been very painful and was accordingly exeised, although so small that, after the operation, it scarcely appeared more than an indurated tissue. The wound soon healed, and the pain, hitherto, has not returned in the least. *Case* 8.—A boy, aged 4, under Mr. Cock's care, in Guy's Hospital, on account of a mass of warts, as large as the fist, by the side of the anus. They were removed by curved scissors. Recovered. *Case* 9.—A man, aged 44, under the care of Mr. Lane, in St. Mary's Hospital, on account of a fibrous tumour over the sacrum, believed to have been produced by a fall six years before. Exeision. Doing well. *Case* 10.—A girl, aged 17, under the care of Mr. Coulson, in St. Mary's Hospital, on account of a fibrous tumour in the breast, the size of a walnut. It had not been in the least painful, but was increasing in size. Excision. Recovery. *Case* 11.—A woman, aged 49, under care, on account of a large proliferous cystic tumour of the breast. It had been increasing for more than two years, and rapidly of late. Excision. Recovery. *Case* 12.—A woman, aged 31, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of a "fungoid tumour" growing from the lower jaw and its gum. She was pregnant, and within a few months of confinement. The tumour was about the size of half a walnut. In the operation, it was found necessary to gouge out the bone at the affected spot, and afterwards to apply the actual cautery to arrest hæmorrhage. The wound soon healed. *Case* 13.—A man, aged 35, under Mr. Callaway's care, in Guy's Hospital, on account of a large indurated bursa in front of the left patella. It was necessary to excise it, and in order to avoid having a cicatrix directly in front, which would have prevented kneeling, Mr. Callaway made a curved incision over the inner side of the joint, and dissected outwards the flap. Owing to the occurrence of some secondary hæmorrhage, it was necessary to open the wound, and the healing has not, therefore, been as rapid as could have been wished; it is, however, progressing favourably. *Case* 14.—A woman, aged 19, under Mr. Callaway's care, in Guy's Hospital, on account of a small fibrous tumour over the side of the os calcis. Excision. Recovery.

REMOVAL OF NECROSED BONE.

Nine operations of this class have been performed during the month, and in all the patients are doing well. The three following have points of interest which require special mention. *Case* 1.—A boy, aged 8, of strumous aspect, under the care of Mr. Hilton, in Guy's Hospital, on account of disease of the os calcis, of a year's duration. A sinus led down to diseased bone. The operation consisted in dissecting up the soft parts, and then, as a small sinus was found entering into the bone, employing the gouge so as to lay open the cavity. In the latter was found a small fragment of dead and loose bone about the size of a bean, which was easily removed. The wound was left open, and has since done well. *Case* 2.—An artilleryman, aged 23, under the care of Mr. Birkett, in Guy's Hospital. In March last, while engaged in the trenches before Sebastopol, he had been struck by a ball, which fractured his right radius, with much splintering. The fracture had since united, but there remained near its site some loose fragments of dead bone. These Mr. Birkett removed, and the case has since done well. The portions of bone taken out were quite smooth, and looked just as splinters from a prepared bone would do, not having undergone any action from the tissues with which they had lain in contact. *Case* 3.—A man, aged 45, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, whose case has been several times mentioned in these Reports. In January last his left elbow-joint was excised. Subsequently, acute inflammation of the whole shaft of the ulna, inducing necrosis and extending into the wrist-joint, occurred. In June the lower fifth of the ulna, including its styloid process, and the whole articular extremity, was excised. At the same time the wrist-joint, which was of necessity opened, was examined, but none of the other bones were found diseased. Both wrist and elbow-joints healed well after the respective operations There remained, however, the shaft of the ulna, which, extending from below the coronoid process above, to the spot where the lower fifth had separated below, was quite dead, and surrounded by a shell of new bone. The operation performed this month consisted in the removal of this portion, which was accomplished easily after its inclosing shell had been freely opened. The man has since been discharged from the Hospital. Both elbow and wrist-joints are in a state of false anchylosis, and do not at present permit of much motion; but the latter improves in its mobility each week, and it is hoped that a useful arm will yet be obtained.

TREPHINING OF BONES FOR ABSCESS, Etc.

Case 1.—A man, aged 20, under the care of Mr. Hilton, in Guy's Hospital. For four years past, he had been liable to severe pain in the lower part of the left tibia, at which part the bone was decidedly thickened. Suspecting the existence of abscess, Mr. Hilton cut down over the most painful spot, and trephined. No pus was seen, but the bone was found much thickened and hardened. Since the operation, the man has had no return of pain, and the wound is now nearly healed. *Case* 2.—A girl, aged 10, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital. The lower part of the left tibia was considerably enlarged in all its dimensions, and there was a small sinus, which passed in on the inner side to the posterior aspect of the bone, about an inch above the ankle-joint. The presence of a portion of necrosed bone was suspected. The disease had existed for eighteen months, and dated from an illness in which extreme pain in the bone was the chief symptom. Subsequently an abscess formed and broke, and left the sinus still existing. There had been throughout frequently recurring attacks of violent pain, which were generally preceded by comparative arrest of the discharge, and followed by an increased flow. The operation consisted in enlarging the sinus by a vertical incision, which done, it was found that a probe might be passed into a large cavity in the bone through a very small aperture. As this opening lay at the back of the bone, and in close proximity to the tibial vessels, tendons, etc., it was now determined to make a second opening into the cavity

from the front. This was done with a small trephine. A piece of dead bone, about the size of a bean, was found, but the abscess cavity in which it lay would have easily contained a large walnut. The bone was greatly thickened. Since the operation, the girl has been quite free from pain; the wounds are healing, and she is now allowed to walk about.

TRACHEOTOMY AND LARYNGOTOMY.

Mr. Fergusson's patient, on whom tracheotomy had been performed, as mentioned in last month's report, has since been discharged well. The patient in St. Mary's, under the care of Mr. Lane, for whom laryngotomy had been performed on account of chronic laryngitis, has since died of phthisis. During the month tracheotomy has been performed in two cases under circumstances of peculiar interest. *Case* 1.—A boy, aged 3, was admitted into King's College Hospital, with the account that he had just swallowed a small black round shoe-button, having a short piece of string attached. He was brought in within ten minutes of the accident, and was then on the point of death from suffocation, being cold, pulseless, and blue in the face. The button could not be found by examination through the mouth, and Mr. Tutin, the House-Surgeon, accordingly performed tracheotomy at once. The child soon revived after the opening in the trachea had been made. The button could not be found, and up to the thirteenth day (time of report) had not been discovered, although several examinations had been made with that object. The child is doing well, but cannot breathe when the opening in the trachea is closed, the inference being that the foreign body still occupies the larynx. *Case* 2.—J. M., aged 5, was admitted into Guy's Hospital, on account of great difficulty of breathing, consequent on the swallowing of a plum-stone. The stone had been ground so as to make a whistle, and with this the boy was in the act of whistling, when a blow from his mother on the back caused him to make a spasmodic inspiration, during which it was swallowed. Immediately afterwards he was seized with great difficulty of breathing, and inability to cough. In the absence of Mr. Callaway, Mr. Cooper Forster was called to him at the Hospital, about half-an-hour after the accident. He was then lying on the right side, breathing laboriously, and making frequent ineffectual attempts to cough. The countenance was livid, the extremities were cold, and the pulse very feeble. Over the chest was a remarkable condition of puffiness, attended by crackling on pressure, as if from subcutaneous emphysema. Any attempts at movement brought on great dyspnœa, but whilst lying quiet the breathing was not attended by any gasping effort. The signs being deemed conclusive as to the presence of the foreign body in the windpipe, tracheotomy was at once performed. The third and fourth rings of the trachea were divided, and but little hæmorrhage was encountered. Almost immediately after the opening had been made, a coughing effort threw the stone out into the wound. All the symptoms were immediately relieved. The wound was left open, simply covered with lint. Excepting a slight bronchitis, for which no special treatment was required, the boy made an uninterrupted recovery. On the fourteenth day after the operation, he left the Hospital, the wound quite healed and well in every respect. A few days after the operation, a copious eruption of herpes about the mouth showed itself; but it disappeared spontaneously, and did not appear from the other symptoms to have depended on any pneumonic inflammation.

OPERATIONS FOR URETHRAL STRICTURE.

Case 1.—A man, aged 50, under the care of Mr. Quain, in University College Hospital. Four years before he had bruised the perinæum by falling astride a beam, after which suppuration in the perinæum and scrotum occurred. On admission, the perinæum and scrotum were much indurated by solid œdema, and several sinuses opened into the former. There were two strictures, one in the penis and the other in the perinæum. A staff having been passed through the anterior one, and down to the further one, an opening was made into the urethra in the perinæum, and a second in the penis. The anterior stricture was cut through, but not the posterior one. This operation was performed in July. In August Mr. Quain again operated, and having divided the posterior stricture, succeeded in passing a catheter into the bladder. The man is now progressing favourably. *Case* 2.—A man, aged 33, under the care of Mr. Quain, in University College Hospital, on account of old-standing stricture. An instrument was passed through it, and perineal section performed. Doing well. *Case* 3.—A man, aged 33, under the care of Mr. Marshall, in University College Hospital, with stricture of six months' duration. The stricture had followed an injury inflicted three years before, which had caused abscess in the perinæum, but the symptoms of stricture had been present only six months. When admitted No. 1 could not be passed, but before the operation Mr. Marshall succeeded in dilating until No. 4 was admitted. Perineal section was performed, and No. 7 subsequently left in for 48 hours. Under treatment.

PUNCTURE OF THE BLADDER.

A man, aged 63, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, on account of retention of urine. He had suffered from stricture for twenty-seven years, and had been subjected to much treatment. It was thought probable that for a long time he had been unable to empty his bladder, as, although the retention had only been complete for about twenty hours, yet the bladder was enormously distended, and reached nearly to the umbilicus. The hypogastrium was tender, and the man was suffering very much, but there were no signs of uræmic poisoning, and his general health was good. A persevering trial of instruments, on the part both of Mr. Lloyd and his House-Surgeon, failed. A number 10 could be easily passed to the prostatic region, but, on reaching that part, it turned to the left, and could not be made to enter the bladder. Under these circumstances, puncture of the bladder, above the pubes, was performed. The man was at once relieved, and has had no bad symptoms since. He remains under treatment, nearly all the urine still passing by the artificial opening.

PLASTIC OPERATIONS.

Case 1.—A girl, aged 18, under Mr. Fergusson's care in King's College Hospital, on account of a small cleft in the soft palate which had remained after a partially successful operation performed a year ago. It was closed in the usual way, and united perfectly. *Cases* 2 and 3.—Single harelips operated on in the usual way with perfect success. Pins used. *Case* 4.—A man, aged 40, under the care of Mr. Fergusson in King's College Hospital, on account of fungus protrusion from the testis. The man was phthisical and in poor health. The disease had resulted from a kick received ten months ago. The operation consisted in dissecting up the edges of the ulcer and the scrotum, paring them and uniting them by sutures over the protruded mass. The sutures gave way and only partial union was obtained. The case is, however, doing fairly. *Case* 5.—A girl, aged 17, under the care of Mr. Haynes Walton in St. Mary's Hospital, on account of cleft palate. She was extremely nervous and wanting in self-control, and the operation was accordingly performed under the influence of chloroform. Excessive vomiting followed. The edges of the wound sloughed, and no union was obtained. *Case* 6.—A young woman, aged 21, under the care of Mr. Haynes Walton in St. Mary's Hospital, on account of a cleft palate. Chloroform was not used. The edges of the wound sloughed, and the operation was unsuccessful. *Case* 7.—A woman, aged 64, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, on account of prolapsus of the uterus, with vaginal rectocele, and some degree of prolapse of the bladder. The uterus was constantly down between the thighs when in the erect position, and there was a large ulcer on its neck. The condition had existed, in spite of much treatment, for fourteen years, and was becoming more and more troublesome. There appeared to have been formerly a rent in the commissure of the perinæum, but it had not involved any large extent of that structure. The woman had borne many children. The operation performed consisted in dissecting away the mucous membrane from the opposite sides of the vulva, and the commissure of the perinæum, and then uniting the raw surfaces by the quilled suture. A large fatty tumour, from the side of the abdomen, was removed at the same time. The patient recovered well, and both wounds were healed in about a fortnight. The whole external aperture of the vulva is now closed by a thick cicatrix, excepting a length of about an inch and a-half in front. Sufficient room is left for the exposure of the meatus urinarius, and the woman makes water without much difficulty. She has been up for the past three weeks, and has not suffered from any return of the prolapse.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

[*To the Editor of the Medical Times and Gazette.*]

No. 36.—The Past and the Present.

Sir,—In 1808, James Mitchell, a boy of Scotch parentage, who was born deaf, dumb, and blind, and whose case, as the first known example of the concurrence of those dreadful deprivations, attracted much attention, was brought up to London to obtain Professional advice. No doubt existed as to the irremediable nature of his loss in respect to hearing and speech; but, as to his eyes, the disease was nothing more than complete congenital cataract. He was seen by Sir Astley Cooper, and an operation with the needle was attempted. Although he was now 13 years of age, and very intelligent, yet such was his utter inability to receive communications from others, that he persisted in resisting to his utmost an operation which would have conferred upon him an inestimable blessing. After the persevering attempts which may be supposed to have been made in such a lamentable case, it was found necessary to abandon the hope of success. Two years later, Mr. Wardrop made a trial, and having the boy's head fixed in a machine contrived for the purpose, succeeded partially on one eye. The difficulty encountered, however, was so great that he did not pursue the treatment, and the power of distinguishing light from darkness was all that the poor lad gained. One cannot read such a narrative (it is given by Dr. Watson, the Deaf-mute Instructor) without feelings of congratulation and thankfulness in thinking how easily such a case would have been managed in the present day. The benefits conferred on humanity by the introduction of chloroform into practice are indeed incalculable.

If you think this little incident worthy of such notice, please give it a place among your "Notes."

I am, etc. Keratonyxsis.

September 16.

No. 37.—Acetate of Lead in Diseases of the Heart.

Sir,—In Dr. Stokes's recent work on Diseases of the Heart were some important observations respecting the employment of Acetate of Lead. Being interested in that subject, I am anxious to know whether any additional facts have since been published respecting it. If you, or any of those who read your valuable "Notes and Queries" can give me references to such papers it will oblige. I am, etc. W. F. T.

September 26.

ANSWERS.

To Query No. 31.—Gluten Bread.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—The author of the Query 31 will be much disappointed if he employs the so-called gluten bread recommended by M. J. No doubt the patient will like it much better than the real gluten bread, inasmuch as it will not contain a particle of gluten, or any other nitrogenized matter, than that derived from the eggs. Potatoes consist of 6 to 9 per cent. vegetable fibre, or rather the walls of cells; 9 to 15 per cent. of starch; 0·8 per cent. to 1·4 per cent. of vegetable albumen; a small proportion of gum; alkaline and earthy salts, with 70 to 80 per cent. of water. Your correspondent, M. J., recommends that the potatoes be peeled, rasped, and washed with water until all the starch is removed. This, however, I have found it impossible to do, for it is extremely difficult to break all the starch cells, and remove their contents. Supposing, however, the process to be completed, and the whole of the starch removed, there would remain only the worthless vegetable fibre; for the vegetable albumen, with all the other constituents of the potato, would be washed away. But the residue of the washing easily retains a considerable quantity of starch, the very substance it is desirable to avoid, and, as a matter of course, such bread must be worse than useless. I may here remark, that neither barley, oats, nor rye, among the cereal grains, yield gluten similar to that of wheat, in being capable of almost complete separation from the starch, or of cohering in masses; and, if we are to look for a highly nitrogenized meal or flour for making bread for diabetic patients, it must be among the seeds of leguminous plants, such as the lupins, that contain no starch. The seeds of lupinus albus have been, and still are, employed as food in Italy; but they are somewhat bitter, and being used by the poor obtained the epithet of "tristis lupinus" from Virgil. There are many other genera of leguminous plants equally devoid of starch, some of which might be more agreeable to the taste. The seeds of *Trifolium arvense, L.*, are said, when mixed with bread, to give it a rose colour.

I am, etc. P. B. A.

To Query No. 27.—Axtra Mankaz.

Sir,—I have noticed among your Queries, some questions respecting "Axtra Mankaz." I am not certain whether I have hit on the right solution of the enigma; but I think the words are French:—"*Extrait Manqué*," the extract wanted; the philosopher's stone. Who can doubt the potency of such a remedy to cure every disease, to prolong the slender thread of human life, and to convert brass into gold!

I am, etc. H. P. R.

11, Great Coram-street, September 20, 1855.

To Query No. 34.—Early English Military Surgeons.

The indenture between Henry V. and Thomas Montede is given in Rymer's "Fœdera," Vol. IX. p. 237, and extracts from it are given in Willcock on the "Laws of the Medical Profession," page 14.

An account of British Military Surgeons is to be found in Sir Geo. Ballingall's "Lectures on Military Surgery," Edition 1838. In the *Medical Gazette* of May 22, 1846, page 925, is a copy of a Mandate of Charles I., 1628, for the impressment of "sixteen able and sufficient Chirurgeons," to go with 4000 land soldiers to the relief of Rochelle—and mention is made of another order in 1672, in which twenty Chirurgeons, thirty Chirurgeon's Mates, and twenty Barbers, are all grouped together—and, in a third, of the reign of William and Mary, the Masters of the Company of Barber Chirurgeons are desired to deliver to every person impressed by them one shilling impress money—and, in 1655, a Mandate, under the hand of Monk, Duke of Albemarle, directed the apprehension and safe custody of John Shoaler, Chirurgeon to H. M. S. "The Return," for neglecting his duty. I am, etc. H. J.

Sheffield.

To Query No. 36.—Roman Surgical Instruments.

"Arundo" may, perhaps, obtain the information he wishes, by reference to a work published at Naples, in 1847, entitled, "Illustrazione di tutti gli Strumenti Chirurgici scavati in Ercolano e in Pompei," etc. etc. Del Cav. Benedello Vulpes. It is a quarto of 94 pages, with seven plates, and is a description of all the Surgical instruments discovered in Herculaneum and Pompeii, now preserved in the Royal Bourbon Museum of Naples, comprised in seven Memoirs read before the Herculaneum Academy by the Cavalier Benedetto Vulpes.

Sheffield. I am, etc. H. J.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 29.

THE ISLINGTON NUISANCES.

The populous and extensive suburb of Islington is placed by nature in a salubrious and elevated situation, offering many hygienic advantages, both to the casual visitor and to the constant resident; and under an intelligent local government might become one of the most healthy and best regulated parishes around the Metropolis. But the genius of sanitary improvement has not yet visited the minds of the Authorities who undertake the management of its affairs; and, as the population has rapidly increased, nuisances have sprung up without any attempt having been made for their removal; or, if any person has been bold enough to suggest the adoption of sanitary measures, he has been vigorously resisted by the ruling powers. Not many months have passed since the

Trustees of Islington obtained an unenviable notoriety for the vehemence with which they opposed the recommendations made by their Medical Officer to stay the progress of pestilential disease in their Workhouse, where it was indisputably proved that the unhappy paupers were placed, so far as regarded their sanitary condition, in circumstances inferior to those of the worst class of felons in our common gaols. Like the defenders of Sebastopol, the Trustees of Islington clung to their filthy Workhouse with a fortitude and a tenacity worthy of a better cause; like the defenders of the same citadel, they have been at length compelled to surrender their fortress; and, under the influence of public opinion, aided by the tardy stimulant applied by the Poor-Law Commissioners, they have most unwillingly consented to improve the condition of their sick paupers, and to build for them some appropriate and convenient wards, the erection of which, meeting the eye of the passing traveller, attests the hardly-earned triumph of humanity over ignorance and obstinacy.

But another evil in the same parish has lately attracted a considerable amount of public attention; and as in this case the matter in question is not the life or death, or comfort or misery, of three or four hundred paupers, but an injury to the stomach, and bowels, and olfactory nerves of the respectable residents of the parish, a loud outcry has been raised, and the same Trustees have come in for a full and very just share of popular odium, inasmuch as they have the power, if they choose, of removing the nuisance.

The nuisance referred to consists of a large series of establishments, situated at a place called Belle-Isle, (*lucus a non lucendo,*) immediately opposite the Model Prison at Pentonville, and contiguous to the New Cattle Market at Holloway, all situated within the Parish of St. Mary, Islington. In this so-called Belle-Isle, great numbers of horses are slain, and their decomposing remains are converted into products, the evolution of which gives rise to the most nauseous and offensive odours; and, in addition to the processes thus carried on in this locality, a manure manufactory has lately been established, which blends its savoury aroma with the other odours which emanate from the reeking soil. From our own observations, made some years since on this spot, we can testify to its nauseous condition, proved not only by the evidence afforded to the organ of smell, but chemically tested by the indubitable presence of sulphuretted hydrogen gas throughout the atmosphere, and further manifested by the stunted and unhealthy condition of the surrounding vegetation.

Numerous complaints have, of course, been made from time to time as to the unhealthy and dangerous state of this district, and private efforts have even been made to suppress the nuisances by legal means. But the proprietors of the abominable works in question have always contrived to elude the hands of justice, and, as it is now proved, even some Medical men, or rather we should say one Medical man, is not wanting to assist them in their resistance to sanitary legislation.

Unwilling as we are to single out any individual, especially one of our own Profession, as an object of censure, we are yet compelled to deviate from the rule in the case of Mr. Ede, who, as far as we can learn, stands alone in the opinions which he holds and the doctrine which he advocates in regard to the Belle-Isle nuisances. If there be a single Medical man in Islington, except himself, who defends these abominations, we shall be glad to give Mr. Ede the benefit of the association, although we should regret the necessity of adding another name to the intra-professional enemies of sanitary improvement.

In opposition to a host of witnesses, Professional and non-professional, who have detailed the nauseous and filthy smells which poison the air around Belle-Isle, and penetrate into the interior of the houses of a large portion of the parish of Islington, Mr. Ede maintains, in a letter published in the *Times*, that the locality is perfectly healthy, and his reason for holding this opinion is, *that his case-book does not yet show the prevalence of serious disease in the district.* It would be sheer waste of time to expose the shallowness of such an argument; and we shall only remark that, supposing Mr. Ede's case-book to represent the amount of disease in the district, (a fact which we do not admit,) yet the absence of disease by no means proves the salubrity of the locality: for any one who has observed the mysterious appearances and disappearances of epidemics, knows perfectly well that disease will often for a long period spare the most insalubrious regions, till at last, (as in the case of the Golden-square visitation of cholera in 1854,) it bursts out with fearful vehemence, and sweeps off thousands of the population. Mr. Ede's argument would be like that of a man who neglects to insure his house, although living next door to a pyrotechnist.

We have ascertained that Mr. Ede is the chief Medical adviser of the Trustees of Islington, and as his views on the Belle-Isle nuisances have long been known, we have no doubt that there exists a complete harmony of sentiment on sanitary matters between himself and the "dirty" party in that parish. So far, therefore, as the Trustees of Islington are concerned, it must be admitted that they have "the right man in the right place," and that the cause of sanitary retrogression is safe in their hands. But we are fortunate in having arrived at an epoch of our history when Sanitary legislation will be taken out of the hands of such incompetent administrators of public affairs; and the inhabitants of Islington may indulge the hope that, under the guidance of a better class of persons, more correct notions of Hygiene may hereafter be established, and that at no distant period the Belle-Isle nuisances will be reckoned among the unsavoury reminiscences of the past.

THE ASSOCIATION JOURNAL.

This Journal, which has now been established nearly three years in London, seems, by its own confession, to be in a state of premature decrepitude. No leading articles have appeared for some weeks, and the Editor declares that his drawer is exhausted of original communications, so that, if this state of things should continue, the concern will speedily perish of inanition. The Council of the Provincial Medical and Surgical Association have advertised for a new Editor, but whether the change in the management of the Journal will serve to revive its sinking fortunes, or to accelerate its downfall, is a matter of question. Much will, of course, depend upon the character, the ability, and the energy of the party who may be selected to take the helm; but we fear that pecuniary embarrassment will be the rock on which the concern will split. It is already deeply in debt, and we doubt very much whether the Association has either the will or the power to advance adequate funds to extricate it from its present difficulties, or to insure its future maintenance. We think it a good opportunity for the Council of the Association to abandon altogether the attempt to support a weekly Journal in London, the expenses of which absorb nearly their whole income; and surely an Association numbering 2000 members, should have a higher object in view than the maintenance of a Journal which has always been inferior in every point to its contemporaries. We know that we are expressing the sentiments of many of the oldest and best friends of the Association in these remarks, and that it would give general satisfaction to revert to the annual publication of Transactions, such as those which have already shed lustre upon the Association, and to devote some of the

funds to the encouragement of scientific investigation connected with our Profession, as well as to the promotion of those general objects of public utility which concern the whole Medical community.

THE WEEK.

The appointments for the delivery of Introductory Lectures at our various Metropolitan Schools, on Monday next, seem this year to have been made with unusual good fortune. It is not every one who can give a suitable "Introductory," nor does it by any means follow that, because a lecturer is good in his own class-room, he will be equally so when he comes to treat broadly of the scope, objects, and method of Medical science. It is an occasion, the importance of which it is not easy to exaggerate: when teachers, former pupils of the school, and students of various stages, those commencing as well as those who may have nearly completed their course, meet together to inaugurate another session of Medical studies. There are those present who will listen with the greatest attention to all that is uttered at such a time, and who, if it be worthy, will long remember the advice which is then given. There are others to whom the occasion, breaking in upon the routine of every-day practice in which, with us all, the student-spirit is so apt to flag, will bring back, not unprofitably, a recollection of the zeal of earlier days. Among those who are likely to make good use of the opportunity are the following lecturers in some of our largest Hospitals:—Mr. Paget, at St. Bartholomew's; Dr. Gull, at Guy's; Dr. Peacock, at St. Thomas's; and Dr. Andrew Clark, at the London.

The several cases of murder during the past ten days, which have afforded to the moralist and the politician so much matter for melancholy reflection, have not had connected with them any features of peculiar interest to the Medical Profession. In all, the cause of death has been apparent; and in most, the exact manner of the deed has been known. In one or two instances, questions as to the sanity of the murderer will probably be raised. In the case of manslaughter, the mode of death deposed to by the Medical witness is one of very rare occurrence. In a street quarrel, a blow was struck by the prisoner which caused his antagonist to fall, and when taken up the latter was found to be dead. The autopsy showed that the restraining ligaments of the odontoid process of the axis had been ruptured, and that bone permitted, as a consequence, to fall back upon the spinal cord.

The new process by which Glycerine is to be prepared free from all impurity will, in all probability, lead to a much more extensive employment of that substance in medicine. The knowledge that it almost always contained more or less of lead in solution, (often sufficient to be poisonous,) and the expensiveness of all the processes by which hitherto a really pure article has been obtained have, no doubt, much retarded its coming into general use. Its effect, when taken internally, has, as yet, been but imperfectly ascertained, and it is not at all improbable but that it may be found useful in certain states of disordered assimilative function. As a solvent for some forms of urinary calculus, and especially as an injection into the bladder in cases of phosphatic urine from vesical disease, there is strong likelihood of its being found valuable. Speaking of Glycerine reminds us of another matter connected with Therapeutics, of which it is desirable that the Profession should not lose sight. Dr. Leared has announced that *Cod-liver oil oleine* is much more easily digested than the oil itself, may be taken without inconvenience from rising, etc., and produces quite as good, if not better, effects. Should experience confirm this, it will prove a very valuable discovery.

Two fatal occurrences from the careless dealing with poisons have happened during the last few days. In the one, laudanum was supplied by a druggist's apprentice instead of Godfrey's cordial; and, given in a tea-spoonful dose to an infant, of course caused speedy death. In the second, a monthly nurse mistook a vial of sulphuric acid for one of castor-oil, and poured a tea-spoonful of oil of vitriol down the throat of her little charge. In the latter instance the jury returned the singular verdict of "Chance Medley." Such accidents, which could happen only to the most ignorant, well illustrate the necessity for some systematic plan of training for the inferior auxiliaries to our Profession.

The reports from Marseilles are that the Cholera still prevails rather extensively. So great, indeed, has been the dread induced in some other of the Mediterranean ports, that the Board of Health at Malta have been compelled by the fears of the people to put quarantine regulations in force against all vessels from the former place. In a few instances, indeed, the disease has already shown itself in Malta, and the same regulations have been put in force by Greece, Naples, and Messina, against vessels coming from that island.

An active canvass is going on for the appointment of Medical Officer of Health to the City of London. Among the candidates in the field are, Dr. Letheby, Dr. Bristowe, Dr. Challice, Dr. Glover, Dr. Goulden, Dr. Greenhow, Dr. Olding, Mr. Ure, and Dr. Hassall. Several of these gentlemen have, we believe, already secured large promises of interest. The salary is announced as £400 a-year.

We are glad to observe that Dr. Hall has, in a graceful way, acknowledged the assistance of those Surgeons belonging to the Civil Hospitals who volunteered into field-service during the recent engagements. It appears that some of the members of the staff attached to the Smyrna, the Scutari, and Renkioi Hospitals were present; and no doubt, among so many casualties, their aid would be found most valuable.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

TURPENTINE IN CARBUNCULAR DISEASES.

By Dr. THIELMANN.

Dr. Thielmann states that he has employed this substance with great success in a case of malignant pustule, and in a great number of cases of carbuncle, amounting to 342 since 1837. The treatment has been merely local, unless suppurative fever or other general symptoms called for interference. The turpentine was applied in every stage of the disease on a thick pad of charpie, evaporation being prevented by oiled silk. In most cases, a slight burning is at first produced, which only lasts for a few minutes. The epidermis becomes softened, and the mortified parts are quickly separated, without the necessity of the crucial incision. After the separation, it is still continued, as under its influence the healing is rapid. If, after each dressing, (these being repeated night and morning,) the patient complain of a continual burning, the lotion is to be sufficiently diluted with camomile tea, or the dressing is to be performed with this alone. The turpentine is suitable to all sloughy and atonic ulcers. The following is the formula for the preparation of the application:—Mix ʒj. of oil of turpentine with the yolk of an egg, and then add spirit of camphor ʒj., camomile tea lbj.

Berlin Medicin Zeitung. 1855. No. XXIII.

ON PUERPERAL CONVULSIONS PRIOR TO LABOUR.

By M. PAUL DUBOIS.

During some recent clinical remarks, M. Dubois observed that it was formerly generally believed, and is so still by

many, that in these cases we should induce premature labour. He does not agree to this view, and thinks the practice may even be injurious. It is indeed useless, because labour always comes on of itself, under the influence of convulsion, and it is injurious, by reason of its irritating the uterus, and thus aggravating the convulsions. For the same reasons, he objects to the use of ergot. He employs general bleeding, as far as the strength will permit it, leeches behind the ears, and purgatives. Of these last, calomel and jalap, mixed up with honey, and laid on the tongue every hour until it operates, is the best. Sinapisms should also be applied to the feet, and ice to the head. The only operation justifiable is the application of the forceps, when the head is engaged in the pelvis, and solely in aid of the last expulsive efforts.

Gazette des Hôpitaux. No. LXXIX.

ON THE SIZE OF THE EYE AND ITS CHAMBERS.

By M. SAPPEY.

M. Sappey here furnishes an account of numerous and careful examinations he has made of the eye at different ages and in both sexes. He gives in detail the dimensions of 26 eyes, 12 in women, from 18 to 80 years of age, and 14 in men, from 20 to 79. The following are the mean dimensions in millimetres :—

	Women.	Men.	Both.
The antero-posterior diameter . .	23·9	24·6	24·2
The transverse ,, . .	23·4	23·9	23·6
The vertical ,, . .	23·0	23·5	23·2
Oblique below and inwards ,, .	23·8	24·1	23·9
Oblique below and outward ,, .	23·8	24.2	23·9
Optic nerve from cornea on inner side	27·2	27·5	27·0
,, ,, ,, outer ,,	33·2	34·5	33·8

As the result of his numerous examinations he thus sums up :—1. The eye of women is smaller than that of men, although this rule is liable to numerous exceptions. Thus, in a woman, aged 66, the antero-posterior diameter measured 26·4, and the transverse 27·1, while the most voluminous male eye measured 26·3 in the former and 25·4 in the latter diameter. 2. The antero-posterior diameter exceeds all the others, and differs by about 1 m. in the sexes. 3. It loses somewhat of its predominance with age, not sensibly differing from the transverse in some old persons. 4. The vertical is the smallest of all. The most remarkable eye the author has met with was that of the woman already mentioned. Its vertical diameter was less by 3 m. than the antero-posterior, and nearly by 4 than the transverse. 5. The oblique diameters, which correspond to the intervals of the straight muscles, are longer than the transverse and vertical, which correspond to their insertions. 6. The mean distance which extends from the inner side of the optic nerve to the inner side of the cornea is 27 m., and that on the outer side 34 m., the difference amounting to 7 m. Hence it follows that the optic nerve on penetrating the globe approaches the inner side of the cornea by 3½m., and that the axis extended from the centre of the cornea to the centre of the nerve, forms with the antero-posterior or visual axis an angle which measures an arc of 5 m., the entrance of the optic nerve occupying a surface of 3 m. This angle measures 26 or 27 degrees. 7. The curved line extended from the upper part of the entrance of the optic nerve to the upper part of the cornea is also somewhat less than that at the lower parts. The mean difference is 2 m. ; and, consequently, at the same time that the optic nerve is displaced by 3 m. towards the inner side of the cornea, it is displaced 1 m. towards the lower part of that membrane. 8. During the early years of life the various diameters do not differ in a very sensible manner, and attain a mean length of 20 or 21 m. This length is preserved to about 14 or 15 years, after which period the volume of the eye increases, and rapidly acquires its definite dimensions.

The *weight* of the eye is from 7 to 8 grammes.

The chambers of the eye.—The following is M. Sappey's estimate of the relative proportions of the different parts of the antero-posterior axis. From the concavity of the cornea to the concavity of the retina it measures 21·5, viz.—

Anterior chamber	2·3
Posterior ,, ...	·4
Crystalline body	4·7
Vitreous ,, ...	14·1
	21·5

In round numbers, if we divide the axis into three parts, we find the vitreous body occupying the posterior two-thirds, the crystalline and aqueous humour the anterior ⅓. Dividing this anterior third, the crystalline occupies the posterior ⅔, and the aqueous humour the anterior ⅓. Again dividing this last third into six parts, we find the posterior chamber occupies about ⅙ the anterior ⅚ of the space.

Gazette Médicale, 1855. Nos. xxvi. xxvii.

ON FLUOR ALBUS.

By Dr. BEIGEL.

From the examination of a large number of cases at La Charité, Berlin, Dr. Beigel arrives at the following conclusions :—1. The secretion of the uterus is always slightly alkaline, that of the vagina and urethra acid, and that of the Duverney glands neutral. If the secretion is found sometimes acid and sometimes alkaline, this depends upon whether the uterus or the vagina furnishes the largest share. The discharge is, however, almost always sour, as the acid reaction of the vaginal secretion is too considerable to be neutralized by the uterine fluid. It is impossible to declare the infectious or inoccuous character of the discharge from its acidity or alkalescence. 2. Great viscidity (*Zähhigkeit*) of the secretion indicates that it is uterine. 3. Milk-white secretion, that is, not viscid or filiform, denotes simple vaginal catarrh. 4. A puriform condition results from acute or chronic gonorrhœa, but may also depend upon other conditions. In the first case, the urethra and Duverney's glands are especially affected, but not so in the others. 5. The microscope enables us to distinguish whether the discharge proceeds especially from the uterus or the vagina, and also, whether it consists merely in an increased separation of epithelial cells (simple catarrh), or is accompanied by the formation of pus cells (blenorrhœa). 6. The author has carefully sought for, without ever finding, the trichomonas vaginalis, which Donné states to be characteristic of infecting fluor albus ; but the changed epithelial cells, enclosed in tough mucus, bear a great resemblance to the figures he has given.—*Monatsch. für Geburtsk.* Band V. 459.

ON EXCESSIVE VOMITING DURING PREGNANCY.

By Dr. CASTAYA.

In an interesting thesis upon the non-coercible vomiting of pregnancy, and especially in relation to the induction of artificial delivery, M. Castaya has collected 58 cases that have been published by various authors. He distributes these, according to their mode of termination, into 5 groups :—1. Cases which proved fatal (24), without abortion occurring, and notwithstanding every variety of treatment. 2. Cases of recovery (11), after spontaneous abortion, or after the infant had died, although its expulsion was some time delayed. 3. Cases of recovery (3), without spontaneous abortion. 4. Fatal cases (3), notwithstanding spontaneous abortion ; this occurring too late to be of avail, the patient's powers being exhausted. 5. Cases of artificial abortion (17). These are subdivided into two groups, successful (14), and unsuccessful (3). In three cases, pregnancy was sufficiently advanced to admit of a living child being born, as well as of the mother's life being saved. Thus, in 58 cases, we have 30 deaths, and 28 recoveries. Of these last, 11 cases were due to spontaneous abortion, 3 to the medicines employed, and 14 to the operation.

Gazette des Hôpitaux. 1855. No. LXXXV.

FOREIGN CORRESPONDENCE.

FRANCE.

[From our Paris Correspondent.]

PARIS, Sept. 18, 1855.

SIR,—According to your request I send you to-day the first of a series of letters upon the Medical news, discoveries, and discussions, which appear to me to be most likely to interest your readers.

This is a dead season for the Clinics in the Hospitals, so that for some time I shall have little to say of what occurs there. But this is not the case with the learned societies, some of which are now very active, almost as much so as in the winter.

At the Académie des Sciences many interesting communications have recently been made. M. Figuier has read a

third paper against the theory proposed by Prof. Claude Bernard, as regards the production of Glucose by the liver. M. Figuier states, that if glucose is not usually found in the blood of the portal vein in dogs fed only with meat, it is not because this kind of sugar does not exist there, but because there is an albuminoid substance in this blood which prevents the yeast from producing fermentation with the glucose. M. Figuier affirms, that fermentation takes place when this albuminoid substance has been destroyed by sulphuric or nitric acid.

I will merely say, with regard to M. Figuier's researches, that they are in opposition to quite recent researches of Prof. Lehmann, who has found, like Prof. Bernard, that, in dogs fed with meat, there is no glucose at all in the blood of the portal vein, while this substance exists in a notable quantity in the hepatic veins. Prof. Lehmann has also found that the quantity of albumen is less in the blood of these veins than in the blood of the portal vein, and he believes, therefore, that Prof. Bernard is right in admitting that the liver produces glucose with albuminoid substances.

M. Mariano Semmola has communicated to the Academy a very interesting paper upon a new disease, the principal symptom of which is the secretion of glucose by the skin. As yet only one case has been observed, and the patient has been cured. Among the circumstances recorded by M. Semmola, I will point out the following:—1st. The quantity of sweat was very great (70 grammes every hour; about 3½ lbs. a-day); 2nd. The average quantity of glucose was two-hundredths of that of the sweat, and the nature of the food had no influence on the amount of glucose; 3rd. The quantity of urine was notably less than usual, and very much less than the amount of liquids taken; 4th. Glucose was not always found in urine. It existed there when part of the food was feculent, but it disappeared completely when the alimentation was exclusively composed of nitrogenized substances.

A paper presented to the Académie des Sciences by Dr. Bérigny mentions a curious fact about Ozone. This substance has not been found in the atmosphere of the wards of the Hospital at Versailles, while, at the same time, it was found in the outside atmosphere, near the Hospital. I ought to say that the windows of the Hospital were wide open, and that Dr. Bérigny is a scientific man, on whom we can rely.

Dr. Schiff, of Frankfort, who, some time ago, discovered that curious alterations take place in certain cases of paralysis,—writes to the Academy, that he has just found, in birds, after the section of the trigeminal nerve, the osseous plates of the sclerotic become larger, thicker, and denser.

At the Académie de Médecine, nothing very important is going on. It is the custom for Physicians in France to send their most important papers to the Académie des Sciences, and what is most interesting at the Académie de Médecine generally does not consist in communications made by the members or strangers, but in discussion on some important questions. Since the long, animated, and sometimes very passionate discussions which have taken place in this learned society, about the diagnosis and treatment of cancer, this society appears to have lost its activity. The only communition worthy of notice is a report of Dr. Robinet on the treatment of hæmorrhoids by the capsicum annuum. This plant is employed either in powder (dose from ½ a gramme to 3 grammes a-day) or in extract (¾ of a gramme.) It is said that in some fifty cases a cure has been quickly obtained, when hæmorrhoids were at the period of exacerbation.

At the Société de Biologie, which is now, both in a scientific and practical point of view, one of the most important Medical societies in Paris, many interesting communications have recently been made. I will to-day mention only some of them:—

A man was brought lately to the Hospital after having received slaked lime in his eye, and Dr. Gosselin saw him ten minutes after the accident. The cornea, already, had a remarkable opacity. No suppuration occurred, and the transparency of this membrane was restored in a few days under the influence of a mode of treatment discovered by M. Gosselin in the following experiments. He threw slaked lime on the eyes of animals, and he saw that, contrary to what is admitted to take place in such a case, there was no inflammation produced. A sudden opacity appeared, resulting merely from the introduction of the lime between the elements composing the tissue of the cornea. M. Gosselin found that a solution of many acids was able to restore transparency; but that frequently a suppurative inflammation was the consequence of the irritation produced by the acid. *Eau sucrée* (sugar and water) gives much more satisfactory results: it destroys the opacity in a very short time, and never causes any inflammation. The man, above spoken of, had his eye washed with *eau sucrée*, and, in three days, the opacity of the cornea had entirely disappeared. I have seen M. Gosselin performing with success, in presence of the society, the experiment of restoring to transparency the opaque cornea of a dog's eye.

Dr. Charles Robin has shown to the society a mass of hematoidin, as large as a hazel nut, which he has found in the liver of a man. This mass, which I have seen, was of a fine vermilion colour, and the microscope has proved it to be composed merely of crystals of hematoidin.

Blue sweat is not a very rare occurrence, and, in cases of cholera, it appears to have been found many times by some Physicians, among whom is Dr. Gubler; but red sweat is certainly more rare. Mr. Leconte has shown to the society two pieces of cloth, coloured red by the sweat of a young gentleman, who appears to be in perfect health. M. Leconte intends to make a chemical analysis of this strange sweat.

During the last three months there have been many cases of scurvy, particularly among soldiers. I have seen some men dying of this strange disease in the wards of Dr. Tholozan, at the Hospital Val de Grâce. Many interesting facts, as regards the symptomatology of scurvy, have been found by Dr. Tholozan, and I propose giving a notice of them in my next letter.

Cholera appears to be stationary in Paris and Marseilles. There are about 20 or 25 cases admitted every day in the Paris Hospitals.

A curious affection exists now in horses in Paris. It is characterized principally by an enormous amount of urine, whence its name of Polyuria.

The International Congress of Statistics is now in session in Paris. Its Medical section has elected for President, Dr. P. Royer; for Vice-Presidents, Dr. W. Farr (of London) and Dr. Berg (of Stockholm); and for Secretaries, Drs. Tholozan and Parchappe. Great Britain is represented in this section by Messrs. Balfour, Barnes, J. Brown, Chadwick, Greenhill, Farr, Johnson, and Lord Ebrington.

The Earthmen have been exhibited at the Académie de Médecine.

A Physician of some celebrity, Dr. Louis Gondret, has recently died in Paris.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, September 22.

BRITISH ASSOCIATION.

The continuity of my communications has been necessarily interrupted by my attendance at the meeting of the British Association. I might have sent you a narrative of the proceedings there; but, as they will be fully reported, they would scarcely have justified the labour it would have cost, when away from home, and occupied with meetings all day.

The meeting in Glasgow has been a thoroughly successful one. The appearances of the Duke of Argyll as President were admirable. His opening speech seemed to me a model of what such compositions should be, and as Chairman at the concluding festivities he gave universal satisfaction.

Though the physiological sub-section was not devoid of interest, I found myself much oftener in the chemical and geological. The former naturally made a great show, as might have been expected in a manufacturing city.

One of the most interesting addresses was that of Colonel Rawlinson, when he detailed the manner in which the cuneiform writing had been discovered. This, however, scarcely comes under the scope of a Medical Journal.

The excursion to Arran on Thursday was delightful in the extreme, and showed the entire satisfaction of the distinguished strangers with all the proceedings and arrangements at Glasgow.

On my return here, I found the engrossing subject of conversation to be the

VACANT MEDICAL CHAIR.

Various conjectures might be formed as to the probable issue of the contest. At present they would be premature. One thing is certain, that there are good candidates in the field, and that, whoever is successful, the chair will probably be well filled.

GENERAL CORRESPONDENCE.

THE ISLINGTON NUISANCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—The energetic steps which have lately been taken to expose the Islington, nuisances have already effected a certain amount of good, and there can be little doubt that the continued exertions of the public press will finally prevail in causing their removal. But it is quite in vain to publish vague descriptions of these abominations, unless it is clearly pointed out who are the parties responsible for their continuance, and who have the power of suppressing them. Having consulted the recent Act of Parliament on the removal of nuisances, I think that there is no doubt whatever that the Trustees of Islington have the full power of cleansing the filthiness of Belle-Isle; but those who are acquainted with these persons and their proceedings, know perfectly well that they will not take any steps until they are compelled to do so by the overwhelming voice of public opinion. It is a matter of regret, but no less true, that the "dirty" party (as Lord Palmerston styles the enemies of sanitary reform) are in a majority at the Board of Trustees, and they have consistently opposed every suggestion for hygienic improvement. You are not, perhaps, aware that the Mr. Ede, to whom you refer in your Number of the 15th instant, has long defended the Belle-Isle nuisances, in opposition to the whole of his professional brethren, and to the infinite disgust of thousands of the inhabitants; and if there previously existed any doubt as to his championship, it must be dispelled by his own letter, published in the *Times* of the 20th instant, in which he distinctly owns "the soft impeachment." It seems that the same gentleman has lately been promoted to the office of chief Medical adviser to these same Trustees, probably as a reward for his services in opposition to Sanitary Reform. I know, as a fact, that when, a year or two since, elaborate reports were made as to the unhealthy condition of Belle-Isle by Medical gentlemen of character and respectability, their recommendations were ignored on the evidence of the same party who now enjoys the favour of the Trustees. I can corroborate every word of the letters written by your other Islington correspondents. I am, etc.

A SURGEON IN ISLINGTON.

OVUM IN OVO.

[To the Editor of the Medical Times and Gazette.]

SIR,—I read with much interest Dr. Wilson's account of the "ovum in ovo," which came under his notice, inasmuch as I experienced a similar occurrence some years ago, when I explored a hen's egg which had been boiled for breakfast. The spoon, to my astonishment, came down upon a hard substance, which turned out to be a small egg within one of ordinary size. The smaller end of the contained egg was closely apposed to the inside of the smaller end of that in which it was enclosed; the long diameters of each were, consequently, in the same direction.

It is important, I think, that Dr. Wilson noticed the reflection of the lining membrane of the large egg over the small one, as it tends to confirm the opinion I had formed as to the mode of ingress.

We know that hens, after having hatched a brood, when they recommence laying, will produce eggs sometimes of very small size; one in my possession, from a large black Spanish hen, does not exceed in magnitude that of the "missel thrush." We know, too, that the calcareous deposit of the shell is secreted only in the inferior portion of the oviduct. If one of these small eggs, having descended and obtained its shelly coating, should happen to be followed by one of normal size, having no calcareous envelope, the "membrana putaminis" might yield to any pressure with which the hardened egg would be forced against it, and thus the smaller one might be thrust into the larger. Supposing ingress to be thus effected, it becomes a question whether the vitality of the structures is such as to admit of absorption under pressure, or whether the smaller egg obtains entrance by the laceration of the membrane of the larger, and the consequent displacement of a portion of its contents; calcareous deposition would go on afterwards upon the surface of the larger egg, and complete it.

I am, etc. ISAAC BYERLEY, F.L.S., M.R.C.S., etc.

Seacombe, Cheshire, September 19, 1855.

CAUTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—The *Admiralty Circular*, of 16th July, very properly says, that all Assistant-Surgeons are to mess in the wardroom. It should have also said that every Assistant-Surgeon was to have a separate cabin, but the words of the Circular are:—"Cabins are to be assigned to Assistant-Surgeons, *whenever the Service will admit.*"

If the words I have put in italics had been omitted, the sentence would have been well enough, but the old cloven foot discovers itself in that damning clause. This offensive clause keeps still open the door for injustice and petty spite to be shown to Assistant-Surgeons, as it enables any disagreeable captain to say that the "Service does not admit of the cabin being assigned," while, at the same moment, he probably assigns it to his steward or servant, or for an additional pantry for himself, in which to accommodate valuable specimens of cold meat, the private property of Pompous Greatness, Esq., Captain of Her Majesty's Ship *Uncomfortable*, of no end of guns.

But, joking apart, it is much to be regretted that the Admiralty have not come down in a more handsome manner. The cabin question is not in a much better state than it was before the Circular was issued.

While the Admiralty have their hand in, there is another Circular much required, namely, one to say that Surgeons and lieutenants are to rank with each other, according to the dates of their respective commissions. By the present mode Surgeons rank "with—but—after" lieutenants! So that an old Surgeon, who is often serving at the age of 65, in choosing accommodations, etc., comes in after the youngest lieutenant, who is frequently no more than nineteen.

In their comparative position which the Admiralty assigns them with Surgeons, an alteration requires to be made respecting chaplains and engineers. Surgeons, lieutenants, masters, marine captains, chaplains, paymasters, and chief engineers, should rank with each other, according to the dates of their respective commissions.

Young Medical men, while meditating as to whether they will enter the Navy, or choose a more agreeable kind of life, should view the position not only of the Assistant-Surgeons, but also the many disadvantages and discouragements of the full Surgeons. I am, etc.

September 4, 1855. HOPELESS, R.N.

"THE MELANCHOLY SUICIDE OF A RESPECTABLE QUAKER LADY AT PECKHAM."

[To the Editor of the Medical Times and Gazette.]

SIR,—Permit me to correct an error in your number of September 15, into which you have unwittingly fallen, by the misinformation of one of your correspondents.

The paragraph headed as above made so forcible an impression upon my mind from its entire unlikeliness, that I determined at once to investigate the whole affair. Judge, then, my surprise at discovering that this startling announciation, like "the baseless fabric of a vision," immediately vanished into an airy nothing, and "left not a *wrack* behind." Such an occurrence, happily, never had transpired—no "respectable Quaker lady" had committed suicide.

In prosecuting my inquiries, it appeared to me just possible that it might have arisen from some strange and unaccountable distortion of the following circumstance:—

A female, who many years ago had lived in the capacity of cook in the family of a member of the Society of Friends, had, I believe, put an end to her existence by swallowing

some arsenic; but I am informed, upon unquestionable authority, that this individual never made the least profession of a Friend, either in her appearance, or by her attending the Friends' meetings for worship.

Now an error so grave and serious, publicly put forth in your widely-circulated periodical, is calculated to create much mischief and alarm in the minds of those who may have relatives and friends residing in that locality, and therefore should at once receive the most public and unqualified contradiction. I am, etc.

Enfield. GEORGE KITCHING, M.D.

HOSPITAL PROSPECTUSES.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your ample information on this subject in your last paper must satisfy all. Will you give me a place for a line upon the matter?

As the expense of a Medical education is, to many, heavy, how careful should the lecturers be in practice to show their preference for qualified, over unqualified men. But this is not always the case. I knew a Hospital Lecturer and Surgeon, a short time since, who, having been summoned from a distance to an accident, when he arrived, took no notice of the qualified man who had sent for him, but addressed himself to a man who was member of neither College nor Hall, and, on departure, left the case in his hands.

Should it be said the young men are taught ethics by the parson, may it not be answered, that example is more powerful than precept? I am, etc.

FAIRPLAY.

SMOKE NUISANCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—An article in your Journal of the 14th ult., headed "Smoke," has been brought under my notice. I have perused it with due attention, and find it written with a true conception of the subject, and a seeming earnest desire, on behalf of the public, to elicit the truth; it consequently becomes the duty of every one, who possesses ability, to assist so praiseworthy a pursuit, and thereby contribute to the health and comfort of the community at large.

In the case now under consideration, the grand domestic *desideratum* is what you emphatically describe it to be, "a cheap, simple, and easily-applicable contrivance for giving us a bright and *pokeable*, and at the same time, very smokeless fire." The word *pokeable* (although, perhaps, of recent coinage) strikes upon my ear pleasurably, expressive of independent fireside comfort. The poker, tongs, shovel, and even the coal-scuttle, seem natural and indispensable appendages to the social hearth, and may at times be found serviceable; for, although a well-arranged fire-place, and a properly-constructed grate require little or no absolute use of the poker, yet there are some among us who seem to feel a sort of irresistible enchantment in the exercise of that old-fashioned instrument. Why, therefore, should such an indulgence be prohibited, if attended by no other mischief than a trifling unnecessary waste of fuel? The nursery also, and the industrious housewife, ought not to be deprived of their useful hob, made level with the top bar of the grate, for the convenience of placing a kettle, or for little culinary purposes; nor should that indispensably useful individual, the laundress, be subjected to a loss of one-half of the radiant heat that might be obtained from her hard-earned handful of fuel. The health, also, of that person whose occupation confines him to an official room for six, seven, or more successive hours in each day, should be particularly cared for. Why should he be doomed to inhalation of impure air, if, at no extra cost, his room may be ventilated and warmed agreeably to his feelings, or the requirement of his constitution? There is one circumstance which might well create surprise: it is the seeming apathy of wealthy occupiers of handsome drawing-rooms, in submitting to their fire-places being pinched up and disfigured by an unmeaning *façade* of clumsy, unsightly appearance, with a grating somewhat similar to the mouth of a furnace, affording, as you properly observe, "a dull and joyless fire." This "dull and joyless" effect is principally owing to the admixture of useless and injurious matter with the fresh coal, instead of such refuse falling naturally under the grate; then again, the ignition of the fuel wholly depends upon a partial rush of cold air in front of the grating. The proper supply of air to the fuel, in a well-constructed fire-grate, may aptly be compared to that regular and continuous supply obtained from a double-action bellows of an organ, and the simile may, with propriety, be carried still further, by supposing every particle of coal to resemble the pipes of the organ, which are so supplied with air as instantaneously to produce the required sound; so, also, in the instance of fuel, the supply of properly tempered air would cause ignition at the instant the gas issues from the smouldering coal, producing a brilliant flame, which would continue until the coal is coked to a red heat, without any loss of the valuable ingredients of which the coal consists.

The foregoing remarks have altogether, for several years, occupied my serious consideration, and although, after all that has been written, spoken, read, and heard upon the smoke question, and the doubts that still exist relating to domestic smokeless fires; I say, although it may seem to betoken a slight indication of insanity, I nevertheless have no hesitation in asserting that the desired object has been, and may, without difficulty, be achieved at comparatively small expense, trouble, or inconvenience; not, however, by any recent invention, or new-fangled mechanical scheme, but by unerring natural means, the experience of many years. The facts may be thus briefly narrated:—About the year 1825, a fire-grate was invented for the sole purpose of regulating the temperature of rooms at pleasure, and was manufactured only for private use. It was one of the articles in the printed catalogue of new inventions relating to building, etc., exhibited under the auspices of the London, Surrey, and Kent Safety Brick Company in the year 1833. A specimen of this grate was presented to the Institute of British Architects in the year 1834, and on the same evening a paper was read by me upon the subject of Chimney Ventilation, with reference to this grate.

On the Smoke question being mooted, it occurred to me that this grate possessed requisites for the prevention of black smoke, besides the means of arriving at the comforts and conveniences hereinbefore alluded to. The invention has neither been patented nor registered, nor noticed in any newspaper advertisement, nor is it one of the fifty-six contrivances proposed to the Board of Health, those contrivances being for the improvement of furnaces, whereas that now offered for notice is for domestic purposes only. It is gradually finding its way into general use, apparently by its merit alone; for, in appearance, it has little pretension beyond neatness and evident utility, being divested of all intricate machinery, in the shape of levers, valves, rackwork, etc.

It is unreasonable to suppose (notwithstanding daily deceptive advertisements) that a cowl or cap placed on the top of a chimney can remove an annoyance caused by a badly-constructed or improperly-fixed grate; and it is equally unreasonable to imagine, that any grate or other application at the fire-place, or lower part of a chimney, can be a perfect and permanent remedy for a defective top or outlet of that chimney. A room cannot be constantly and healthily ventilated, if its chimney has been so absurdly built as to generate and contain condensed air, and has not a perfect, natural, and unobstructed vent or outlet. You have compared human beings to furnaces; your comparison may in idea, therefore, extend also to dwelling-houses and their chimneys. The ill effects of mismanaged chimney-building may, with certainty of success, be remedied by the application of a terminal smoke-vent, the invention of which is coeval with that of the grate.

The period is even in my recollection when the annoyance of smoke was rare, although no tall funnels, or unsightly, dangerous monstrosities disgraced the tops of chimneys as at present. I have watched with attention the progress of innovation in the construction of flues and chimney-tops, and have had frequent cause to regret my inability, single-handed, to arrest the career of ignorance and impolicy, sadly mistaken for economy, as it finally results in a larger expenditure.

As an architect, deemed (in these railroad times) one of the "old school," I may be excused for maintaining an opinion, that considerable benefit would be experienced, both private and public, if, in the planning and constructing chimneys, builders would display more science of, or attention to, those plain but unerring laws of nature which govern the action of air. The legislature, also, might not in that case be so misguided as to enact laws tending to sanction and encourage, rather than

correct or prohibit, the present erroneous system of chimney-building.

In conclusion, I may be allowed to observe, that no one can be more capable of properly appreciating comfortable warmth and wholesome ventilation, than the individual who is in the constant enjoyment of them; I write, therefore, as one skilled by experience, and subjoin an outline of all I consider desirable or needful for obtaining those healthful requisites, and which may partially or wholly be placed, at a small cost, within the reach of every one, and at the same time realize your idea of a "bright, *pokeable*, and smokeless fire."

Each habitable apartment should have a chimney opening proportioned to the area of the room, and to receive a properly-contrived grate; also a vent or flue of proper construction and proportionate capacity for conveying away useless unconsumed gas, etc., commonly called smoke. This simple combination is aptly termed a suitable fire-place, from which salubrious comfort may confidently be expected. From the first ignition of fuel, gaseous vapour, with the lighter portions of other impurities arising from combustion, will, at the instant they are generated, be conveyed away by the vent or flue, while the pure rays will dart forth from the consuming fuel, imparting warmth to every object opposed to their course, and by reflection distribute their divided genial influence in all directions, until every part of the room, and every thing contained in it, acquire a degree of heat which each object again communicates to the air around, and thus the general temperature is raised, and may be regulated, congenial with the feeling or requirement of the occupier, whose spirit being naturally incited by the cheerful lustre of the refulgent flame, acknowledges the comforts and enjoyment of "an Englishman's fireside." I am, etc.

September, 1855. OCTOGINTA QUATUOR.

[We should have been obliged if our Correspondent had specified what he considers to be a "properly contrived grate," and what are the proportions suitable "to the area of the room."—ED. *M. T. and Gazette.*]

THE WAR.

ENGLISH KILLED AND WOUNDED AT THE REDAN.

THE full lists of the killed and wounded at the Redan on the 8th, were published in an *Extraordinary Gazette* last night. Our casualties have been as follow:—29 officers, 36 serjeants, 6 drummers, 314 rank and file, killed; 124 officers, 142 sergeants, 12 drummers, 1608 rank and file, wounded; 1 officer, 12 sergeants, 168 rank and file, missing. Total—Killed, 385; wounded, 1886; missing, 176—2447.

FRENCH LOSSES AT THE MALAKOFF.

Our Allies have 5 generals killed, 4 wounded, and 6 contused; 24 superior officers killed, 20 wounded, and 6 missing; 116 subaltern officers killed, 224 wounded, and 8 missing; 1489 sous-officiers and soldiers killed, 4259 wounded, and 1400 missing. Total French loss, 7551.

Camp before Sebastopol, September 9.

Sir,—I have the honour to enclose a return of casualties in the attack on the Redan yesterday; and I have much satisfaction in being able to state that nearly the whole of the wounded were brought in in the course of the afternoon and early part of the night, accommodated either in their own Regimental Hospitals or in the General Hospital in camp, and their injuries promptly and properly attended to by the Medical Officers. Those men who fell wounded too near to the enemy's works to admit of their removal were brought in early this morning, as well as such wounded Russians as had been left in the Redan by their countrymen.

The list of casualties, though numerous, is not of so serious a character as that of the 18th of June, and I hope many of the wounded will soon be restored to the ranks.

The ambulance conveyance, under Captain Pigott's orders, was efficiently conducted, and I have much pleasure in bearing testimony to the care and steady conduct of the drivers in the execution of their duty.

Of the skill and attention of the Medical Officers, both Staff and Regimental, as well as of those gentlemen who had volunteered their services from the Civil Hospitals at Smyrna and Renkeoi, and from the General Hospital at Scutari, I cannot speak too highly; and I beg to bring under your notice Dr. Alexander, Deputy Inspector-General of Hospitals; Dr. A. Gordon, Staff-Surgeon, first class; and Dr. Monat, Staff-Surgeon, first class; for their able Professional aid and zealous exertions in providing for the wants of the wounded, the two former in the Light and 2nd Divisions, and the latter in the General Hospital in camp. I have, etc.

J. HALL,
Inspector-General of Hospitals.

General Simpson, Commanding-in-Chief.

The *Times'* Special Correspondent says:—No less than 964 men were wounded in the Light Division, and it is most creditable to the Medical Officer in charge, Dr. Alexander, and to his Surgeons, that all these men were comfortably in bed, and had their wounds dressed and their wants attended to, by eight o'clock the same evening. The loss of officers in Windham's Brigade, and in the portion of Warren's Brigade, which moved to his support, is equally severe. The loss in the two brigades of this division is not less than 790 men. The whole loss cannot be estimated at less than 2200 or 2300 men.

HEALTH OF THE ARMY IN THE CRIMEA.

IN transmitting the usual state of sick for the week ending September 1st, 1855, dated, Head-Quarter Camp, before Sebastopol, the Inspector-General of Hospitals remarks:—

It is gratifying to be able to state that the sanitary condition of the army at large is satisfactory, and, with the exception of the newly-arrived regiments, that cholera has nearly disappeared.

Febrile affections have not increased, either in frequency or severity, nor have diarrhœa and dysentery. Wounds are nearly the same as last week.

The following abstract will show what a close approximation there is between this and the preceding week under particular heads of disease; but, the strength of the army having been increased, the ratios of admissions and deaths to strength, as well as the proportion of sick to well, are lower.

	This Week.		Last Week.	
	Admitted.	Died.	Admitted.	Died.
Fevers	515	15	533	13
Diarrhœa	692	10	688	9
Cholera	65	40	74	51
Dysentery	159	5	161	4
Wounds	418	46	481	45
Other diseases	526	3	497	4
	2375	119	2434	126

The ratio of admissions to strength has been 5·12 per cent., and the deaths to strength 0·25 per cent. Last week they were 5·39 and 0·28 per cent. respectively.

This week, the proportion of sick to well under treatment is 11·13 per cent. Last week it was 12·37 per cent.

The Cavalry Division has a heavier sick-list at present than any other Division in the Army, and it has suffered more from cholera. The 1st Dragoon Guards, 6th Carabineers, and 10th Hussars have been chiefly affected.

The two first regiments have just arrived from England, and the 10th came from India not long ago.

The 1st Dragoon Guards and Carabineers were encamped in the lower part of the valley in front of Kadekoi on their arrival; but within the last few days they have been removed to higher ground, but, as yet, without much marked benefit to the 1st Dragoon Guards. The Carabineers are not suffering quite so much.

The 10th Hussars occupy high ground between the valleys of Kadekoi and Karani, and yet they have not escaped sickness.

With regard to cholera, which we are inclined to localize and ascribe to the impurities of camps, the three regiments of Cavalry first quoted may be adduced as instances of discrepancy between theory and actual experience. The 1st and 6th Dragoons are encamped in an open space away from the contamination of the Cavalry Camp, and the 10th are elevated above it, on high, dry, and apparently unexceptionable ground. Another curious instance has occurred this week in the Third Division, of the erratic nature of cholera. The Third Division is as much concentrated in camp as any other,

and, of course, exposed to all the local disadvantages of such a position. During the present week, 10 admissions and 4 deaths from cholera took place in it, but 7 of the admissions and 3 of the deaths occurred in the detachments of the 39th and 89th regiments, employed as a guard for the collection of forage in the Baidar Valley, at least twelve miles away from camp.

TWENTY-FIFTH MEETING OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

The Glasgow Meeting of the British Association has now come to an end—with its public breakfasts, excursions, dinners, sectional labours, lectures, and evening assemblies. A *conversazione* was held on Thursday night. Friday evening was devoted to a lecture by Dr. Carpenter, "On the Characters of Species." He decided species to be groups of individuals which either have, or may have had, the same common ancestry; and showed how specific distinctions are formed by the study of a number of individuals maintaining certain invariable characters. On Monday morning a meeting was held to fix upon the next place of meeting. Eventually a division took place, which resulted in favour of Cheltenham, by a small majority. The following office-bearers were then elected for the ensuing year:—*President*, G. R. Daubeny, M.D.; *Vice-Presidents*, The Earl of Ducie, the Bishop of Gloucester, Sir Roderick I. Murchison, B. Baker, Esq., the Rev. F. Close; *Secretaries*, Captain Robertson, R.A., R. Beamish, Esq., W. Hugall, Esq.; *Treasurers*, J. Webster, Esq., J. A. Gardner, Esq.

Among some most interesting matters brought forward we can only briefly allude to what belongs more legitimately to our province.

Section B.—Chemical Science.

Baron Liebig handed in for inspection a large bar of the new and interesting metal Aluminium. After some remarks from the President respecting the source and some of the remarkable properties of this metal, Dr. Daubeny mentioned that he had in his possession a set of small analytical weights made from this metal, which is peculiarly adapted to this purpose, owing to its great specific lightness. Dr. Playfair mentioned an interesting property of the metal aluminium—its resonance, which was evident to the whole Section. Papers were read

"On the Chemical Changes undergone by Artificial Sea Water after ten months' use in the Marine Vivarium," by Professor G. Wilson.

"On the Polar Decomposition of Water by Frictional and Atmospheric Electricity," by Prof. Andrews. The author having drawn attention to the fact that water had never been decomposed by the action of the common friction electricity, so as to collect the gases and exhibit them at the opposite poles, stated that the cause of the failure of the experiment was the solution of the gases in the mass of the liquid. By fusing platina wires in thermometer tubes this difficulty is avoided, and the gases may be then obtained and collected with the same facility as in ordinary eudiometric experiments. By arranging a series of such tubes, the operations may be almost indefinitely repeated. On raising an electrical kite the author succeeded in obtaining the polar decomposition of water by atmospheric electricity. The observations were made in fine weather, when the atmosphere was not usually charged with electricity. Although the gases were easily collected and measured, from the delicate form of apparatus employed, the quantity of water decomposed in this case amounted only to one 700,000th of a grain in the hour.

"On certain Laws observed in the Mutual Action of Sulphuric Acid and Water," by Mr. B. Stewart, in which reference was made to the existence of another new hydrate of sulphuric acid.

"On the Phosphorescence and Composition of Plate-Sulphate of Potash," by Professor Penny.—The subject of this paper is a chemical product from kelp. It is called plate-sulphate of potash, from the circumstance of its being crystallized in thick plates or slabs, consisting of the aggregate layers of successive crops of crystals. Beautiful specimens of the salt, supplied by Mr. Paterson, one of the most extensive manufacturers of kelp products in Glasgow, were exhibited to the Section. There are several points in the chemical history of this salt possessing a high degree of scientific interest. The principal points alluded to by the author of the paper were, first, the peculiarity of the process by which it is obtained in slabs or slates; second, the brilliant phosphorescence of its crystals at the time of their formation; and third, its remarkable composition. The mode of obtaining it was fully explained, and the various circumstances that influence the emission of light from the salt, at the time of crystallizing, were minutely described.

Section C.—Geology.

"On the Probable Maximum Depth of the Ocean," by Mr. W. Darling.—Mr. Darling propounded the theory, that, as the sea covers three times the area of the land, so it is reasonable to suppose that the depth of the ocean, and that for a large portion, is three times as great as the height of the highest mountains.

"On the Meridional and Symmetrical Structure of the Globe, its Superficial Changes, and the Polarity of all Terrestrial Operations," by Mr. E. Hopkins.—Mr. Hopkins's paper was illustrated by maps and diagrams, including a section, on a large scale, of the Cordilleras, from the plains of the river Meta to the shores of the Pacific Ocean. Among other speculations he said that, nine thousand years ago, the site on which London now stands was in the torrid zone, and, according to perpetual changes in progress, the whole of England would in time arrive within the arctic circle. The views of the expositor were strongly controverted by Professor Ramsay and Professor Nicol.

Section D.—Zoology and Botany.

The President, on taking the chair, alluded to the loss the Section had sustained in the deaths of the late Professor Edward Forbes, Dr. Landsborough, Dr. Johnston, and Mr. Dillwyn. He also pointed out the almost universal neglect of Zoology as a distinct branch of science.

"Remarks on the Effects of Last Winter upon Vegetation at Aberdeen," by Dr. Dickie.—The lowest temperature was recorded on the 15th of February, viz., minus 1° of Fahrenheit's Thermometer,—the mean temperature of the entire month having been 26·8° Fahrenheit. The effect of such severe frost was very considerable on many plants which for several years previously had been in a thriving condition, and were supposed to be sufficiently hardy to entitle them to a place among species fitted for the garden or the forest. Among wild plants the influence of the low temperature was most obvious upon whin and broom, which in exposed places were killed down to the part covered by snow, and, in not a few instances, as far as the ground. Respecting the exotic trees and shrubs reported as either materially injured or totally destroyed, it would be rash to infer that this indicates their inability to resist low temperatures under any circumstances. In every instance it was observed that the destruction was greater in low than in high localities, and this even in the same garden. The effects of last winter in different parts of the United Kingdom has demonstrated that a temperature approaching zero of Fahrenheit occasions almost irreparable damage to many introduced species; and that even some indigenous plants are liable to periodical destruction of all the part above the soil.

The Rev. H. Higgins stated, that the effect of the late severe cold had been to cause many plants to flower and fruit which did not usually do so. He also observed, that, although it had been anticipated that the severe cold would destroy all insect life, during this summer there had been an unusual number of insects produced.—Mr. N. B. Ward stated, that cold acted upon both plants and animals much more during a wind than when the air was still. Hence, in his cases plants grew much better at the same temperature than in the open air.—Mr. Dawson, of Nova Scotia, observed that, in America, winters with alternating frost and thaw were much more destructive of life than continuous cold.—Professor Allman gave an account of the effects of cold at Dublin. He thought the same species of plants were more patient of cold in northern than in southern situations.—Dr. Fleming drew attention to a well-known fact, that wind deflected from a wall was much more destructive in its effects than a direct current of air.

Prince Charles Lucien Bonaparte wished to impress upon naturalists the importance of studying living animals. Un-

fortunately most of those who described animals, described them from stuffed specimens: hence the same animal was described over and over again with different names, and great confusion was introduced into science. It was useless to lay down any positive law for making species, for there were no mathematics in natural history.

"Report on the Recent Additions to our Knowledge of the Zoology of Western Africa," by Mr. A. Murray. A number of new fishes had been received from Old Calabar, the most interesting of which was an electric fish, a Silurus, the *Malapterurue Beninensis*. Mr. Thomson says, that its electrical properties are made use of by the natives as a remedy for their sick children. The fish is put into a vessel of water, and the child made to play with it; or the child is put into a tub of water in which several fishes are placed. It is interesting to find a popular scientific remedy of our own anticipated by the unlettered savage. Mr. Thomson also mentioned an instance of the electric power of this fish, which may be worth mentioning. He had a tame heron, which, having been taken young, had never had the opportunity of searching for and choosing its food for itself. It was fed with small fishes; and on one occasion there happened to be a newly-caught electric fish among them, which it swallowed, but immediately uttered a loud cry, and was thrown backwards. It soon recovered, but could never afterwards be induced to dine upon Malapterurus.

In the Physiological Sub-Section of Section D. the following papers were read:—

"On the Law of Molecular Elaboration in Organized Bodies," by Prof. J. H. Bennett.

"On the Hand of the Paraguayan Man," and "On the Pelvis of a Giant Girl," by Prof. Retzius.

"On the Male of the Argonaut," and "On the Physiology of the Spermatozoa," by Prof. Kölliker.

"Observations on the Spermatozoa," by Prof. Allen Thomson.

Section E.—Geography and Ethnology.

Dr. Lancaster read the report of a committee appointed for drawing up a list of names of typical plants, animals, and minerals for the illustration of popular museums. The report contained suggestions for the fitting-up of museums, and lists of birds, crustacea, zoophytes, plants, and minerals to be used in illustrating the different forms of objects in nature.

Mr. Patterson exhibited a series of zoological diagrams which he had prepared at the request of the Government Department of Science and Art.

These diagrams excited much interest in the section.

Prince Bonaparte thought they were not quite up to the science of the day, and hoped Mr. Patterson would, in another edition, make alterations in accordance with Professor Owen's views of the classification of animals.

The Duke of Argyll suggested that Mr. Patterson should introduce into the series diagrams illustrative of the present views of naturalists with regard to the homologies of the skeleton of vertebrate animals, and also the general relations of the structure of the molusca and articulata.

"On the Skulls of the Ancient Romans," by Mr. J. B. Davis.—Three skulls were exhibited to show the high cerebral development. One of these skulls was found in a sarcophagus at York, and another under the Via Appia. The teeth of two of them were stained with verdigris from contact with the copper coin placed in the mouth to pay Charon, the ferryman to Hades. In one case, the fare, an obolus, was found beside the skeleton.

Mr. Cull added several interesting observations on the types of Anglo-Saxon and Celtic skulls, remarking that the round head which characterized the modern Irish was not the type of the ancient Celtic skull.

"On Celtic, Sclavic, and Aztec Crania," by Professor Retzius, of Stockholm.—He combated the phrenological view that high skulls betokened high intellect. He had gone into schools in this country, and uniformly observed, on looking around, that not more than one in a hundred could be found without the elongated skull and prominent occiput. The same thing was to be said of his native country, Sweden. There were some among the Swedes who had the short, high head, but it was always found that these persons did not resemble the native population, but had black hair, and were allied to the Finlanders or Laplanders. Phrenologists placed the Sclavonian in the Caucasian race; but if this were correct, anatomy was certainly of no use to ethnologists, for it completely contradicted that view. Professor Retzius then exhibited and described an Aztec skull, which he said was supposed to belong to the ancient Mexicans, and to be, at any rate, older than the Spanish conquest. Those skulls had much the same character as those of the ancient Peruvians, and came under the Mongolian type. These skulls were always small, but the chiefs, who may be regarded as the nobility, had elongated heads. The whole American people belonged either to the short-headed or the long-headed class, the former being found on the west side, and the latter on the east side, of the continent.—In answer to a question from a member of the Association, Professor Retzius stated that the Aztec, or ancient Mexican skull, was supposed to belong to the race which had left the gigantic remains of civilization which had been found in that country. In reply to another question, the learned Professor excused himself from pronouncing positively whether the long-headed or round-headed skull represented the highest intellect. There had been many eminent men among the Poles and Bohemians who belonged to the round-headed class; but it might be admitted on the whole, that the larger proportion of great men had the elongated skull.

Section F.—Statistics.

"On the Emigration of the last Ten Years from the United Kingdom, and from France and Germany," by Mr. W. Newmarch. Five hundred thousand persons had emigrated annually during the last five years from Europe to America, of which 300,000 went from England, and 200,000 from Central Europe. The population of Great Britain had increased 300,000 during this period, so that the entire increase of our population from natural causes had emigrated. This could not go on without materially interfering with the population and position of this country, although Dr. Farr thought it could do so. In ten years (1844 to 1854) the emigration to the United States had been 3½ millions; and the population of that country had increased 37 per cent., which was three time the rate at which our population increased.

"On the Physiological Law of Mortality, and on Certain Deviations from it, observed about the commencement of Adult Life," by Prof. Buchanan. The mortality was greatest in the first year by 40½ per cent. The security of human life is greatest at thirteen, that is, 5 in 1000 die. In the first month of life, 96 in 1000 die. In the first week of life the mortality is 240 per cent., that is, if that rate of mortality was to continue, the whole would die in five months. The mortality does not increase in a regular ratio, but it is from interfering causes. The mortality was very great at twenty-four, much greater than it was for some years after. M. Quetelet sdmits this, and sets the subsequent mortality at twenty-nine, and attributes this to the persons who are most violent at that age. The cause of increased mortality, about twenty-three, is probably the anxieties, fatigues, and dangers attending the entrance into life and the obtaining of a livelihood; and the mortality among this class is far greater than among those who were provided for by their friends, or have succeeded in making provision for themselves. The security of life among the labouring classes of provident habits, judging from the results by investigations in connexion with friendly societies, is shown to be greater than among the higher classes, who are comparatively destitute. In the life of clerks the minimum mortality was at 16, and the maximum at 23. This is curious, and is not easily accountedfor. The mortality decreases till 35, and then goes up in the regular way. In the life of plumbers, the maximum mortality is at the early age of 18; there is a declension, and then another maximum at 38; and the proportion then goes on regularly according to the ordinary law. The bakers' maximum is at 18; the mortality declines till 22. Female workers have an early maximum of mortality: at 10 it goes down till the age of 24; the maximum is at 28. In the cases of country labourers it was found that the advantages of open air and exercise were more than an equivalent for the advantages possessed by the wealthy for preserving health. In the Medical Profession, the maximum is about 24, when young men are overcome by the excessive labours undertaken to gain a position in life; the mortality becomes very much less as they become older and attain a comfortable position in life.

"On our National Strength, tested by the Numbers, the Ages, and the Industrial Qualifications of the People," by Mr. J. Yeats. The population of Great Britain in 1651 was computed to be 6,378,000. In 1751, 7,392,000=1,014,000.

increase in a century. In 1851, 21,185,000=13,793,000 increase in a century. The striking disparity in the ratio of increase for the two centuries is accounted for by the discoveries in the art of medicine, by a more general and more practical recognition than had previously existed of the laws on which the well-being of mankind depends. Between 1801 and 1851, the population of Great Britain increased 93·5 per cent.; that of Ireland, however, only 36 per cent. The increase in the United Kingdom has been 3 per cent. only, making it less than that of some of the old states of Europe. The people of Great Britain are neither infirm nor impoverished, yet the effective portion of the population seems at first sight very small. Of 21,185,000, the males, at the soldier's age, in 1851, amounted to 3,193,496. The Commissioners state in their report that there can be now no doubt that some of the 21,000,000 of people in Great Britain have lived a century, "which may therefore be considered the circuit of time in which human life goes through all the phases of its evolutions." The probable lifetime of a male at birth is nearly 45 years. The mean lifetime, or the average number of years that males live after birth in England, is rather more than 40 years (40·36 years), so that the majority of us live only about two-fifths of the years others attain to; or, may we not rightly say, two-fifths of our appointed time? Could the full period of existence be survived by all, that prolongation would be tantamount to more than doubling the present population. But while the average duration of life is 45 years in Surrey, it is only 25 in Manchester and Liverpool. It appears, too, that the population is now younger than it would be by the natural standard, younger probably in England and Scotland than in any country in Europe.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on September 20, 1855:—

Mornill, John, Cawston, Norfolk.
Roberts, James, Hitchin, Herts.

DEATHS.

Hughes.—September 24, at 3, Lamb's Conduit-place, William Hughes, Esq., Surgeon, F.R.C.S. (Sen.) 1852; M.R.C.S.E. and L.S.A., 1816.

Umphelby.—July 23, at Coonoor, in the Neilgherries, of consumption, Dr. Arthur Umphelby, E.I.C.S., aged 24.

TESTIMONIAL.

West Norfolk and Lynn Hospital.—At a special general meeting of the Governors held on Tuesday, the 18th inst., the following resolutions of the weekly Board were confirmed:—"That the resignation of Charles Cotton, Esq., as one of the Surgeons, be accepted, and that the chairman be requested to express to him the very great regret the weekly Board feel in losing his valuable assistance at the Hospital, and they are fully aware that the prosperity of the Institution has resulted, in great measure, from his attention for many years." "The Board resolve to recommend the Governors to elect Mr. Cotton a governor of the Institution for life, and to present him with a piece of plate as a testimonial of their high consideration." And a silver inkstand, on which was engraved the following inscription, was presented to Mr. Cotton with a letter from the chairman:—"Presented to Charles Cotton, Esq., by the Governors of the West Norfolk and Lynn Hospital, as a memorial of their personal esteem, and of the valuable assistance rendered by him to the Institution as Surgeon for eighteen years. September 18th, 1855."

APPOINTMENT.

West Norfolk and Lynn Hospital.—Mr. Kendall has been elected Surgeon, vice Mr. Cotton, resigned.

Western General Dispensary.—Dr. Van der Byl has been appointed Physician to this Institution.

Royal Medical Benevolent College.—The Council have fixed Wednesday next, the 3rd of October, for the admission of the Exhibitioners and Foundation Scholars into the College, on which occasion the parents and friends of the pupils will be entertained by the Council after the boys have dined. A special train (to call at Croydon) will leave the London Bridge Station at twelve o'clock precisely, for the convenience of those who purpose being present on this most interesting occasion.

Hunterian Society.—At the meeting on Wednesday, October 3rd, at eight o'clock, Mr. Birkett will read a communication on "Some Cases of Excision of the Head of the Humerus, the Elbow-joint, and Knee-joint."

Dr. Freund, the founder of the German Hospital, has been appointed Deputy Inspector-general of hospitals for the German Legion in the East.

Prince Charles Lucien Bonaparte, the celebrated ornithologist, has just been elected President of the "Congrès Scientifique de France," a similar institution to our own association, and which is about to hold its meeting at Puys de Dôme, where the Préfet has placed his house at the prince's disposal.

Baron Alexander von Humboldt has just celebrated the eighty-sixth anniversary of his birthday. Notwithstanding his great age, he still unremittingly continues his important labours.

The Madras Medical College has been admitted to the privilege enjoyed by Colonial Schools of Medicine recognized by the Royal College of Surgeons of England.

Mortality in New York.—The increase in the mortality continues in a fearful ratio, among the children. From the City Inspector's official report, for one week, we learn that the whole number of deaths was 669, and an increase over the previous week of 78; 161 were adults, and 508 children. Seven-eighths of the increase was among the juveniles, of whom 142 died of cholera infantum, 58 of convulsions, 10 of debility, 42 of marasmus, 9 of measles, and 7 of scarlet fever. There were also 5 deaths of cholera, 50 of diarrhœa, 25 of dysentery, 16 of inflammation of the bowels, 43 of consumption, 8 of congestion of the lungs, 10 of inflammation of the lungs, 13 of congestion of the brain, 27 of dropsy in the head, 16 of inflammation of the brain, 8 of apoplexy, 4 of typhus fever, and 4 of heart disease. There were 8 deaths from drowning, 5 from sunstroke, 1 suicide, 1 each from intemperance and delirium tremens, 4 fatal casualties, 11 premature births, and 30 cases of still-born. The nativity table gives 525 natives of the United States, 65 of Ireland, 38 of Germany, and 17 of England.

Medical Staff Corps.—The Medical Staff Corps, to the number of 180 of all ranks, left Chatham on Monday, and proceeded to Southampton, to embark on board the steamship "Queen of the South," for Scutari. This force will consist of stewards, assistant-stewards, wardmasters, assistant-wardmasters, cooks, washermen, barbers, and Medical orderlies. They have been under training at the different Hospitals in Chatham Garrison for some time, and the whole of them are pronounced sufficient to take the duties required in Hospital.

The Census of America for 1850 shows that the oldest person living in the United States was 140. This person was an Indian woman, residing in North Carolina. In the same State was an Indian aged 125, a negro woman 111, two black females 110 each, one mulatto male 120, and several white males and females aged from 106 to 114. In the parish of Lafayette, Louisiana, was a female black, aged 120. In several of the States there were found persons, white and black, aged from 110 to 115. There were in the United States in 1850, 2555 persons over 100 years. This shows that about one person in 9000 will be likely to live to that age. There are now about 20,000 persons in the United States who were living when the Declaration of Independence was signed, in 1776. They must necessarily be about 80 years old now, in order to have lived at that time. The French census of 1851 show only 102 persons over 100 years old, though their total population was near 36,000,000. Old age is, therefore, attained among us much more frequently than in France.

A Child Poisoned by Mistake.—The wife of an Irish hop-picker, employed at Yalding, in Kent, sent her little girl to a chandler's shop in the neighbourhood for some Godfrey's cordial to give to an infant, and the girl says she asked for Godfrey's; but she was supplied with laudanum, and half-a-teaspoonful was given to the infant, a boy four months old; the child died the next morning.

QUARANTINE AT MALTA.—Arrivals at Malta from Marseilles, in consequence of the outbreak of cholera in this last named city, are subject to a quarantine of observation of five days from departure, or in case of attack at sea, from the date of such attack.

THE RUSSIAN HOSPITAL OF SEBASTOPOL. — Of all the pictures of the horrors of war which have ever been presented to the world, the Hospital of Sebastopol presents the most horrible, heart-rending, and revolting. It cannot be described, and the imagination of a Fuseli could not conceive anything at all like unto it. The building used as an Hospital is one of the noble piles inside the dockyard wall, and is situate in the centre of the row, at right angles to the line of the Redan. The whole row was peculiarly exposed to the action of shot and shell bounding over the Redan, and to the missiles directed at the Barrack Battery, and it bears in sides, roofs, windows, and doors, frequent and destructive proofs of the severity of the cannonade. Entering one of these doors, I beheld such a sight as few men, thank God, have ever witnessed. In a long low room, supported by square pillars, arched at the top, and dimly lighted through shattered and unglazed window frames, lay the wounded Russians, who had been abandoned to our mercies by their general. The wounded did I say? No, but the dead, the rotten, and festering corpses of the soldiers, who were left to die in their extreme agony, untended, uncared-for, packed as close as they could be stowed, some on the floor, others on wretched trestles and bedsteads, or pallets of straw, sopped and saturated with blood, which oozed and trickled through upon the floor, mingled with the droppings of corruption. With the roar of exploding fortresses in their ears, with shells and shots forcing through the roof and sides of the rooms in which they lay, with the crackling and hissing of fire around them, these poor fellows, who had served their loving friend and master the Czar but too well, were consigned to their terrible fate. Many might have been saved by ordinary care; many lay, yet alive, with maggots crawling about in their wounds. Many, nearly mad by the scene around them, or seeking escape from it in the extremest agony, had rolled away under the beds, and glared out on the heart-stricken spectators. Many with legs and arms broken and twisted, and jagged splinters sticking through the raw flesh, implored aid, water, food, or pity; or, deprived of speech by the approach of death, or by dreadful injuries on the head or trunk, pointed to the lethal spot. The bodies of numbers of men were swollen and bloated to an incredible degree, and the features distended to a gigantic size, with eyes protruding from the sockets, and the blackened tongue lolling out of the mouth, compressed tightly by the teeth, which had set upon it in the death-rattle, made one shudder and reel round. In the midst of one of these "chambers of horrors"—for there were many of them—were found some dead and some living English soldiers, and among them poor Captain Vaughan of the 90th, who has since succumbed to his wounds. I confess it was impossible for me to stand the sight, which horrified our most experienced Surgeons—the deadly clammy stench, the smell of gangrened wounds, of corrupted blood, of rotting flesh, were intolerable and odious beyond endurance. But what must have the wounded felt who were obliged to endure all this, and who passed away without a hand to give them a cup of water, or a voice to say one kindly word to them! Most of those men were wounded on Saturday—many perhaps on the Friday before—indeed, it is impossible to say how long they might have been there. In the hurry of their retreat the Muscovites seem to have carried in dead men to get them out of the way, and to have put them upon pallets in horrid mockery; so that this retreat was secured, the enemy cared but little for their wounded.

HOMŒOPATHY IN SOUTH SHIELDS.—We extract the following from the *North and South Shields Gazette* of September 13:—"A Correspondent, who describes himself as the 'only Surgeon in South Shields who practises Homœopathy,' addressed us a letter last week, of defence, objurgation, and advice. He says, being the sole Homœopathic Surgeon in South Shields, he felt our remarks, condemnatory of that especial form of quackery, as a 'personal insult.' Now, as we were totally unacquainted with the circumstance that there was any Homœopathic practitioner in disease existing in South Shields, we could have no reference to him or any other man. We are truly sorry to learn that any person in that town who has paid any attention to the legitimate science of Medicine should have suffered this very sorry perversion. Our correspondent says, that there are seventy Medical men in the metropolis who have renounced the old system of Medicine. We have no means of knowing whether this be correct or not, for the Homœopaths take especial care not only not to publish a list of their own numbers, but have long tried all sorts of devices to get degrees and diplomas from the licensed colleges, and to get their names inserted in the registers of the licensed practitioners of legitimate Medicine. No doubt, however, there may be seventy 'Medical men' in the metropolis, who, not having succeeded in the usual honourable methods of practice, are glad to live by any form of quackery. To gain admittance to the press, and to companionship with the established practitioners, is of course their aim. But, as no respectable Medical man will meet a Homœopath in consultation, as he would justly lose caste by thus recognizing a system of treating disease totally at variance with legitimate Medicine and common sense, so we must decline assisting any Homœopath to advertise himself in our columns, except along with Du Barry and the rest. Our correspondent says, he is the only doctor in South Shields "*openly* practising Homœopathy," thereby insinuating that other doctors of that town *secretly* practise it. We should be sorry to believe such a slander on any of the respectable Surgeons of South Shields,—whom, however, we leave to settle this charge with the writer of this letter. The 'folly' of Homœopathy would, in such a case, become indeed 'roguish folly.' As to our correspondent's attempt as a globulist to put down quackery, we can only say he is fulfilling the axiom, '*similia similibus curantur*.' The thing has spread, like table-turning, and only shows, as Faraday (to whom our correspondent refers us) says, 'that there is something exceedingly deficient in the education of a people which can put even passing faith in such dreams.' When we hear of a Homœopathic doctor, when hungry, being content with a ten-millionth part of a bite of beefsteak for his dinner, we will believe he will have faith in the ten-millionth part of a grain of iron or rhubarb doing either good or evil to a patient. This is the grossest humbug of the present day."

MORTALITY NOTABILIA.—In the week that ended on Saturday the deaths of 931 persons (namely, 466 males and 465 females) were registered in the metropolitan districts, a number which shows a decrease of about 100 on each of the three previous weeks, and indicates a satisfactory condition of the public health. In the corresponding weeks of 1850 and 1852, when the population was less than at present, the deaths were respectively 858 and 913. Except in these instances, the number of deaths in corresponding weeks since 1846 was greater than that which appears in the present return. In the epidemic years of 1849 and 1854 cholera had by this time shown some abatement; but in the third week of September in the former year it raised the deaths from all causes to 1981, and in the latter year to 2504. The diseases of zymotic character produce at this time more than a fourth part of the mortality. Diarrhœa continues to fall rapidly;

BIRTHS.—The births of 841 boys and 817 girls, 1658 children, were registered. Average, 1361.

METEOROLOGY.—Mean height of the barometer in the week, 29·984 inches. The mean temperature of the week was 59·6°, which was 3·8° above the average of the same week in 38 years.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending September 15 and 22:—

—	In the Week ending Sept. 15.			In the Week ending Sept. 22.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses	45	40	85	41	43	84
Prisons	1	..	1	..	..	..
Military and Naval Asylums	7	..	7	6	..	6
General Hospitals	36	16	52	23	15	38
Hospitals for Special Diseases	4	3	7	5	3	8
Lying-in Hospitals	..	..	..	..	1	1
Military and Navy Hospitals	1	..	1	9	..	9
Hospitals and Asylums for Foreigners	..	1	1	..	..	..
Lunatic Asylums	7	4	11	4	5	9
	101	64	165	88	67	155

OPENING OF THE METROPOLITAN MEDICAL SCHOOLS FOR THE SESSION 1855-6.

KING'S COLLEGE.

Dr. Beale gave the introductory Lecture.

He took the occasion of paying a high compliment to Dr. George Budd, who was to have given the Lecture; but that physician being unable to do so, he had been requested to take his place, and he hoped that those who now heard him would bear in mind that he was only a few years since a student like themselves, and therefore not expect too much from him. There was one event which he was certain would be uppermost in the minds of many this day, and to which he was too glad to refer, viz., the opening of the new Hospital, a portion of which had been completed, and had for some time been open for the reception of patients; and when it is considered how important it is to have a good hospital in connexion with a Medical school, he believed it to be a matter of sincere congratulation. The hospital is the place where his hearers would have to make themselves fitted for the practical duties of their profession in after-life, and they could not value too highly the privileges which they might obtain here, in the offices of Clinical Clerk, Dresser, House-surgeon, and Physician, which were obtained by examination and competition. He referred to many gentlemen by name, who having already fulfilled these appointments creditably, had in after life honourably distinguished themselves. The Lecturer then went on to state how important it was for the student of medicine to receive a good scientific education before he can hope to master those subjects which will lead to his being made a sound Physician or Surgeon. By the study of various branches of natural science, not only is the mind exercised in the careful collection and arrangement of numerous facts, which bear some mutual relation to each other; but it is taught to search after and grasp the most minute and delicate changes. The interest of the study of Medicine is much enhanced by its connexion with the Natural Sciences; and of the importance of their bearing upon Medicine nothing need be said, as it is so very obvious, and their value is admitted on all sides. Botany and Comparative Anatomy have been considered not to be of much use hitherto to the practical man; but now that these sciences are being more and more evolved, their connexion with Medicine is found to be much more intimate. The student must not think that science merely enlarges and complicates that which is now known, increasing the number of facts without producing practical advantages, but he must bear in mind, that scientific investigation, properly pursued, while it is continually opening new fields of inquiry, strives at the same time to simplify what has been previously discovered; and one of its highest aims is to frame a general law, which will account for many separate facts, and enable us to explain various phenomena which had previously appeared to be disconnected. The Lecturer then proceeded to point out how greatly clinical research can be promoted by scientific knowledge, and gave several illustrations; and considered that practical medicine was indebted for its advancement, as much to the discoveries of science as to the results of experience. And it is a great part of the physician's duty to become acquainted with animal chemistry and minute anatomy. To Dr. Todd a great tribute of praise was due for the manner in which he brought the application of Physiology to the study of disease. By patience and perseverance in his pursuits, the student of medicine may acquire an accurate knowledge of the various subjects which it is important he should acquire; and all of those who now heard him would be able, if they exerted themselves, to perform no mean part in the advancement of their Profession.

UNIVERSITY COLLEGE.

The Introductory Lecture to the Medical Session was delivered by Dr. Williamson, the newly-elected Professor of Chemistry, who occupies the post formerly filled by Mr. Graham, now Master of the Mint. The Professor, after some preliminary observations, proceeded to give a sketch of the progress of chemical science, from the remote periods of antiquity to the present day. Passing by the Greeks and others who had devoted attention to the science, he came down to the time of Robert Boyle, a son of the Earl of Cork and Ossory, who might be considered the founder of a new era in scientific chemistry. He adverted also to the great chemical discoveries of Black, Cavendish, and Priestley, the latter of whom he said seemed to have pursued science as a mere pastime rather than with any idea of its usefulness. He (Priestley) paid more attention to his political and religious views, which constantly got him into trouble, than to the science which immortalized his name. When Captain Cook went out on his voyages, Priestley had made arrangements to go out with him as his chaplain; but, fortunately for science, the Admiralty rejected him as not sufficiently orthodox. With some remarks upon Davy and Liebig, and with some general advice to the students, the Lecturer brought his address to a close.

ST. BARTHOLOMEW'S HOSPITAL.

In consequence of the largeness of the audience, the Introductory Address was delivered this year in the great hall, instead of, as on former occasions, in the lecture theatre. The room was well filled, the attendance of old students being good, and the number of new faces unusually large. The proceedings were presided over by the President of the Hospital, supported by the Treasurer, the Almoners, and many other of the Governors. Amongst those present in addition to Messrs. Lawrence, Stanley, Burrows, and their colleagues in the hospital staff, we observed Professor Owen, Dr. Goolden, Mr. Curling, etc., etc.

Mr. Paget entered precisely at eight, and was greeted with enthusiastic applause. He commenced his address by a few appropriate sentences in congratulation of the present position and state of the St. Bartholomew's Hospital and School. Passing thence to speak of the labours of the past year, and to compliment those students who were on the present occasion to receive the honours due to successful industry, the Lecturer went on to remark on the peculiar interest of the present occasion as the commencement of another session. To look forward to the future, and prepare for its difficulties, was always a more useful, if not a more pleasant task, than to spend time in mutual congratulation on the successes of the past. He would therefore attempt, in the remaining part of the discourse, to offer such hints as suggested themselves for the advantage of the students who were now beginning their career of study. The session now commencing would, he trusted, characterize itself both amongst teachers and students as one of hard and earnest work. In the Medical career two objects were to be kept in view, and though neither of them were to be lost sight of on advancing from the student to the practitioner, yet it was especially necessary that they should be well comprehended by the former. Much had been said by many respecting the accumulation of knowledge and experience; but important as this object was in a practical science, there was yet another one at least as much so, namely, the training of the mind. Throughout life the student must keep these two principles of study before him, and pursue them together, continually endeavouring to acquire knowledge, and, at the same time, by a constant exertion of its faculties, to train and strengthen the mind for future, and still greater, acquisitions. Among the large gathering of students present, Mr. Paget did not believe there could be found any who did not now entertain the very best intentions in respect to their future career. It would remain to be seen who among them would display the perseverance and steadiness of purpose by which alone such intentions could be successfully realized. Yet, perhaps, on second thoughts, there might be one, or, possibly, two, out of so many, to whom even that small praise could not justly be accorded. It might be that there was one who had come to London with thoughts only of a life of careless pleasure, who felt the entrance on student-life as an emancipation from the control of pupilage — an escape from the oversight of friends. If such an one there were, he would beg him to consider what the nature of the life was which he was about to commence. He could assure him that, even as a student, his course would be anything but agreeable. In the school of St. Bartholomew's, he would find himself regarded, alike by his teachers and fellow-students, with feelings of disapproval and pity; and, when entering on the duties of later life, he would find that his short career of thoughtless folly must be paid for at

the terrible cost of the lives of other men. Of such an one, if such were present, he would beg that he should either change his intentions, or at once quit the pursuit of a profession in which he could expect only pain, disappointment, and disgrace.

After remarking upon the wide extent of Medical studies, and the peculiar difficulties of their pursuit, the Professor went on to offer the following, as useful hints to the diligent:—

1st. Do not expect everything to be clear at once. For the first year, or it might be more, most Medical students had to work on under much discouragement from the apparent complexity of their studies. They could not see the relation of different subjects to each other, nor estimate the due value of this or that subdivision of knowledge. This state of things at first was unavoidable; patience must therefore be exercised. Every subject brought under notice in lectures, or otherwise, should be carefully mastered, and, in the course of time, with increasing knowledge of details, the student might feel sure that he would gain clear ideas of the whole. To be impatient or despairing because this could not be done in the beginning, would be like a traveller who, on gaining a mountain's summit, should return at once, because his prospect was, for the time, obscured by mists. A little patience, and the clouds would clear away, and the glorious view for which he had undertaken the ascent would display itself in all its beauty.

2nd. Follow the course of study prescribed by the Examining Boards. As warden for many years to St. Bartholomew's Medical College, he had had a wide sphere for observation of the habits, successes and failures of students. As the result of this, he would state confidently, that those did best who guided themselves according to the ordinary curriculum. He believed that the course marked out by the College of Surgeons and Apothecaries' Company was, on the whole, a very judicious one. Many eccentric plans of study he had seen tried, but their general result was failure.

3rd. Remember the difference between seeing and observing. Many men got old without gaining experience, and many spent active lives, in which, from being content to see much, without taking the trouble to observe well, they acquired little or no real knowledge. Many students, who spent much time in the wards, could claim only the character of lookers-on; they never learnt *to observe*. It was only by the determined cultivation of habits of thoughtful observation that the mind could acquire the power of acquiring knowledge. It would even be necessary, in some cases, to limit the extent of the field of observation, in order to procure time for making good use of it. A little really *observed* was far better than a vast deal merely *seen*.

4th. In all student life restrict yourself as much as possible to society exclusively Medical. By so doing much distraction of the thoughts to other subjects would be avoided. It was one of the great advantages of a large Medical College like that of St. Bartholomew's, that it contained within itself all the elements of a perfect society. Recreation was indeed necessary, but the Medical student would find that he could seek even recreation nowhere more profitably than in the company of his fellow-students. With them there would at all times be much to be learnt. Even the jokes of a hospital often carry with them much of instruction.

5th. When in doubt, always ask for information. No member of the Hospital staff but would at all times have pleasure in answering any questions which inquiring students might propose. To increase, however, the facilities in this direction, special provision had been made in the organization of the School. Amongst those who were under special appointment to afford information in this way, and whose duty it was to be at all times accessible, the Professor stated that he had the pleasure to rank himself; and he could promise to all who would consult him in their difficulties, the best information it was in his power to afford. In Dr. Black, the warden of the collegiate establishment, the students had one whose stores of knowledge were only surpassed by the kind courtesy with which he was always ready to communicate it; and in Mr. Savory, the tutor of the school, one whose duty it was to assist the students in every branch of medical knowledge, and on whose broad-shouldered intellect the weight of even the load of learning necessary to such a task rested but lightly.

In concluding his most earnest address, which had been listened to throughout with extreme attention, and had been repeatedly greeted by bursts of applause, Mr. Paget adverted to the rewards which await success. He declared his conviction that success was within the easy reach of all who take the necessary steps; and that the rewards obtainable were such as to amply compensate for all sacrifices. Whatever might, however, be the various estimates of those rewards which different minds would make, there was one motive which he trusted would always be felt by every one as compelling to an earnest devotion of the whole time and the whole talents to the pursuit of professional knowledge,—that motive was Duty. He who had entered on Medical life was responsible to society and to his own conscience for the diligent, the persevering, the unremitting pursuit of its studies. There must be no flagging or thought of turning back. The motives which had during the past year led so many of our brave countrymen to glorious death in a distant land, must also be found in the breasts of those who would pursue well a profession requiring so much of self-sacrifice as that of medicine. Could we summon from their graves in the Crimea those of our heroes who had fallen in their country's cause, and ask them why, in the day when privations, danger, and death stared them in the face, they did not turn back, their universal answer would be comprised in the word Duty. In this word, also, must be found the inspiring motive to the successful pursuit of a science ranking second to none in its influence on the happiness of mankind.

After the conclusion of the address the prizes of the past year were distributed by the President to the successful students, and the proceedings terminated by an interesting conversazione. The various topics alluded to in the earnest and very practical lecture which had been given formed subjects of general conversation, and wishes were expressed on all hands that it might by publication be afforded a sphere of yet wider usefulness.

ST. THOMAS'S HOSPITAL.

The Introductory Lecture at St. Thomas's Hospital was delivered by Dr. Peacock.

The Lecturer, after alluding to the advantages, as a pursuit, offered by the Profession, referred to the rapid advances which had recently been made in Medical science, but more particularly confined his attention to the improvements in practical medicine—instancing various examples, especially the extended information possessed of thoracic affections, of diseases of the kidneys, and of fever, and explaining the means by which those advances had been gained. He pointed out that, in practical medicine, it was chiefly in the art of detecting disease, of ascertaining its nature, and of predicting its results, that great progress had been made, and that, though the means of successfully treating disease had also been advanced, the gain in that department was rather incidental to that in the former. Therapeutics was the branch of practical medicine which now chiefly required improvement, and it was that to which scientific Medical men were particularly directing their attention. He alluded to the care required in the collection of facts, and the caution necessary in deducing inferences from them; and instanced examples of the errors which spring from superficial observation, and hasty analysis, as well as proofs of the valuable results which attend careful investigation.

The advancement of Medical science, he stated, must be achieved "by our acquiring more accurate acquaintance with the functions of the human body, by which we shall be enabled more fully to understand the modifications of those functions which constitute disease;—by studying more closely the phenomena of different diseases, and ascertaining their natural tendencies to terminate in health, in permanent impairment of function, or in death;—so that we might direct our remedies to the assistance or prevention of those tendencies;—and lastly, by acquiring a greater knowledge of the operation of the remedies we prescribe, by testing their powers, first, upon the healthy body, and then in different states of disease."

He then offered various suggestions to the pupils as to the mode in which they should prosecute the study of the Profession, and especially advised them to avail themselves of the opportunities of studying disease at the bedside, afforded by the practice of the Hospital, so that they might make themselves practically acquainted with the Profession, before enter-

ing upon its duties for themselves. He concluded with some remarks on the advantages which they possessed in commencing their studies at the present time, and as to the principles which should guide them when engaged in practice.

GUY'S HOSPITAL.

Dr. Gull, the Lecturer on Physiology, commenced the Introductory Lecture at this Hospital, by pointing out the high position which Medicine holds among the natural sciences. He who prosecutes its study must make up his mind to cast aside fanciful theories, to seek after facts, and to look upon the phenomena of Nature as the results of some simple and unchangeable laws. This conviction will stimulate the mind of the student, remove scepticism, which is a dead hindrance to all progress, and lead to the attainment of truth.

As it has taken ages to bring Medicine to its present state of advancement, so, in like manner, the student must employ a patient and unwearied energy; and, above all things, bear in mind the great importance of precision in his observations, and cautious investigation, through the path of difficulties which will beset him. He can no more hope to advance in the mastery of his subject with a loose and careless mind, than can he who wishes to perfect himself in mathematical science. The laws of Nature require as much study as do those of abstract truth. The explanation of the organization of the body, and a correct estimate of the relative importance of a series of obscure symptoms at the bed-side, require a high class of intellectual exercise. It must be borne in mind that the student of Medicine has a twofold inducement to approach his subject in a right spirit; he has not only to discipline his mind for the acquisition of knowledge, but to furnish it for practice, and to gather *experience* for himself, which is the true end of education where knowledge is essentially progressive.

In the numerous subjects with which the student has to grapple at the onset of his career, it is but natural that he should be confused, and that all seems to be chaos; but the employment of method in his studies, and a patient attention, will infallibly extricate him from this confusion, and in time all will be rendered comparatively easy. Method is to the mind what light is to the eye; without it, labour is carried on to no end. If method be our way, the senses are our pioneers, and are, as regards Medicine, the indispensable servants to truth; they must be employed rightly in preference to the suggestions of the imagination. As aids to the senses, there are also the implements of modern science, in the form of the microscope and stethoscope, which the student of Medicine will find absolutely necessary to the successful prosecution of his pursuits. The senses alone, however, with these aids, cannot inform him of the truths of Nature; they must be reached by thought and reflection, without which it is mere groping in the dark. Books even are but secondary aids to knowledge—they can be read to advantage only after observation, or as helps to it—to trust to them alone is to spoil the faculty of observation—to perfect one's self in physical knowledge, and to render himself competent to the realities of practice, the student of medicine must study the phenomena of disease, and see the way in which its various phases are met in the wards of a Hospital, through which is continually passing a ceaseless stream of human maladies of every form.

The grand object in the study of Medicine is to know the human body, and those external agents which surround and affect it, either as necessary to its health or as sources of disease. Medicine requires not only the intellectual cultivation of a science, but the patience and practical skill of an art, and as skill in the commercial art cannot be acquired without practice, much less can it be obtained in the complicated and difficult art of Medicine. To practise it successfully the student must have made his home by the bed-side, and have lived with disease, observing it in all its forms and changes.

The Lecturer then proceeded to make some reflections upon the beneficial and ennobling effects of the study of Medicine. All true science has an upward tendency, and it is no trifling advantage to belong to a Profession in which our commonest duties require the highest principles, and are a constant exercise in the pursuit of truth. It is an unfounded assertion that the study of Medicine necessarily stints the mind, limits it to secondary causes, and hinders it from reaching to higher realities than those of sense; and there is not a step in the path of our studies but is strewn with such sparkles of the Divine *wisdom*, *power*, and goodness. The structure of the human body shows most distinct evidences of design, which open out into wider fields as the intellect of man explores them, and are an unimpeachable proof of Divine wisdom and infinite power; and if, as has been said, "an undevout astronomer is mad," what shall be said of that man who has intimately fathomed the intricacies of the human frame, and yet overlooks the infinity and magnitude of the Great Creator. If astronomy shows us power infinitely *great*, anatomy and physiology show us power infinitely *delicate*. True religion and the study of the Medical profession are intimately connected, and the attention of the student cannot be too earnestly directed to this great truth.

The Lecturer concluded an admirable address by pointing out the rewards of and incentives to study, which were held out not only in this but in every other Medical school in the metropolis. He exhorted his hearers to unwearied perseverance, and reminding them of the distinguished names of those who have been educated at Guy's, hoped that they would emulate them, and add further lustre to the school of their choice.

WESTMINSTER HOSPITAL.

The Introductory Lecture at this Hospital was delivered by Mr. C. Brooke, M.A., F.R.S. The Lecturer, after alluding to the agreeable feelings with which the teachers renew their intercourse with their diligent and well-conducted students, and the varied emotions with which those who are now for the first time separated from their family circle must commence their professional career, pointed out the necessity of their taking an exalted estimate of their future position, duties, and responsibility; and the improbability of attaining that high position to which the exercise of their noble calling entitled them, if they looked upon that calling merely or primarily as a source of maintenance. The intimate relations—frequently from the force of circumstances—existing between the professor of the healing art and his patients were then alluded to. The darker shadows of human nature were then frequently revealed to his view, and opportunities presented, which, if rightly improved, would conduce not less to the spiritual than to the temporal welfare of the sufferer. The dignity of Medical science, it was remarked, consists in the beneficence of its objects—namely, to remove disease or to abate its ravages, to relieve injury, to assuage suffering, to re-animate the vital spark, or to recall aberrant reason. With the exception of one word, the sentiment of the heathen writer is equally applicable to a Christian community—"Nihilo magis homines *diis* appropinquunt quam salutem hominibus dando." The Lecturer then remarked, that Divine interposition had been almost universally manifested in the restoration of life or health, or the removal of suffering and disease; and hence inferred the duty of seeking to follow His steps who is alike the great physician both of the body and the soul. The Medical practitioner may thus feel his mission to be not entirely limited to corporeal maladies; it is his duty, as well as that of every sincere Christian, humbly to imitate his Saviour's example, and to leave unheeded no opportunity of doing good. The Lecturer remarked that in thus advocating a sacred cause he did not recommend the "broad phylactery" or the Pharisaical demeanour; that recent events in the commercial world have lamentably shown how little dependence is to be placed on the external appearance of religion; but that the religion of the heart is unobtrusive, and that a timely word of spiritual advice and consolation, when the depression of disease predisposes to its influence, may perchance profit the soul as much as the most timely dose can relieve the body, and the benefit incalculably greater. The well-known fact was then mentioned, that among the most debased and benighted of the human race missionary labours had ever been found most successful when ushered in by the exercise of the healing art. Some practical observations were then addressed especially to the junior students on the force of habit, and the truth of the maxim,

> "Quo semel est imbuta recens servabit odorem
> Testa diu."

The necessity of acquiring habits of order and regularity—

of careful observation and reflection—habits of self-denial, especially to those who are now for the first time removed from the benign influences of home, and placed among the temptations to every phase of vice and folly that the Metropolis presents. Lastly, the habitual performance of religious duties was dwelt upon, and the non-existence of any valid excuse for the habitual neglect of a duty so imperative on every member of any Christian community. The Lecturer then warned his hearers that as they sow they must expect to reap; that if they inquired into the studentship of the more eminent members of the Profession, they would find their course marked by diligence and good conduct, and frequently by successful competition for the accustomed prizes, and drew a feeling picture of the degradation of some who have pursued an opposite course. The necessity of a sound preliminary education, of that which is necessary to form the character of a gentleman, was then insisted on as essential for the Medical student; also a competent knowledge of the elements of physical science, the importance of which was illustrated by reference to the principle of endosmose, which completely explains so many important vital phenomena. The Lecturer, after passing in review the various branches of Medical science and their mutual relations, concluded by expressing an earnest hope that the sentiments he had expressed, especially those of more serious import, might not have been uttered in vain.

LONDON HOSPITAL.

The following is an outline of the Address delivered by Dr. Andrew Clark at this Institution :—

"In the exercise of our Profession," the Lecturer remarked, "it is impossible for us to deal knowingly and wisely with the various disorders of the animal body without distinctly recognizing the agency of states and conditions of minds often in producing, and always in modifying, them when produced. There is a very intimate relation between the mind and material elements of the human constitution. They act and react upon each other in modes more numerous and varied than is commonly known or conceived, and out of their material motions develop phenomena hitherto as unaccountable as they promise to be important. Not only do general states of mind produce corresponding conditions of body, but it seems certain that the concentration of the intellect upon particular parts of the animal frame is capable of effecting such a change in them as the will may determine. With a liberal allowance for much in the facts which have been collected which is either imaginary or absolutely false, enough, at least, remains to excite our most earnest curiosity, and to justify a deliberate and systematic inquiry into their claims of belief. For these reasons, then, it is necessary that you should possess some conception of the mental, as well as bodily, constitution of man." The learned Lecturer then analyzed the doctrine of the modern philosophers, that the universe was composed of mind and matter, contending that such views were not only repugnant to the original instincts of humanity, but can be readily refuted by the unaided reason. There was no evil without its counterbalancing good, and the shocking conclusion forced upon man by such a system had served, at least, to arouse him from his deadly lethargy, urged him to more earnest inquiry about humanity and God, and compelled him to the discovery of some substantial foundation for his irresistible faith. But the apprehension of the direful dangers of dualism to the dignity of humanity was no novel product of modern thought. It was but a revival of that subtle intention which, in ancient times, impelled every true thinker to struggle after some loftier conception of the constitution of man, and bravely compass all the circuits of imagination and reason for the sacred truth which lay embosomed in these depths. In all the master minds of ancient philosophy there was to be found a uniform desire to attribute a tripartite instead of a dual constitution to human nature; and among the later Jewish and earlier Christian authorities a similar theory of the human constitution was enunciated and enforced. In the Jewish Catechism, in the Talmudic Treatise "Maccoth," and in the canonical Books of Proverbs and Ecclesiastes, it was taught that man consisted of three elements, Nepash (life), Neschamer (intelligence), and Teschidah (the Divine principle)—that principle by which man may reach unto God, and become identified with the Eusophie world. Among the early Christians a similar theory was propounded and received. St. Paul frequently spoke of the threefold nature of man, and in his prayer for the Thessalonians he expressed the hope that their spirits, their souls, and their bodies might be preserved blameless unto the coming of the Lord. Here then was a theory, which, though unreasoned, had been believed because it satisfied the instinctive cravings of humanity, and vindicated the divinity which was felt to be its inheritance and its right—a theory which had for its only rival a system more doubtful in its foundations and absolutely revolting in its inevitable results. Against the conclusions of these accumulated ages of thought, the modern philosopher interposed his dual views of the constitution of man, and, in attempting to substantiate it by reasoning, landed himself at last in the mires of a solitary materialism and infidelity. Reason, as well as revelation, demanded an acknowledgment of a tripartite constitution of man. Man possessed life in common with plants, mind in common with animals, spirit in common only with God. Life, mind, and spirit were the threefold elements of the universe; imperfect apart, perfect joined individually; manifested in plants and animals, they were consummated, combined, and realized only in man. He, like a well-ordered state, exhibited our senses, the spirit, the sovereign power; the mind, the deliberative council; the life, the subordinate execution. Man, the centre of connexion between the universe on one hand and the Deity on the other, was, like each, a trinity in unity—the three perfected in the body. Body, mind, and spirit were God's loans to man, which he was required to put out to use, and return with interest. Life was a probation period; its end education, development—or, as it was commonly called, education. Having pointed out the dangers of excessive mental education, which he likened to excessive physical exercise, he proceeded to say, that, having given this general outline of knowledge in the abstract, he would proceed to say a little of that particular kind of knowledge in which they were more peculiarly interested—Medical knowledge; and under the generic term medicine, he observed, were included various secondary departments of knowledge. Before they could comprehend the diseased condition of the body, they must first understand its healthy uses. Hence arose the first division of Medical knowledge—that which related to the human body in health. But to know how to treat disease, which was the end of their profession, they must first know what disease was, and what its manifestation; and hence arose the second division of Medical knowledge, that which related to the human body in disease. The knowledge of disease alone would not enable its treatment; and hence arose the third division of medical knowledge, that which relates to the nature and effects of remedies. But neither the knowledge of diseases nor of remedies will of themselves suffice for the purposes of the profession. Hence the fourth division of Medical knowledge, that which pertained to the principles or rules which regulated the administration of remedies for the arrestment, compensation, or cure of disease. Lastly, we had a fifth division of Medical knowledge, which was an elimination of the whole and developed the relations of medicine to jurisprudence or the social requirements of man. Under the first head was systematic and demonstrative anatomy, histology, physiological chemistry, and physiology. Under the second head, general and special morbid anatomy, pathological histology, pathological chemistry and pathology. Under the third head, chemistry, materia medica, dietetics, and hygiene. Under the fourth head, systematic and clinical surgery, systematic and clinical medicine, systematic and clinical obstetrics. Under the fifth head, toxicology and jurisprudence. Systematic anatomy teaches that the body is composed of bones, ligaments, muscles, vessels, nerves, and glands. Demonstrative anatomy teaches the relations of those parts as they appear upon dissection, or as they are found combined in particular regions of the body. With the description of individual parts, and their relations to each other, the functions of anatomy might be said to terminate, but it told nothing of the real nature of bone and muscle, nothing of their development and metamorphosis, nothing of their matured structure or of their elements. What anatomy failed to do, histology did. It revealed the fact, that bone and muscle are not ultimate structural elements of the human body, but proximate ones. It proved that the ultimate elements of the anatomist were the proximate elements of the histologist—that

bone, and muscle, and gland are compound elements made up of a number of elementary ones, to which have been applied the terms cell, membrane, and fibre. Histology further reveals, that the majority, if not all, of these ultimate structural elements are modifications of cells, and that the cells of which they are the modifications spring originally from one cell—the human ovum. Viewed in this light, histology may be said to be the history of the human ovum from the first moment of its development up to that period when its individuality becomes merged, through a series of morphologies as wonderful as they are minute, into the perfect organs and tissues of adult life. Physiological chemistry considers the physical changes coincident with and consequent upon development, and, after development has ceased, the chemical changes involved in the processes of nutrition, secretion, and waste, of respiration, and the evolution of animal heat. Physiology comprehended all these, and combined them as it were in one science. It treats of the laws of development and metamorphosis; of the functions of structural elements, tissues, and organs; of the laws by which they are regulated and associated; of their compensations; of their relations to each other and to the whole economy; of the manifestations of sensation and its relations to the body; and of the conditions required for the preservation of health and the prevention of disease. The Lecturer having fully argued out this subject, said, that "such was a hasty outline of Medical science. It embraces the most various and recondite kinds of knowledge, and demands for its cultivation faith, earnestness, self-denial, toil. Compared with what it is possible to know, our knowledge of medicine is limited indeed; and even much of what we now teach as true will one day have to be untaught. Hereafter it will be your privilege as well as your business to assist in correcting and enlarging this knowledge. At present it is your duty, with intelligent discrimination, to acquire it, and practise it in the light in which it is vouchsafed." In conclusion, Dr. Clark adverted to the progress which had been made in Naval Medical reform, and to the establishment of a Christian Medical Association, which was perfectly catholic in its views, and pertained to no religious sect, its only object being to elevate the tone of the student's daily life. He strongly recommended them to join the association.

CHARING-CROSS HOSPITAL.

Dr. Hyde Salter delivered the Introductory Lecture at this school to a numerous audience, consisting of the officers and friends of the Hospital, and the teachers and students of the Medical School. Among the junior portion of the auditory, we noticed a great many fresh faces.

Dr. Salter commenced his lecture by considering the heavy responsibility that was incurred, by one discharging a duty that would devolve on him so seldom; and insisting that the deliverer of an introductory sessional address should not himself throw aside every consideration, except he could make the occasion the most fruitful of good to his hearers. This question, he thought, was best answered by asking himself another: Of whom do my audience consist? Of the three classes of hearers that he saw before him,—his Colleagues, the Senior Students, and the First Year's men. Dr. Salter then chose these last as those to whom he should principally address the observations he had to deliver, because they were those who, his own reminiscences reminded him, the most stood in need of warning, advice, and encouragement. After directing their attention to the dignity of the Profession on which they were entering, the obligations they were contracting, the responsibilities they were accepting, the mission of those whose ranks they were about to join, he thus drew a picture of the character and scenes of their future labours:—"Just look around you, and see how large a portion disease contributes to the mass of human misery—disease, the all-subduing giant you must go forth to encounter, the offspring of a multiform parentage—of vice, and age, and want—the sister of suffering, and the parent of death, the badge of our lapse, often the self-inflicted brand of our fallen nature! How much is it due to disease that 'few and evil are the days of the years of our life!' It is the universal leprosy that spares neither age nor sex, that strikes the infant and the octogenarian, high and low, rich and poor, the king on the throne, and the captive in the dungeon, from which no circumstance or condition is free, that is as universal as death itself; for as death is the way *from* life, so disease is the way *to* death. And see how monstrous and deformed a thing disease is, how repellant and revolting, how painful and fearful, and how multiform! There is not a healthy function or pleasing sensation of our bodies that is not, as it were, a sheath, in which lurks the blade of disease. Now, to diminish and shorten the visitations of disease, to render fewer the number of its victims, to rob it of some of its terrors, to soothe and comfort where you cannot cure, to render painless that which is inevitable, will be the beneficent object of your daily employment, and the end of all your studies. Your services will be put in requisition by the highest in the land; you will be the best, sometimes the only friend, of the poorest; you will see poor human nature stretched before you, writhing in agony; you will have sores of the body and sores of the mind exposed to you; you will have oftentimes to bind up, not only the broken limb, but the broken heart; you will see human nature in its best and in its worst phases; at one time, you will be appalled at acts of vice and passion and their terrible results; at another, you will witness, in some obscure corner perhaps, acts of self-denying and patient heroism that will fill you with wonderment; you will busy yourselves among those things that most men fly; danger, disease and death, squalor and contagion, will be your familiars; and, what is almost worse to sensitive minds, the arcana and mysteries of our nature—those things that are usually held sacred and secret,—will be open, and exposed, and profane to you. You will have to apply your knowledge at a moment's notice, to be collected where others are wavering, to think where others are stupefied, to act where others cannot even think. You will see your coming watched for more eagerly than those that watch for the morning; you will see in the expression of those around you, that hope and despair hang on your word, even on your looks; and you will have, as the stake at issue, nothing less than human life, and its salvation the reward of your exertions and the meed of your success,—a stake so great, that none others are comparable to it; and its salvation so great a reward, that it seems to me that the consciousness of having saved a single life would be worth a lifetime's toils and pains. The man that saves his fellow-creature from drowning has a medal given him, and is a marked man to the end of his days. The dog that does the same is thenceforth considered sacred; he is treated as a faithful retainer, at a good old age he is buried with all the honours, and has his fidelity recorded over his grave. Now, your Profession will put it into your power to do this great deed not once, but many times; and as you go about your daily work, you will, among your friends and patients, meet many a face healthy and strong, that, but for you, would long ago have been numbered with the dead. If, then, the stake at issue is such, if such the reward of success, if such the helpless dependence of others upon you, if such are your onerous duties, if such the prompt and unflinching vigour with which you must discharge them, if such the powers and acquirements of mind and body you must bring to bear upon them, if such the scenes of your labours, if such the uncomely and revolting circumstances attending them, if such and so wide-spread the pitiable and suffering subjects of your ministrations, 'what manner of men ought ye to be'—how well prepared, how every way armed, how constant, how self-reliant, how forgetful of everything but duty, and what a foundation ought you now to lay on which such a superstructure is to be raised." Dr. Salter then arranged the observations of which the chief part of his lecture consisted under three heads:—First, the difficulties that would beset the Students; then, some practical hints for their guidance; and, lastly, the rewards that would attend the diligent pursuit of their studies. Of the difficulties in the way of the Student, those to which Dr. Salter more particularly called attention were,—the sense of discouragement at the immense mass of work to be accomplished, the feeling of confusion and bewilderment, arising from the same cause; the technical language of the different sciences, so difficult of acquisition, and yet so necessary to be got up before any progress could be made with the facts; the formation of new habits; the temptations by which the pupils might be assailed, and the disposition to waste of time in social intercourse. The chief points of practical advice urged by Dr. Salter were to the following effect:—The importance of Students gaining information in all possible ways, additional to reading—such as dissection, performing physiological and chemical experiments for themselves, attendance on the

wards of the Hospital, the operating theatre, and the dead-house. He further insisted upon the importance of Students taking notes, both of the lectures and of what they saw and heard. He advised all who could do so to take sketches of anatomical and other subjects. He also impressed upon the Students the importance of working systematically; of not trying to do too much at one time; of constantly examining themselves; and of having a jealous care as to the manner in which they spent their evenings; dwelling upon the necessity of evening work in the labours of their Profession. With reference to the rewards arising from close application, Dr. Salter said, they were innumerable, their name was legion; but a few of them, and only a few, he would mention. Among them were the variety and ever-fresh interest of the sciences with which Medicine was conversant—the sense of progress—the feeling of usefulness—the self-amelioration and progressive elevation of character that must attend the practice of a benevolent Profession—the pleasant relations springing up between teacher and pupil, between fellow-Students themselves, and those arising between doctor and patients; the regard and friendship of teachers for their pupils—the pure and temperate enjoyment of the amenities and charities of life—the testimony of a good conscience, and the unassailable peace that that man must ever possess who does his duty."

Such is a brief sketch of the able address delivered by Dr. Salter, which was listened to with great attention, and which was warmly applauded at its conclusion.

GROSVENOR-PLACE SCHOOL OF MEDICINE.

The Introductory Address was delivered on Monday, October 1st, to a full theatre, by Dr. Ballard. He commenced by observing that occasions such as these were not only calculated to promote the expression of sentiments of cordiality between teachers and pupils, but were also sources of interest to the busy practitioner, at which he, year by year, renewed old associations, resuscitated old thoughts, and met and hailed old friends and fellow-students. The bulk of the address was directed to the junior students. The lecturer dwelt especially upon the moral and mental qualifications which are necessary to the Professional man, dwelt upon the deep responsibility of the position which he undertakes to fill, and upon the importance of the cultivation of that self-reliance, whose two elements are consciousness of knowledge and courage. He made some very appropriate remarks upon the disgraceful remuneration offered by the public services to the acceptance of Medical officers, and upon the unmerited neglect of their services and self-sacrifices in the distribution of public and military honours. Passing to the subject of the course of instruction on which the students were about to enter, he urged, in forcible language, the paramount importance of their practical studies as qualifying them for the prosecution of their art, and advised them even in the first year of their curriculum to devote at least a small portion of every day to visiting the Hospital. "You recollect," said the Lecturer, "I told you that you must acquire self-confidence—hence, you must exert and test your powers. It may be that in the Hospital or Dispensary you attend, cases may be committed to you for observation, for diagnosis, and for treatment, under the guidance of an able Practitioner. If such a plan be adopted, gladly avail yourselves of so excellent a chance of obtaining practical knowledge; but, if not, then you must adopt your own method of gaining it. Do not be dependent upon the eyes, ears, or mind of the Medical officers of the establishment; enter the Hospital, and make your own daily round of the wards in their absence, (and that Hospital is worth nothing as an educational institution where this is not permitted,) or if you do not visit all the cases, select as many as you can advantageously avail yourselves of at once. Examine each as if the case were your own, as if you yourselves had to form the opinion on its nature and determine upon the method of its treatment. And do this as carefully and as conscientiously as on your decision the safety or the welfare of the patient hung. You will find no obstacles to this on the part of the patients, who will be abundantly communicative; and, if you do it considerately, rather gratified than otherwise with the attention bestowed on them. Above all, adopt this plan with recently-admitted cases; visit them before they are seen by the officer in whose charge they may be placed, so that your own opinion as to the nature of the case and the treatment required may be previously formed. At the time of the regular visit, you will be able to correct your errors; you will see how they have arisen—whether out of a neglect of observation, a misapprehension of what is before you, or a misinterpretation of symptoms, themselves correctly noticed. This method of using the Hospital will raise in your minds many questions which you will wished to be solved. Never remain in doubt or difficulty upon these matters when you can avoid it. Never be ashamed of confessing your ignorance, or of asking for the information you desire; it is the duty of your instructor, at the time, to give it you. Take my word for it, the information which you elicit in this way at the bed-side, will be just that which will be most useful to you hereafter, and will clear away the many difficulties which will otherwise beset your practice." We conclude our notice of this address by some very apposite remarks which occurred towards the close of the lecture: "There is a common failing in Medical students, that I cannot pass over in silence. I mean the practice of crowding to see rare and extraordinary cases and operations, to the neglect (and here lies the fault) of the more common diseases and injuries to which man is subject. Some students are thus continually on their travels, wandering from hospital to hospital, with a view to witness capital operations, which they themselves will perhaps scarcely ever be called upon to perform, while they regard with scarcely any interest, or altogether neglect to notice, the attempt of the Surgeon to produce a cure of a local disease by some less formidable means, and his efforts to escape that which must ever be an opprobrium on his art. Render yourselves good anatomists, and, as you will have an opportunity of doing here, practise upon the dead body, and you will be Surgeons enough for the performance of any capital operation, without leaving the theatre of your own hospital, or seeking elsewhere your experience upon the living. In the same way in the Physician's practice: the cases which invariably meet the greatest interest among students, are those in which morbid processes are rapid, and in which powerful means of cure must often be employed; while but few direct their attention to the lesser maladies or ailments which prevail in the out-patients' department of the hospital, or to those chronic diseases whose absolute cure is beyond the reach of art, where time alone succeeds in accommodating the unaffected organs and functions of the body to their presence, and where the ingenuity of the physician is daily taxed for the relief of individual symptoms and the mitigation of suffering. Now here is a great mistake. Just as you will but seldom be required to perform lithotomy or amputate a limb, compared with the frequency with which you will be called upon to extract a tooth, lay open an abscess, or cure an ulcer; so the bulk of your medical practice will be chiefly made up of the very ailments which beset the out-patients' room of the hospital, and of those very chronic maladies which you are so disposed to regard as a bore."

ST. MARY'S HOSPITAL.

The session was opened at this school, by an excellent address from Mr. Coulson. The Lecturer having reviewed the present position of St. Mary's Hospital, and remarked upon the increasing advantages which it afforded for the prosecution of Medical studies, went on to enlarge upon the different branches included in the latter. He urged upon the students the importance of attending to every branch taught, assuring them that they would, in after-life, find that they all were essential to a good knowledge of the Profession. There were, however, some of greater importance than others, and among the very first, he would rank anatomy. By its success in teaching anatomy, the success of a Medical school would generally be measured; and, impressed with this conviction, the greatest care should be exercised in the selection of the lectures on this branch at St. Mary's. Anatomy must be held to be the groundwork of all Medical education, since, without it, no one could hope to be successful in the pursuit of practical knowledge at the bed-side. In eloquent language, the Lecturer proceeded next to enforce the duty of the devotion of all the powers of the mind to the mastering of the chosen profession. It was one which deserved and required the whole heart. Only by real love for its science could success in its

pursuit be hoped for. Coleridge had remarked, that it was necessary to reverence Shakspeare, before it was possible to appreciate him; and, in like manner, was it essential to love the Profession, before it was possible to succeed in it. Instancing the many examples which the records of science have supplied, of the success of devoted cultivators of different branches of knowledge, in spite of all difficulties, the Lecturer promised a like result to all who would take the right means. In touching terms he sketched his own career; how he had entered upon it almost without means, and with but few friends, and how he had, by persevering application, at length obtained the coveted rewards. Such, he was certain, were within the reach of all. After proceeding to enlarge upon various topics, relative to the duties, responsibilities, and rewards of the Medical career, all of which were admirably handled, the Lecturer concluded amidst much applause.

The company was large, and comprised a considerable proportion of students. In addition to all the members of the Hospital Staff, there were present many other distinguished Professional men. At the conclusion of the address, Dr. Copland, in flattering terms, moved that the Lecturer be requested to print it, and the motion having been seconded, was carried by acclamation.

ORIGINAL COMMUNICATIONS.

CASE OF HÆMORRHAGE AFTER DELIVERY,

ATTENDED BY VIOLENT PAIN, RELIEVED BY THE INTRODUCTION OF THE HAND INTO THE UTERUS.

By FRANCIS H. RAMSBOTHAM, M.D.
Obstetric Physician to the London Hospital, and Lecturer on Obstetric and Forensic Medicine in the Medical College.

At twelve, noon, on August 7, 1855, I was sent for to Mrs. M., in Clapham-park, in labour of her seventh child. With her first she was confined in a provincial town; and after her delivery she flooded to such an extent, that three Medical gentlemen, who were with her in the emergency, thought it almost impossible she could survive. I have attended her with all her other children, and on each occasion, except the last, there has been such profuse hæmorrhage, after the expulsion of the placenta, as to give me very serious alarm. In that labour, just before the birth of the head, I gave her a dose of ergot, and repeated it immediately the child was in the world. This seemed to produce increased uterine action; the placenta was speedily thrown off, with very little discharge, and, with the exception of a slight degree of nervous faintness, nothing occurred to give us the least uneasiness. When I arrived this time, about one o'clock, I found the os uteri almost entirely dilated, and the pains active. She was in good spirits, and everything promised well. At two, the membranes broke, and at half-past two the child was born; the face presented to the left groin. Soon after the membranes ruptured, I gave her a dose of Battley's liquor ergotæ, and another about ten minutes before the head passed. The uterus acted strongly, and there was not the slightest stain of blood upon the child's expulsion. In about fifteen minutes, a powerful contraction occurred, and with it a very copious gush of blood; but the placenta did not descend. This induced me to introduce my hand for its removal. It was very firmly adherent throughout about one-third of its extent, and its separation gave me considerable trouble. The uterus contracted extremely well, and there was no more loss of blood then. Mr. Brown, of Brixton-hill, who had been requested to remain in the way, in case I could not attend, who had seen her in the morning, and who left for his rounds when I arrived, now returned; and, as I knew her disposition to flood after delivery, I begged that he would stay with me, in case the same should occur now. We both watched her closely for more than an hour; during the whole of this time, the uterus remained perfectly firm, and there was no more discharge than is common. We then left together, considering her quite safe. In about an hour after, they summoned him back in great alarm, as she had become "faint and blue." He found there had been considerable hæmorrhage since we had left, and that she had fainted. He immediately dispatched the carriage for me. I, however, did not reach my own house till past seven, and it wanted only fifteen minutes to eight when I arrived at my patient's. I was told that she had flooded a good deal externally, that she had been cold and pulseless, and that the means which had been tried to stay the hæmorrhage had been of no avail. She had rallied somewhat, but was still exceedingly blanched, and looked distressed; the uterus was much larger than when I had left her; there was a continued draining going on, and every four or five minutes a violent after-pain. I immediately introduced my hand, for the purpose of taking away the coagula which the uterus evidently contained. I had some difficulty in passing it into the cavity, from the resistance I met with in the mouth and neck, which had closed like a very firm ring. However, I removed from it nearly half-a-pound of compressed, fibrinous coagulum, and from the vagina almost as much, which was loose and soft. She had no more of those violent pains from that time; the drainage ceased; she lost her anxious look; the pulse gradually became firmer, and the faintness disappeared. She was placed comfortably in bed about ten, and I soon after took my departure; she has progressed to her usual good state of health without a check, and is nursing her infant satisfactorily.

Although this is a case of a rather unusual kind, still its features are well worth studying; since such a one might be the cause of much embarrassment. It is laid down as a rule,—true enough in general,—that the more powerfully the uterus contracts after delivery, the less danger is there of flooding; but this only applies to cases where the cavity is empty.

If a portion of the placenta, or a fold of the fœtal membranes is retained, or it should contain a polypus, or be the subject of any other morbid growth, or a quantity of coagulated blood be held prisoner in its cavity, so that it cannot constringe its vessels; although it may contract more strongly than usual, and with great suffering, to get rid of the offending mass, bleeding may still go on to the extent of endangering the patient's life. The more powerfully indeed the uterus acts under the circumstances now considered, the less chance will there be of its expelling the coagulum that it contains; for, by closing around it, the uterine walls squeeze the more fluid parts away, the more solid and tougher particles only remaining; and the fibrinous mass thus left, becoming glued to the internal surface, with a tenacity almost equal to that of an adherent placenta, no efforts that the uterus can make will dislodge it, and it requires manual interference for its separation. But the withdrawal of the coagula by the hand at once puts a stop to the agonizing pains, and the further loss of blood. I know no case, indeed, in which instantaneous ease and immediate safety follow more directly on the performance of any operation whatever. Nor is it probable that the hand will require to be introduced a second time; for, as the uterus has a disposition to contract, it will exert that power efficiently as soon as the obstructing cause is taken away, and by so doing will seal the bleeding vessels.

There is another point of interest in the case just related; viz., the great hæmorrhagic tendency that has hitherto existed in this lady's system after labour. She has flooded, indeed, dangerously after the birth of every child except one; and in that case she took ergot just before the infant was expelled. This is by no means an uncommon peculiarity in some females; and no plan of treatment that I have tried to prevent a recurrence in those subject to it has answered so well in my hands as the exhibition of the ergot just before the birth.

I would beg to refer those who feel an interest in this paper to some cases which I published, fourteen in number, of this description, in the *Medical Times and Gazette* for March 26, and April 9, 1853. Case 9 there reported occurred to the same lady as the one I have just related.

7, Portman-square, Sept. 22, 1855.

JERSEY HOSPITAL REPORTS.

By G. M. JONES, Surgeon.

AMPUTATION SEVERAL MONTHS AFTER EXCISION OF THE KNEE-JOINT.

Martha M'Crum, aged 15, was admitted into the Hospital on the 6th May, 1854, in consequence of a strumous affection of the left knee of several years' standing. The disease at this time had progressed so far, and the patient's health was, in

consequence, so undermined, as to render it perfectly evident that remedial agents could avail nothing. Whether their employment at an earlier period might have effected a cure it is impossible to say, for, with the exception of one blister applied to the part some years before, not a single effort had been made to arrest the disease. The determination of the patient, encouraged by her parents, not to submit to amputation, decided me to excise the joint, a decision in which my own judgment certainly acquiesced.

On the 8th the operation was performed in the following manner:—A horse-shoe flap was made over the joint and reflected upwards, after which the patella, with its ligament undivided, was drawn on one side. The joint was then freed of its integumental structures, and brought as much as possible into view. Nearly an inch and a-half of the femur, and full an inch of the tibia, both in an advanced state of caries, were removed by the saw. A few suspicious spots on the patella were gouged out, and some of the soft parts in which pulpy disorganization was most apparent, were removed by means of the knife. The head of the fibula was not diseased. The blood lost during the operation was trifling, and no vessel required either ligature or torsion. The limb was placed on a straight splint, and suitable appliances employed to keep the bones as near as possible in juxtaposition. An alarming amount of constitutional derangement followed the operation, and continued for several weeks; but this was evidently referable to a cause only discovered eight days after the excision of the joint. A fortnight before her admission the patient had a fall, by which she severely injured her back. This she had concealed even from her parents, dreading the application of leeches; and, on confessing the fact, a very large fluctuating abscess was discovered on the left side. This was immediately punctured, and considerably more than a pint of ill-conditioned fetid matter was evacuated; for eleven weeks therewas a continued discharge from the wound, and the frequent dressings it required naturally disturbed the perfect quiet so essentially necessary (more particularly during the past month) after operations of this nature. This, together with the exhausted state of the patient, and the frequent occurrence of severe attacks of hysteria, acted most prejudicially on the operation. There was considerable sloughing of the parts, and frequent displacement of the bones, so it is not surprising that at the end of three months Nature's reparative process had effected but little.

In September the patient's health visibly improved, and several of the sinuses which had increased considerably about the thigh and leg closed, and at the end of the year I entertained sanguine hopes that a perfect recovery might take place. A very sharp attack of continued fever, however, destroyed the anticipation, and after slowly recovering from it, unmistakable symptoms of necrosis of the femur manifested themselves, and amputation was at once performed at the upper third of the thigh. On the 10th of March, the patient was discharged cured. She is now (August) in the enjoyment of perfect health, and the catamenia has appeared.

On examining the limb, it was found that a portion of the lower third of the femur was in an advanced stage of necrosis. There was strong ligamentous union between the femur and tibia, and the patella was partially attached to the former.

Remarks.—So many cases of excision of the knee-joint, with their results, are now before the Profession, that the interest this operation excited for the first year or two after its revival has naturally, in some degree subsided; its period of probation is drawing to a close, and an operation which, in 1852, was by a Physician stigmatized as pertaining to mountebank Surgery"(a), has been tested and approved by men whose names will ever remain identified with the improvements in modern Surgery. There are still, however, some who denounce it altogether, others who affirm that only the fortunate cases are published, while those which are unsuccessful are unnoticed; and while this is the case, it remains a duty, both to humanity and to the Profession at large, to give a faithful record of every case that comes under our observation, whatever may have been its result, as the merits or demerits of an operation can only be decided by statistical returns.

This case, of which I have given but a brief history, may be regarded as illustrating the correctness of the views expressed in a paper read before the Medical and Chirurgical Society in 1834, and honoured by a place in their Transactions, in which I observed, "That amputation can at any time be performed after the first dangers from excision are passed, as easily, and with quite as much hope of success, as after the failure of the remedies ordinarily employed." With this patient I was in a similar position to that sometimes occupied by the most eminent Practitioners, where all other remedies for diseased knee-joints having failed, amputation at last becomes necessary.

I have every reason to believe that this would have presented another successful case of the operation, had not the abscess in the left lumbar region existed; for the difficulty I have always experienced in cases of excision has arisen not from the want of means adequate to subdue inflammation but in supplying those sufficiently stimulating to produce that amount which is essentially necessary (and that, too, from the moment of the operation) to effect a cure. The abscess acted as a counter-irritant, and, if I may so express myself, robbed the leg of that supply which it so much needed. This was abundantly proved from the fact, that the temperature of the knee, for three months at least, never corresponded with that of any other part of the body.

I am induced to think, as remarked above, that this operation has almost completed its period of probation, from the fact that it has been lately performed at several of the London Hospitals, at the Edinburgh Infirmary, Mercers' Hospital, Dublin, and the Royal Infirmary, Aberdeen; and at this moment a Surgeon who holds a high position in one of the chief Hospitals in the metropolis only waits an opportunity to give his opinion as to its merits or demerits.

In cases of this nature those who are commencing their career must take heed how they pin their faith to authorities; the time has come when they must, in a great measure, judge for themselves; in proof of which I will quote the words of two of the first Surgeons in Edinburgh. In the *Lancet*, April 21, 1855, Mr. Syme writes,—"I have long been persuaded that excision of the knee-joint is not an expedient operation, and experience, I must say, confirms this conviction; for, in the first place, it appears there is much more danger connected with excision of the knee-joint than with amputation of the thigh." Sir George Ballingall, on the contrary, in the fifth edition of the "Outlines of Military Surgery," page 397, writes,—"An amputation above the knee, however, I have long looked upon as a very hazardous operation, from the constitutional disturbance which the removal of so large a portion of the body necessarily involves; and, looking to the excision of the knee-joint as likely to involve less of this constitutional disturbance, I could not be thought to discourage it as a primary operation."

(To be continued.)

(a) *Vide* Review of Mr. Fergusson's Practical Surgery, in *Lancet*, for 1852, page 426, Vol. II.

CASES OF "FANCIED PREGNANCY."

By JOHN S. BEALE, M.R.C.S. and L.M.

Case 1.—Mrs. R., aged 28, rather stout, has one child, about 4 years old. About eleven months back she began to notice frequent shooting pains in the breasts, attended with enlargement of their volume, and exudation of a whitish thin serous fluid, also sickness after partaking of food, more especially fluids; her abdomen began to increase in size; the menses still continued, although considerably diminished in quantity and more irregular in their appearance, averaging from three to five weeks. Tongue clean; appetite good. She now came to engage me, considering herself at that time in the fourth month of utero-gestation. Three weeks after this date, she said she daily felt the movements of the fœtus; her abdomen was getting very prominent, she assumed the gait allowed to ladies in that interesting condition, and had all her dresses "let out" to the extent of six to seven inches. When she had advanced to about the eleventh month, the prolongation of her gestation caused her to visit me for an explanation. All the afore-mentioned symptoms were present, with a corresponding increase in her abdominal protuberance, which felt soft and easily compressible, and wanting the tight, elastic feel of pregnancy. The os uteri was found, on examination, in its usual position in the unimpregnated state; cervix of natural length, but rather thicker and softer, and felt hot to the touch. I suggested that she had deceived herself, and was not pregnant. Within fourteen days from this date, she began to gradually decrease in size, her dresses

were taken in, and she "looked herself again." Her menses still continued, but not so scanty; she was not troubled with flatulency; her bowels acted freely and regularly—in fact, her health was good.

Case 2.—Mrs. P., aged 36, of spare figure, mother of two children, eldest nineteen years old, about twelve months back first noticed increase of size of abdomen, and enlargement of mammæ, accompanied with sickness during the day, but not particularly in the morning; menses very irregular. Her size, when seven to eight months advanced in her supposed pregnancy, attracted the attention of her friends and relatives, and, when about three months from this date, the lady presented herself in her usual size, etc., she astounded them by her information that she had had no baby. Here again there was no torpidity of the bowels, and no discharge from the uterus, beyond the menstrual. This patient remarked that on some days she was not so big as others. Baby-linen was prepared, and unceremoniously cast aside.

Case 3.—Mrs. J., aged 40, mother of seventeen children, and had had three miscarriages, was annoyed with frequent vomiting; tongue rather dry; abdomen enlarged; hardly any menstrual fluid. She inclined to the belief of pregnancy for the first five months, especially as the size of the abdomen increased with the cherished hope. The usual remedies for a congested state of the liver, produced by the improper use of stimulants, reduced this patient to her usual dimensions, with some aperient medicine to take for the "change of life." She had consulted two Medical men for the supposed pregnancy without being shaken in her faith.

Case 4.—Mrs. L., aged 33, mother of one child living, exhibited the same symptoms, caused by the same course of life, and yielded to the same remedies.

Case 5.—Mrs. W., thin, spare, aged 35, had frequent attacks of sickness, with feelings of lassitude, but very little development of breasts; menses stopped entirely for six months. Abdomen enlarged and prominent; pressure in the left iliac region caused pain, also stooping; she occasionally had slight rigors. I suggested pelvic abscess as the cause of these symptoms. I saw her five months after, when she told me that it had burst (per vaginam), and discharged about two pints of matter. She attributed the abscess to having slept between damp sheets while travelling.

Case 6.—Mrs. S., aged 22, married thirteen months, hurt herself while lifting a table. This was followed by pelvic abscess, which gave rise to symptoms somewhat similar to the preceding case, which suggested pregnancy. A discharge of pus from the rectum showed the cause, and relieved the patient.

In none of these cases (those of pelvic abscess excepted) have the patients had any discharge from the uterus. The enlargements disappeared mysteriously; in all but one there was great desire for a family, and every little pleasing deceit was no doubt pressed into service. They enlarged too rapidly, and attained a prominency rather above the usual size. Disordered menstruation, congested liver, deranged stomach, all helped to produce abnormal functions, which were viewed as the result of uterine gestation. This year has been unusually ripe in such like cases.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING JUNE, 1855.

The subjoined report includes the following Hospitals:—Addenbrooke's (Cambridge), the Bedford, the Bradford, the Brighton, the Cheltenham, the Coventry and Warwickshire, the Derby, the Dorsetshire, the Durham, the Hitchin, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal, the Liverpool Southern and Toxteth, the Nottingham, the Portsmouth, the Reading, the South Staffordshire, the Staffordshire General, the Sheffield, the Torbay, the West Norfolk and Lynn, and the York County Hospital.

LITHOTOMY.

Number of cases 14; recovered 13; died 1.

Case 1.—A boy, aged 14, in good health, under the care of Mr. Teale, in the Leeds Infirmary. An oxalate of lime calculus, weighing nearly an ounce, was removed. It had been partially sacculated, and the two-thirds of its surface which had been protected by the sac displayed the usual rough exterior of a mulberry-stone, while the rest was coated with a deposit of mixed phosphates, half-an-inch thick. The boy recovered well. *Case* 2.—A boy, aged 7, in good health, under the care of Mr. Teale, in the Leeds Infirmary. A lithic acid stone, weighing two drachms, was removed by the usual operation. The boy recovered well. *Case* 3.—A boy, aged 7, in good health, under the care of Mr. Fearn, in the Derby Infirmary. A lithic acid stone was removed in the usual manner, and the boy recovered quickly. *Case* 4.—A boy, aged 2½, in good health, who had suffered symptoms of stone for eight months, under the care of Mr. Cotton, in the West Norfolk Hospital. The usual operation was performed, the cutting gorget being used, and a lithic acid stone (ʒss.) removed. Recovered. *Case* 5.—A boy, in good health, aged 2, under the care of Mr. Lowdell, in the Brighton Hospital. Two calculi, the size of beans, were removed. Recovered. *Case* 6.—A boy, aged 6, under the care of Mr. Pollard, in the Torbay Infirmary, having suffered from stone for eighteen months. A triple phosphate calculus, the size of a walnut, was removed, and the patient recovered without a bad symptom. *Case* 7.—A boy, aged 5, in bad health, under the care of Mr. Curme, in the Dorset County Hospital. He suffered very much from prolapse of rectum, and for this it was necessary to pursue treatment preparatory to the operation. Injections of sesquichloride of iron (ʒiij. to 0j.) were used, and scammony purges given, by which latter two large lumbrici were brought away. The urine was phosphatic. The stone having always been felt at the same spot, near the neck of the bladder it was believed to be encysted. The removal was effected without unusual difficulty. It weighed nearly half-an-ounce, and showed a constriction at its middle, as if its larger half had lain in a pouch. The smaller and projecting part was much softer than the other. The boy recovered well. *Case* 8.—A man, aged 22, in fair health, under the care of Mr. Sandford, in the South Staffordshire Hospital. He had suffered from symptoms of stone ever since early childhood. The usual operation was performed, and a stone, weighing rather more than an ounce, removed. Recovered. *Case* 9.—A lad, aged 15, under the care of Mr. Sandford, in the South Staffordshire Hospital. Symptoms of stone had been present seven years. The usual operation was performed, and a good recovery followed. The stone weighed nine drachms. *Case* 10.—A boy, aged 9, under the care of Mr. M'Munn in the South Staffordshire Hospital, having suffered from stone for two years. The usual operation was performed. The stone was soft, and crumbled in the forceps. Recovered. *Case* 11.—A boy, aged 11, under the care of Dr. Laxan, in the Coventry Hospital. He was in weakly health, and had suffered from stone almost all his life. The usual operation was performed, and a lithate of ammonia calculus, weighing thirteen drachms, was removed. It was shaped like an italic *f*, and this peculiarity interfered with its extraction, which could not be accomplished until it had been broken in halves. Recovered. *Case* 12.—A man, aged 21, under the care of Mr. Hey, in the York County Hospital. He had been under treatment for upwards of nine months, and repeated lithotrity operations had been performed. Many fragments had come away, but the cure was so tedious that he was anxious to submit to lithotomy. A stone weighing an ounce, and which proved to be partially encysted, was removed. Recovered. *Case* 13.—A man, aged 24, under the care of Mr. Teale, in the Leeds Infirmary. He was in feeble health, and for twelve years past had suffered obscure symptoms of stone in the bladder. No stone could be detected by the sound, but on subsequent examination one was found imbedded in the prostate. Mr. Teale performed rectal lithotomy, cutting down directly over the stone. It was of irregular oval form, and weighed more than half an ounce. The nucleus was of oxalate of lime, around which were arranged concentric layers of lithates, and very delicate ones of lithic acid. The man has recovered, and is now an out-patient, but some urine still occasionally escapes into the rectum by a fistula left from the wound. *Case* 14.—A man, aged 55, very stout, who had suffered from stone for several years. The perinæum was very deep. The usual operation was performed, and four flattened stones, severally weighing about a drachm and a half, were removed. Some secondary hæmorrhage followed, and the wound had to

be plugged. Inflammation of the cellular tissue of the pelvis subsequently occurred, and was attended by suppuration The man sank, and death took place on the 21st day.

AMPUTATIONS.

	Cases(a).	Recovered.	Under Treatment.	Died.
Double Amputations	1	0	0	1
At the Hip-Joint . . .	1	1	0	0
Of the Thigh	24	18	0	6
Of the Leg	21	15	2	4
Of the Foot	6	6	0	0
Of the Upper Extremity	18	16	0	2
Total of all Cases . . .	71	56	2	13

(a) Eight cases left under treatment by last Quarter's Report are included in this Table.

Double Amputations.—Case 1.—A man, aged 44, previously in good health and of sober habits, was admitted, under the care of Mr. Wood, into the Gloucester Hospital, having sustained, in a railway accident, compound and comminuted fractures of both legs. Amputation of both, just below the knee, was performed about an hour after the accident. He did well until the third day, when redness about the left knee showed itself. In the evening of the same day vomiting and pain of the epigastrium were present, and about midnight he died, gangrene of both thighs having already commenced.

At the Hip-Joint.—Case 2.—A man, aged 27, under care in Addenbrooke's Hospital, on account of a large malignant ulcer on the middle of the outer side of the thigh. The history was, that it had begun in the cicatrix of a wound received sixteen years ago, and that it had existed for about a-year. It had already destroyed the parts deeply, involving the femur. The day before the amputation, spontaneous fracture of the bone occurred, after which the man suffered extreme pain. Amputation at the hip-joint was performed. Recovered.

Of the Thigh.—Case 3.—A boy, aged 13, under the care of Mr. Johnson, in the Derby Infirmary, on account of necrosis of the tibia, and anchylosis of the knee. After the operation, he suffered from sickness for three or four days, and had also a little secondary hæmorrhage, but, subsequently, his recovery was uninterrupted. *Case* 4.—A boy, aged 13, under the care of Mr. Johnson, in the Derby Infirmary, on account of strumous disease of the knee-joint. He was extremely emaciated at the time, but, after the operation, recovered rapidly. *Case* 5.—A man, aged 25, under the care of Mr. Foster, in the Hitchin Infirmary, on account of old standing disease of the knee-joint. He was much wasted by long-continued pain and discharge. The stump healed almost entirely by first intention, and he recovered well. *Case* 6.—A girl, aged 9, under the care of Mr. Shillitoe, in the Hitchin Infirmary, on account of diseased knee. She was hectic, and extremely reduced. Stump healed mostly by first intention. Recovered. *Case* 7.—A boy, aged 11, under the care of Mr. Hey, in the York County Hospital, on account of strumous disease of the knee. He was feeble and reduced. Recovered. *Case* 8.—A man, aged 27, under the care of Mr. Cotton, in the West Norfolk and Lynn Hospital, on account of a tumour surrounding the knee-joint. The growth was stated to have existed for seven years; it was irregular, and nodulated to the shape, but soft and elastic to the touch; over its inner surface was a large fungous ulcer. The glands were not enlarged. Amputation through the upper part of the thigh was performed. The man subsequently had an attack of chronic tetanus, from which, however, he ultimately made a good recovery. *Case* 9.—A feeble, strumous man, aged 27, under the care of Mr. Wood, in the Gloucester Hospital, on account of diseased knee-joint, of ten months' standing. He was very much exhausted for two or three days following the operation, but he subsequently rallied, and the stump healed. Some glands in the groin, which had been enlarged, however, went on to suppurate, and cough and diarrhœa having come on, he gradually sank under the combination, and died eleven weeks after the operation. *Case* 10.—A woman, in fair health, aged 25, under the care of Mr. Tapp, in the Dorset Hospital, on account of diseased knee-joint. The joint had been partially anchylosed, in a bent position, for twenty years past. The whole joint was extremely tender, and there was a puffy swelling over its inner side. Recovered. *Case* 11.—A woman, aged 30, under the care of Mr. Coleman, in the South Staffordshire Hospital, on account of diseased knee-joint, of two years' standing. Recovered. *Case* 12.—A woman, aged 20, under Mr. Huntingdon's care, in the Hull Infirmary, on account of diseased knee-joint. She had suffered extreme pain in connexion with the disease, but her general health had not materially given way. Recovered. *Case* 13.—A woman, aged 54, under care in Addenbrooke's Hospital, Cambridge, on account of diseased knee-joint. She was much reduced, but recovered well after the amputation. *Case* 14.—A boy, aged 8, in delicate health, under care in Addenbrooke's Hospital, on account of diseased knee-joint. When admitted, the joint was contracted, at a right angle, but, under chloroform, it was easily got down to a straight position. No unpleasant result followed this procedure. but some weeks later the joint inflamed, and during attacks of scarlet fever and variola from which successively the boy suffered, passed into such a condition that amputation became necessary. Recovered. *Case* 15.—A man, aged 42, under care in Addenbrooke's Hospital, on account of diseased femur and epithelial cancer. The femur was thickened by old-standing disease, and a sinus near the knee led down to exposed bone, epithelial cancer attacked the edges of this sinus, and, spreading, caused so much pain that the removal of the limb became necessary. Subsequently, abscesses in the stump occurred, and during convalescence the man had also an attack of pneumonia. Recovered. *Case* 16.—A man, aged 37, under the care of Mr. Laxan, in the Coventry Hospital, on account of a malignant ulcer in front of the knee-joint, of two years' duration. The history was, that in childhood he had suffered from abscess in front of the tibia, from which portions of bone came away. It healed, and for twenty years the sear remained sound. About two years ago, however, the cicatrix, having been contused, ulcerated, and the ulceration subsequently took a malignant character, spreading deeply, destroying the ligament of the patella, and exposing the tibia. The man was in good health, and recovered well after the amputation. *Case* 17.—A man, aged 30, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of diseased knee-joint, of two years' duration. He was much reduced in health, but made a good recovery after the operation. *Case* 18.—A man, aged 39, under the care of Mr. Husband, in the York County Hospital. About seven months ago his thigh was amputated, on account of medullary cancer in the calf. (See former Report.) The stump, unhealthy for some time, at length healed, excepting a small part, where the bone was thinly covered with granulations. Under these circumstances, Mr. Husband performed a second amputation by double flaps about four inches higher up. After removal the bone was found to have several small exostoses growing from it. The man was in good health, and has recovered well. *Case* 19.—A man, aged 19, admitted into Hospital on account of a crushed knee-joint. Secondary hæmorrhage occurred, and there was also very profuse suppuration consequent on the exfoliation of a portion of bone. He sank into hectic, and died from exhaustion seven weeks after the operation. *Case* 20.—A man, aged 26, under the care of Mr. Fearn, in the Derby Hospital, on account of a compound and comminuted fracture of the femur and patella opening the knee-joint. He was intoxicated at the time of the accident. Primary amputation was performed, and death "from diarrhœa and absorption of pus" followed three weeks afterwards. *Case* 21.—An intemperate man of middle age, under the care of Mr. Johnson, in the Derby Infirmary. The right leg was nearly torn off at the knee-joint, the popliteal artery having been torn across. The accident had occurred from the leg being caught in a towing-rope. Death "from diarrhœa" occurred three weeks after the operation. No autopsy. *Case* 22.—A man, aged 59, under the care of Mr. Lowdell, in the Brighton Hospital, on account of a severe injury to the thigh from having been caught in the wheels of a threshing-machine. Primary amputation. Secondary hæmorrhage occurred on the twelfth, and death on the fifteenth day. *Case* 23.—A man, aged 36, under care in Addenbrooke's Hospital, on account of diseased knee-joint of seven or eight months' duration. His general health was very much impaired. Circular amputation was performed. Profuse suppuration followed, and death from exhaustion occurred a month after the operation.

Of the Leg.—Case 24.—A man, aged 39, under the care of Mr. Wilton, in the Gloucester Hospital, on account of com-

pound dislocation of the right ankle, with fracture of the fibula. He was of strumous habit, and the subject of cardiac disease (rheumatic). The ligaments having been extensively torn, and the periosteum stripped from the lower part of the tibia. Primary amputation was advised; the man, however, refused. The leg inflamed, and the wound sloughed. On the eighth day, an attack of secondary hæmorrhage rendered amputation unavoidable. He recovered well. *Case* 25.—A man, aged 35, under the care of Mr. Meade, in the Bradford Infirmary, on account of a badly-united fracture of the leg. The fracture, a severe compound one, had not been treated in the Hospital, and had resulted in firm union, with eight inches of shortening, and a useless limb. Amputation just below the knee was performed, and the man recovered well. *Case* 26.—A man, aged 45, under the care of Mr. Wood, in the Gloucester Hospital, his leg having been all but torn off by being caught in a towing-rope. The operation consisted only in dividing the tibialis anticus and the muscles of the calf, and cutting square the splintered ends of the bones. Recovered. *Case* 27.—A man, aged 34, under care in the Durham Infirmary, on account of a compound fracture of the leg, the consequence of a railway accident. Primary amputation. Recovered. *Case* 28.—A man, aged 35, under the care of Mr. M'Munn, in the South Staffordshire Hospital, on account of a compound fracture into the ankle-joint. Reduction was effected, and an attempt made to save the limb, but diffuse suppuration in the leg followed, and reduced the patient to a condition of severe hectic. Secondary amputation was performed. Recovery. *Case* 29.—A lad, aged 18, under the care of Mr. M'Munn, in the South Staffordshire Hospital, on account of a compound fracture of the leg. Primary amputation of the leg was performed. Under treatment. *Case* 30.—A woman, aged 30, under the care of Mr. Huntingdon, in the Hull Infirmary, on account of scrofulous disease of the tarsus. Amputation through the leg. Under treatment. *Case* 31.—A girl, aged 18, in delicate health, under care in Addenbrooke's Hospital, on account of scrofulous disease of the ankle-joint of twelve months' duration. Circular amputation was performed, and the stump was quite healed in three weeks. *Case* 32.—A woman, aged 30, under care in Addenbrooke's Hospital on account of disease of the tarsus and ankle-joint. The disease had existed for upwards of a year, and had reduced her to a state of extreme emaciation. Circular amputation. Rapid recovery. *Case* 33.—A man, aged 33, under the care of Mr. Troughton, in the Coventry Hospital, on account of disease of the ankle-joint, of seven months' duration. He was strumous, and in poor health. Circular amputation was performed, and he recovered well. Since discharged from the Hospital he has shown symptoms of phthisis, and is now in an advanced stage of that disease. *Case* 34.—A man, aged 55, in tolerably good health, under Dr. Laxan's care, in the Coventry Hospital, on account of dry gangrene of the leg. The man had, on several occasions, suffered from rheumatic gout. About a year ago, he had become subject to a settled pain in the leg now affected, which continued, without abatement, until two months ago, when the gangrene commenced in the little toe. At the time of admission the whole foot, and the lower part of the leg, had died, and, excepting the bones, the separation was complete. The operation consisted in sawing through the bones. The ulcerated surfaces were at the time unhealthy, but they subsequently cleaned. There was scarcely any bleeding. Recovered. *Case* 35.—A collier, aged 28, in bad health, was admitted, under the care of Mr. Smith, into the Leeds Infirmary, on account of spontaneous gangrene of the leg. It appeared that, while much exposed to cold in his occupation, he had contracted bronchitis, after which phlebitis followed, and gangrene of the right foot and leg. The line of demarcation had formed at the time of amputation. Most of the arteries were found plugged with fibrin, and did not bleed when cut through. There was, however, a good deal of trouble with some smaller branches. In after-treatment a free allowance of stimulants was necessary. Recovered. *Case* 36.—A woman, aged 50, under the care of Mr. Hey, in the Leeds Infirmary, on account of crushed foot. Primary amputation. Recovered. *Case* 37.—A lad, aged 14, admitted into the Reading Hospital, having had his foot crushed in the wheels of a threshing machine. Amputation just above the ankle was performed by Dr. Williams, (House-Surgeon,) twelve hours after the accident. Recovered. *Case* 38.—A boy, aged 14, under the care of Mr. Wood, in the Gloucester Hospital, on account of compound fracture of the tibia, and compound dislocation of the ankle. Primary amputation. The symptoms were favourable up to the sixth day, when the surface of the stump assumed a sloughy appearance. On the seventh day erysipelas had extended up the limb to the iliac region, and on the thigh were some blackened patches of commencing gangrene. Death on the eighth day. *Case* 39.—A lad, aged 11, under the care of Mr. Wilton, in the Gloucester Hospital, on account of diseased tarsus. He was of strumous diathesis, and, from long-continued pain and discharge, had been reduced to an extreme degree of emaciation. The glands in the groin were enlarged. His health had somewhat improved under treatment in the Hospital, prior to the removal of the limb. Flap amputation was performed. Twelve hours afterwards a little bleeding occurred, but it was arrested on the application of cold. He remained pale and feeble, and with great disrelish for food. The stump did not heal. Cough, diarrhœa, and tenderness of the abdomen, were subsequently present, and on the eighth day death took place. *Case* 40.—A boy, aged 15, under the care of Mr. Huntingdon, in the Hull Infirmary, on account of compound comminuted fracture of the leg. Primary amputation. Some sloughing of the soft parts followed, but this was arrested, and the stump granulated healthily. The lad, however, sank into a typhoid state, and died.

Of the Foot.—*Case* 41.—A man, aged 34, under the care of Dr. Masfen, in the Staffordshire General Hospital, on account of scrofulous disorganization of the tarsus. He was cachectic and worn out by the disease. Chopart's amputation was performed. Recovered. *Case* 42.—A child, aged 10, under the care of Mr. Coleman, in the South Staffordshire Hospital, on account of diseased tarsus and metatarsus. Amputation at the ankle-joint was performed. Recovered. *Case* 43.—A lad, aged 18, admitted into the South Staffordshire Hospital, under the care of Mr. M'Munn, on account of severe injury to the foot. Amputation at the ankle-joint was performed. Recovered. *Case* 44.—A lad, aged 15, under care in Addenbrooke's Hospital, on account of diseased tarsus, of four months' duration. His general health was pretty good. Chopart's amputation was performed, and he was discharged with a sound stump two months afterwards. *Case* 45.—A man, aged 40, under the care of Mr. Teale, in the Leeds Infirmary. Four years before, he had suffered from a severe crush of the foot in a railway accident, in which all the toes had been removed, and the skin stripped off from over the dorsum of the foot. The stump had never healed, from deficiency of integument. Mr. Teale performed Chopart's amputation. Recovered. *Case* 46.—A lad, aged 12, under the care of Mr. Smith, in the Leeds Infirmary, on account of diseased tarsus, of five years' duration. Amputation at the ankle-joint was performed, the articular surfaces of the bones being sawn away. The stump healed quickly. Recovered.

Of the Upper Extremity.—*Case* 47.—A man, aged 31, under the care of Mr. Fearn, in the Derby Infirmary, on account of diseased elbow. Amputation through the arm. Recovered. *Case* 48.—A man, aged 30, in the South Staffordshire Hospital, under the care of Mr. M'Munn, on account of compound fracture of the elbow-joint. Primary amputation. Recovery. *Case* 49.—A lad, aged 17, under care in Addenbrooke's Hospital, on account of a gun-shot wound of the hand. Secondary hæmorrhage occurred a fortnight after the accident, and by it and by continued profuse discharge, the lad's health was so reduced, that secondary amputation became necessary. It was performed a month after the accident. Recovery. *Case* 50.—A man, aged 35, under care in Addenbrooke's Hospital, on account of diseased wrist. Four years ago, he had had some melon-seed-like bodies removed from the joint, by direct incision, and ever since the hand had been much crippled in its movements. Suppuration in the wrist and fore-arm had existed for a year. Circular amputation through forearm. Recovered. *Case* 51.—A lad, aged 11, under the care of Mr. Marishall, in the Liverpool Southern and Toxteth Hospital, on account of compound fracture of the forearm, with much laceration. Primary amputation. The soft parts sloughed, and the bones protruded, but the ends of the latter being exfoliated the stump healed. *Case* 52.—A man, aged 24, under care in the Liverpool Southern and Toxteth Hospital, on account of compound fracture in the wrist-joint, with much laceration. His general health was good. Amputation through the forearm.

Recovered. *Case* 53.—A lad, aged 14, under the care of Dr. Laxon, in the Coventry Hospital, on account of compound fracture, involving the elbow-joint, with severe injuries to the soft parts. Primary amputation. Recovered. *Case* 54.—A man, aged 28, under the care of Mr. Teale, in the Leeds Infirmary, on account of compound fracture of the upper arm, the result of a railway accident. Primary amputation near the shoulder. Recovered. *Case* 55.—A man, aged 27, in feeble health, under the care of Mr. Teale, in the Leeds Infirmary, on account of diseased wrist and carpus, the lymphatics up the arm having also suppurated. He was in feeble health. Amputation by a single flap, cut from the dorsal surface, was performed. Recovery. *Case* 56.—A man, aged 22, under the care of Mr. Smith, in the Leeds Infirmary, on account of diseased carpus. He was in feeble health, and the lympathics up the arm were also diseased. Amputation through the forearm. Recovered. *Case* 57.—A man, aged 24, in good health, under Mr. Halton's care, in the Liverpool Royal Infirmary, on account of disease of the wrist-joint. Amputation through the forearm. Recovered. *Case* 58.—A man, aged 51, in the Liverpool Royal Infirmary, under the care of Mr. Long, on account of diseased carpus and wrist. He was much reduced in health. Amputation. Recovered. *Case* 59.—A man, aged 51, in good health, under the care of Mr. Long, in the Liverpool Royal Infirmary, on account of a fungoid tumour growing from the fascia of the forearm. Amputation through the upper arm. Recovery. *Case* 60.—A lad, aged 18, under Mr. Hey's care, in the York County Hospital, on account of strumous disease of the hand. He was in poor health. Amputation through the forearm. Recovery. *Case* 61.—A man, aged 41, under the care of Mr. Husband, in the York County Hospital, the hand, wrist, and forearm having been severely injured by a circular saw. Primary amputation. Recovery. *Case* 62.—A man, aged 23, under care in the Brighton Hospital, on account of a smashed hand from the bursting of a gun. Primary amputation through the forearm. Death from phlebitis on the eighth day. *Case* 63.—A man, aged 72, under care in the Brighton Hospital, on account of disease of the wrist-joint, following dislocation. He was in feeble health. Amputation through the forearm. Death from exhaustion ten days afterwards.

HERNIOTOMY.

Number of cases, 5; recovered, 2; died 3.

Case 1.—A man, aged 34, under the care of Mr. Sayle, in the West Norfolk Hospital. Hernia scrotal, of seven years' duration, and strangulated 32 hours. Sac not opened. Recovered without a bad symptom. *Case* 2.—A woman, aged 32, under the care of Mr. Turner, in the Brighton Hospital. Hernia femoral, strangulated 24 hours; sac opened. Recovered. *Case* 3.—A feeble man, aged 73, admitted into the Reading Hospital on account of a right femoral hernia, strangulated six days. He was much sunken. The tumour, which was small, was so imbedded among the femoral lymphatics, that the sac was with difficulty found. Reduction could not be effected until the sac had been opened, after which the gut, a very small knuckle, slipped up spontaneously. Death took place 24 hours after the operation. The autopsy showed the portion of bowel which had been strangulated, still very much congested; and in the part on which the edge of the stricture had pressed were three small perforations. Fæcal matter had escaped into the abdomen, and there was extensive peritonitis. *Case* 4.—A man, aged 36, admitted into the Reading Hospital on account of a scrotal hernia, the size of a cocoa-nut, which had been strangulated four hours. Treatment by warm bath, opium, ice, etc., was pursued for about 20 hours, but taxis being still impracticable, the operation was resorted to. It was found impossible to divide the stricture without first opening the sac. The sac was found to contain almost the whole of the omentum, and a knuckle of small intestine, about 3 inches long, which was adherent to the omentum. On account of the swollen condition of the omentum, it was still found impracticable to return it, and a number of punctures were accordingly made, to let out the serum, which infiltrated it. This, however, failed to reduce the bulk sufficiently, and it was therefore determined to cut away the greater part, which, a double ligature having previously been applied, was done. The bowel, and the end of the omentum, together with the ligatures, were next easily returned, and the ligatures having been secured to the edges of the wound, the latter was partially closed. The signs of peritonitis appeared on the second day, and on the evening of the third death took place. The autopsy showed general inflammation of the peritonæum. The stomach was drawn down below the level of the umbilicus. There had been no hæmorrhage into the abdomen. *Case* 5.—A woman, aged 47, was admitted into the Coventry Hospital with a large femoral hernia, strangulated 24 hours. The symptoms were not urgent, and on seven former occasions they had been of equal severity previous to the taxis being effected. Treatment by opiates, etc., was pursued for twenty-four hours, but the taxis still being impracticable, the operation was resorted to. The sac having been opened, a knuckle of intestine and a portion of omentum were found down. During the reduction some fetid fluid escaped from the abdominal cavity. Death took place on the day following the operation. At the post-mortem, the signs of peritonitis were universally present, and a quantity of fetid fluid was contained in the peritoneal cavity. No perforation of the gut had, however, taken place. The portion which had been strangulated was still much congested.

NOTES AND QUERIES.

Ye that questioneth much shall learn much.—*Bacon.*

No. 38.—Logic Applied to Medicine.

[Continued from p. 266.]

[*To the Editor of the Medical Times and Gazette.*]

Sir,—Allow me to introduce my second note on Logic applied to Medicine with a few lines from a popular poet—"simul et jucunda, et idonea dicere."

"And what are the studies you pursue?
What is the course you here go through?"
"*First Scholar.*
"The first three years of the College course
Are given to Logic alone, as the source
Of all that is noble, and wise, and true."
"*Second Scholar.*
"That seems rather strange, I must confess,
In a Medical School; yet, nevertheless,
You, doubtless, have reasons for that."
"*First Scholar.*
"O yes!
For none but a clever dialectician
Can hope to become a great physician;
That has been settled long ago.
Logic makes an important part
Of the myst'ry of the healing art."

So say or sing two students in Longfellow's *Golden Legend*. Now, though no one would wish our young Mediciners to devote *three years* to the study of Logic, especially of that taught at Salernum, there can be, I think, no doubt that application for a shorter time to Logic, as understood in these "Notes," that is, to the *principles of evidence*, would be a useful addition to the course of Medical study; and that, accordingly, the University of London and the Army Medical Board, if such be the Logic they require, have shown, by enjoining it, an enlightened regard to the interests of Medical science and practice. That so little has been hitherto satisfactorily established, either in Physic or Surgery, is, doubtless, owing in part to the extreme difficulty of the subjects, but also in part to neglect of the principles of evidence, and of those methods of scientific investigation which have raised other sciences to so much higher an elevation, and of which it is the object of *Mill's Logic* to give a connected view.

As *induction* is the great instrument of scientific research, it should of course be well understood; and, in the first place, clearly distinguished from *ratiocination*.

"We say of a fact or statement that it is proved, when we believe its truth by reason of some other fact or statement from which it is said to *follow*. Most of the propositions which we believe are not believed on their own evidence, but on the ground of something previously assented to, and from which they are said to be *inferred*. To infer a proposition from a previous proposition or propositions; to give credence to it, or claim credence for it, as a conclusion from something else, is to *reason*, in the most extensive sense of the term. There is a narrower sense, in which the name "reasoning" is confined to the form of inference, which is termed ratiocination, and of which the syllogism is the general type.

Reasoning, then, in the extended sense in which I use the term, and in which it is synonymous with Inference, is popu-

larly said to be of two kinds: reasoning from particulars to generals, and reasoning from generals to particulars; the former being called *induction*, the latter *ratiocination* or *syllogism*. It will afterwards be shown that there is a third species of reasoning, which falls under neither of these descriptions, and which, nevertheless, is not only valid, but the foundation of both the others.

It is necessary to observe, that the expressions, reasoning from particulars to generals, and reasoning from generals to particulars, are recommended by brevity, rather than by precision, and do not adequately mark, without the aid of a commentary, the distinction between Induction and Ratiocination. The meaning intended by these expressions is, that Induction is inferring a proposition from propositions *less general* than itself, and Ratiocination is inferring a proposition from propositions *equally* or *more general*. When, from the observation of a number of individual instances, we ascend to a general proposition, or when, by combining a number of general propositions, we conclude from them another proposition still more general, the process, which is substantially the same in both instances, is called Induction. When, from a general proposition, not alone, (for from a single proposition nothing can be concluded which is not involved in the terms,) but by combining it with other propositions, we infer a proposition of the same degree of generality with itself, or a less general proposition, or a proposition merely individual, the process is Ratiocination. When, in short, the conclusion is more general than the largest of the premises, the argument is commonly called Induction; when less general, or equally general, it is Ratiocination."—*Mill's Logic*, Vol. I. p. 216—224.

September 24, 1855. I am, etc. J. D. W.

No. 39.—Anecdote of John Hunter.

Sir,—Any authentic anecdote of J. Hunter—and the following appears to be such—will interest some of your readers:—

"John Hunter told me himself that he had Pott's works by him, presented by the author, with the leaves still uncut, and disclaimed all pretensions to superior talent, trusting solely to patient and attentive personal investigation." *Green's Diary of Literature; Gentlemen's Magazine, September*, 1841.

As Hunter had been Pott's pupil, he was, probably, well acquainted with his opinions, and had, therefore, some reason for neglecting his published works, but it was not creditable to boast of such neglect. Indeed, Pott was, in some important respects, much superior to his more distinguished contemporary. See Mr. Ottley's comparison between these eminent men in his interesting Life of Hunter, p. 111.

September 29, 1855. I am, etc. M. D.

ANSWERS.

To Query 36.—Roman Surgical Instruments.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—"Arundo" will find a description of some Roman Surgical Instruments found at Pompeii in 1819, with the engraving thereof, in either of the following works:—*Revue Medicale*, 1821, vol. iii. p. 427; Froriep's *Notizen aus dem Gebiete der Natur und Heil Kunde*, 1822, vol. ii. n. 26, p. 57; *Lond. Med. and Phys. Journ.* vol. xlvii. p. 353; Smith's *Dict. of Greek and Roman Antiq.*—art. "Chirurgia." I am, etc.

M.D., Oxon.

Medical Times & Gazette.

SATURDAY, OCTOBER 6.

DIFFICULTIES OF HOMŒOPATHY.

We are encouraged by the approbation of many of our readers to continue our remarks on Homœopathy. In pursuing these remarks we desire to avoid ridicule, personalities, and ill words of all kinds. Our purpose will be much better answered by calmly showing what Homœopathy is, what were the opinions of its founder, and what the praetiee of his disciples.

In the course of our investigation we have had occasion to show how completely the alleged facts of Homœopathy are at variance with every-day experience. We allude more particularly to the pathogenetic virtues attributed by the Homœopaths to substances inert, such as common chalk, charcoal, and blaek lead. If such substances were really capable of inducing a crowd of symptoms when inhaled in a state of intensely minute subdivision, must not the fact have been familiar to the great number of persons who inhale the dust of them in various pursuits of industry? If finely divided substances produce extraordinary symptoms, why, we ask, are such symptoms not heard of in the neighbourhood of perfumers' shops, or the factories of drug-grinders?

In the same way, the alleged facts of Homœopathy are incompatible with each other. To insure the conditions under which alone a Homœopathic remedy can produce its effects, pure and undisturbed, the patient should be put into a Wardian case, made to breathe air chemically pure, to drink distilled water, and eat only of substances from which all flavour has been elimineated. The Homœopathic books, which are got up for the amateur dabblers in quackery, are most scrupulous in their directions as to the necessity of absolute cleanliness and purity in the mode of administering medicines. "Before dissolving a fresh medicine the vessel which has contained the former remedy should be washed with scalding water, and afterwards rinsed with cold water. When a phial is used, this must be done very carefully." So says a popular author. The least particle of dust must introduce a new remedy, which must neutralize or modify the aetion of the medicine which the practitioner desires to give; and the least admixture of medicines, even the odour of them, must produce a confliet of forces which, if Homœopathy be true, must be of incalculable intricacy. The conditions, in fact, necessary for the undisturbed production of the immaterial virtues of Homœopathic medicines are absolutely unattainable by people who live in the world as it is.

Moreover, when a Homœopathic remedy is supposed to disagree, it is the custom of the practitioner to amuse the patient, by *exhibiting* (we thank *Punch* for having exploded this most barbarous and pedantic term, and for driving it out of use amongst the regular Faculty)—in plain English, *giving* an antidote; and, says one of the authors of the sect, "*Camphor* will be found to be the best antidote to the generality of the vegetable medicines. When indicated, it may either be given by *olfaction* (smelling), or else a drop or two of spirit of camphor dissolved in a wine-glassful of cold water may be exhibited in one dose." Coffee, it is added, may also be given as an antidote.

Now here we have, from a Homœopathie source, a verification of our statement, that the *exhibition* of camphor in minute quantities is an antidote to the effects of other remedies, nay, even that the *olfaction* of this drug suffices to dissipate and neutralize their medicinal effects.

In a preceding article we commented on the absurdity, and upon the opposition to all Homœopathic principles, of the medley of drugs *exhibited* by the Homœopaths in cases of cholera. For example, a man was affected by choleraic diarrhœa on August 27, 1854. On August 31 the case ran into typhoid fever, from which death ensued on September 6. The treatment is thus chronicled:—

"Chamomilla, ipecacuanha, veratrum, belladonna, aconite, hyoscyamus, arnica, lachesis, rhus toxicodendron."

Such is a specimen of the therapeutics of the Homœopaths, published by Government in return to an address of the House of Commons, and contained in the Report of the Homœopathic Hospital. A useful expenditure of public money!!

Here is the treatment of another fatal case:—

"Arsenicum, veratrum, acid. hydrocyanicum, carbo-vegetabilis, digitalis."

Now, passing over the grievous inconsistency on Homœopathic principles of giving this jumble of medicines in rapid succession, let us call attention to another point, which is fatal to the whole Homœopathic system, and in which the sect are conscious that they have laid themselves open to criticism.

It is well known by those who come in contact with the victims of the system, that a strong alcoholic solution of camphor is the remedy which is universally recommended in diarrhœa and cholera. In using this remedy the Homœopaths tacitly admit the worthlessness of their whole system. It is a powerful stimulant; given in doses large enough, not merely to induce immaterial changes in an immaterial principle, which is all that Homœopathic remedies ought to do, but to cause palpable effects by virtue of its physical operation in the mouth, throat, and stomach. In fact, in the coldness and alarm of bowel disorder, it tends to create warmth and comfort, whereas a true Homœopathic remedy ought to do just the contrary. It is absurd to call camphor homœopathic with the cause of cholera.

In the next place, camphor, *exhibited* in considerable quantity (such as a few drops of strong solution every five minutes, for one or more hours), is not very quickly eliminated, and must act as an antidote to all the remedies subsequently given: so that, when we read in the Homœopathic report, of such treatment as this:—

"Sol. camphor every five minutes for an hour, then veratrum album, followed by ipecacuanha in obstinate vomiting, phosphoric acid in diarrhœa."

And when we further know, that the very *olfaction* of camphor is antidotal to other remedies, we may ask what results, on their own principles, the Homœopaths can honestly assign to the medicines which were given afterwards.

Still more indicative of the want of faith of the Homœopaths in their own system is the *exhibition* of chloroform, a medicine, to give which for *pain* is utterly antagonistic to all their principles; Hahnemann would have denounced it as the basest antipathic, or palliative treatment.

Yet we find in the Homœopathic Report, case 5, page 34, among the other cases of cholera, the following:—

The wife of a labourer in gasworks, aged 20; affected in succession by diarrhœa, choleraic diarrhœa, cholera, and collapse. Treated by camphor, then by arsenicum, camphor, chloroform. She recovered.

The following note is appended:—

"A well-marked case of cholera asphyxia: seizure was sudden; much dyspnœa; oppression and cramp; face livid. Arsenicum did no good; camphor did some good; chloroform gave very speedy and marked relief."

How, we ask, is this to be explained on Homœopathic principles? A Homœopathic remedy failing; a mere palliative giving speedy and marked relief!

It cannot be explained on Homœopathic principles; it is directly in opposition to them; and the publication of such a case in a Homœopathic report, stultifies the whole system, and shows that the authors of the report either do not believe, or do not understand their own creed.

Before we conclude, let us put in a word or two by way of caution. Our readers must be prepared to hear the question, "Pray, Sir, are you a Homœopath or an Allopath?" and some of our junior brethren, innocently believing that Allopath may signify merely *not homœopath*, may be inclined to adopt that appellation. But nothing can be more unwise or untrue. The term Allopath, is an insidious etymological slander. It embodies the Homœopathic dogma, that our plan of treating disease is that of the bungling carpenter who makes one hole whilst he mends another. "The prevailing school of Medicine," says Hahnemann, "attacks the healthy organs, and inflicts on them pains more acute than those of the disease; they attempt to violently uproot the natural disease by exciting a stronger disease of another species in the healthy parts." This is Allopathy. And, by-the-by, there is another word employed to convey a false accusation against us:—*enantiopathy*, or *antipathy*, which implies that when unable to uproot disease by the means last described, we are driven to empirical palliatives, as the only course left us. We need hardly say that Medicine refuses to receive such nicknames. We are neither Allopaths, nor Heteropaths, nor Enantiopaths, nor Antipaths; but we relieve morbid physical conditions of the human body by extinguishing their causes, and by restoring the conditions of health according to the circumstances peculiar to each case, and without any cut and dried system of *pathy* whatever. So we say again, Never let us adopt the title of Allopath.

THE WEEK.

Dr. Laycock has been elected Professor of the Practice of Physic in the University of Edinburgh, by a majority of two over Dr. Alexander Wood. In congratulating Dr. Laycock on his appointment, and the Town-Council of Edinburgh on the choice they have made, we cannot but compliment the electors upon their superiority to national prejudices, and upon the unprejudiced judgment which has induced them to elect to one of the most important chairs in their Metropolitan University, a gentleman who is neither a Scotchman, nor an alumnus of their own College. Dr. Laycock is eminently worthy of the honourable position which has been awarded to him, and we wish him long life, health, and happiness to enjoy his Professorship, which he has gained entirely on the score of his own merits, and without any factitious interest whatever.

The general opinion seems to be, that the entries at the Medical schools are likely this year to be unusually large. As there are always a few who do not come up to town punctually, and a few others who deem it wise to spend a little time in looking round at the different schools before making their choice, the whole number cannot for some days be accurately known. As accounting for an unusual influx into the Profession at the present juncture, several reasons might be cited: the supply has for some time been rather below the demand, and within the last two years the demand has risen largely, more particularly in connexion with the Military departments. Then again, the present is a time of unusual prosperity among the agriculturists, from the higher classes of which many Medical students are sent.

The contest for the appointment of Medical Officer to the City of London continues with unabated vigour. From the anonymous newspaper attacks to which Dr. Letheby has been subjected, it may fairly be supposed that he is the candidate most generally expected to win. Without the least imputation upon the qualifications of the other candidates, many of whom are extremely suitable for the post, we may venture an expression of opinion which will be joined in by all who know him, that a better selection could not easily be made. The Clerk of the Committee, appointed to receive applications, reports no fewer than sixteen qualified men who have sent in testimonials.

The *Times* continues its fire of letters upon the subject of the Belle-Isle nuisances, but hitherto without any effect upon the pachydermatous hides of the Trustees of Islington, who have the power of prosecuting the offenders. Mr. Ede, the

parish Surgeon, has met with a supporter, signing himself "Clericus," who energetically maintains the salubrity of Belle-Isle, and declares that invalids are brought there for the recovery of their health! The same clerical authority asserts, that the labours of the dissecting-room, so far from injuring the students of anatomy, are highly salubrious. Notwithstanding these notable assertions, the inhabitants of the district have applied to the Magistrates, who have advised a final appeal to the Trustees, and, if this is unsuccessful, a Memorial to the Secretary of State. The Government has already been memorialized on behalf of the convicts in the Model Prison at Pentonville, which is in the immediate vicinity of the Belle-Isle nuisances.

The election of Mr. Simon to the post of Medical Adviser of the Board of Health, was one with which, as we remarked at the time, the public might be well satisfied. Believing, however, that none could have been found better suited for that office, we are yet far from attributing to that gentleman supernatural powers. None will see in a clearer light than himself the absurdity of the proposal, advocated by a contemporary, that he should not only enter upon these gigantic duties, but should also be made to retain those of the City appointment, which he previously held. What notion the Editor of the *Lancet* may have as to the amount of labour involved in the engagements of Medical Adviser to a nation we know not; but this we know, that they must be sufficient to require all the energies of any one man. All who read Mr. Simon's address on resigning his City office must have rejoiced to recognize the clear expression of sense of responsibility which characterized it. Whatever might suit the interests or wishes of some parties, and however flattering to himself such an offer might be, the conscientious regard to duty which was shown by Mr. Simon in that speech would be certain to prevent him from undertaking works which he could not possibly perform. It is not mere advice-giving that is wanted in these offices. The collection of evidence on important questions, the superintendence of other officials, the personal inspection of various works and alterations, the examination of complaints, etc., constitute altogether most onerous engagements. It is to the amount of energy and attention that he has laboriously devoted to his duties, that Mr. Simon owes the success which has hitherto marked his career. Were he now to try the unwise experiment of undertaking that which, in the necessities of things, he would be compelled to entrust to others, the result might soon be very different.

Several of our Hospitals commence the present Session with material additions to their accommodation in former years. King's College, in particular, is now in occupation of a new building, vastly improved on the former one. At the London Hospital, the new school premises, although opened last year, are now in much more complete working order. At St. Mary's, a new Museum is just opened. The Royal Ophthalmic Hospital enters, next Friday, on its newly-built out-patients' premises, which, besides affording excellent room for that department, will leave the old building to be devoted solely to in-patients. It is intended to double the number of beds. The new buildings are excellently fitted up for their purpose, and will afford unequalled facilities for observation on the part of those Students who attend the practice. A darkened room is to be devoted to ophthalmoscopic examinations.

PROFESSOR ALLMAN.—The members of the Dublin Natural History Society, with Lord Talbot de Malahide as their chairman, entertained Professor Allman at a farewell dinner on Friday, on the occasion of his leaving this country, to assume the Chair of Natural History in Edinburgh.

REVIEWS.

General Board of Health.—Medical Council.—Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854. Pp. 129.

IN the Report before us we are presented with a history of the third epidemic of cholera which has visited our island, and although it has not all the completeness which might be desired, yet it is highly creditable to the Board by which it is issued, and to the Medical Committee by whom it has been drawn up. The pestilence had already attained the tenth week of its duration, and had already begun to decline, when the Committee was organized, and all praise is due to the energy of the gentlemen who constituted it, and to those who seconded their efforts from without, for the rapidity with which so valuable a record of the epidemic has been prepared. The Report of the College of Physicians on the second visitation of cholera did not appear until five years after its termination, nor until the disease had appeared among us for the third time. We were then not in a position till too late to avail ourselves of the practical suggestions which arose out of the researches of the authors. The present Report appears just a year and a-half after the last cases of cholera had been observed, and the fault will be our own, and a heavy responsibility will be upon the heads of our rulers, if, before this deadly malady visits our land for the fourth time (and we can scarcely look for its non-recurrence), all those measure to lessen its virulence, and to contract its limits, which the experience, thus recorded, of two visitations suggest, are not effectually carried out. That the Report we are about to review has been drawn up with all possible care is guaranteed to us by the names appended to it, N. Arnott, William Baly, William Farr, Richard Owen, and John Simon.

We propose entering upon as full an analysis of the Report as our limits will permit, so that our readers may be in possession at least of the leading facts and conclusions it establishes, while we leave them to obtain the details, as we strongly advise them to do, by a careful perusal of the Report itself.

The Report is distributed under three heads:—1. Statistics. 2. Otiology. 3. Practical Pathology. The treatment of the disease has been made the subject of a separate Report, which we shall review at a future time.

1*st Section. Statistics.*—The materials of the Report were furnished from the records of the Registrar-General's office, and from the returns made by more than three hundred Practioners, of certain circular forms issued by the Committee. These returns relate to 4271 cases of cholera, and 20,301 of diarrhœa. The report refers almost solely to the disease as it appeared in the Metropolis.

1. *Progress and Fatality of the Epidemic.*—The first deaths from Asiatic cholera were registered in August, 1853. Before that time the diarrhœa and common cholera had been fatal. Several deaths occurred in September and October. While diarrhœa decreased, cholera increased, the deaths in October being 335. In November they were 288, and in December only 43. During the first six months of 1854, only occasional deaths were registered, showing that, although the disease was in abeyance, it had not disappeared, and the forebodings of those who anticipated a repetition of the fearful drama of 1848-9 appeared likely to be realized. In July there were 371 deaths by diarrhœa, and 308 by cholera; in August, 1022 by diarrhœa, and 3513 by cholera; in September, 990 by diarrhœa, and 6084 by cholera. The epidemic declined rapidly in October, till 3 only occurred on the 30th, the aggregate of deaths being 426 by diarrhœa, and 823 by cholera. In November the deaths by cholera were 52, and in December only 5, while by diarrhœa in the two months they were 175 and 113. During this course 17,000 people were destroyed.

2. *Estimated number of Attacks.*—The Medical returns show that, of 3188 cases recorded, 1467, or 46 per cent., terminated fatally; and thus it is inferred that, as 11,661 persons died, about 25,000 were attacked with cholera. They also show, that of 5271 cases of diarrhœa recorded in detail, 87 were fatal, or about 1·65 per cent.; and 17,351 cases even may be noted, of whom 109 died, if the additional cases merely returned in numbers be counted. Now the deaths in London by diarrhœa were 6258, and hence it is inferred that some hundreds of thousands were attacked. "London, in the middle of the year 1854, contained about 2,517,048 people,

whom we may conceive to be distributed in equal groups of 10,000. The epidemic diffused itself over each of the 251 myriads; and if one myriad is taken to represent the average danger and suffering of the whole, it appears that 71 died; namely, 46 by cholera, 25 by diarrhœa; 99 having probably been attacked by cholera, 1310 by diarrhœa of some severity, and a still larger number (perhaps 2064) by slighter forms of the disorder. It may, indeed, be assumed that, in one period or other of the epidemic, every individual fell more or less under its influence."

3. *Local Difference in Cholera Mortality.*—London is divided into 36 registration districts, varying in population from one to sixteen myriads, and these are divided into 135 sub-districts. The districts arranged in the order of mortality from cholera display a series of numbers ranging from 6, 10, and 11 in the myriad at one extreme, to 142, 165, and 179 at the other. The range in the rate of mortality from diarrhœa is much less, extending from 11, 12, and 17 in some districts, to 39, 53, and 54 in the myriad in others.

4. *Influence of Density of Population.*—Here the result of the investigations of the Committee are contrary to what might have been expected. It is found that in the two epidemics, that of 1849 and 1853-4, the mean mortality by cholera was at the rate of 43 per myriad in the three most open districts, and 28 in the three most dense districts. Taking, again, the nine densest and the nine most open districts, the mortality by cholera and diarrhœa together was 58 in the former per myriad, and 85 in the latter. The mean mortality by cholera and diarrhœa in the 18 most open districts was nearly the same as in the 18 most dense districts. If the 135 sub-districts were averaged in a similar manner, the result would be similar. The Committee adds, that it may be inferred that cholera is not like some other diseases which increase in the ratio of the density of population, communicated by the breath from person to person.

5. *Influence of Elevation.*—The mean mortality by cholera to 10,000 in the two epidemics, was at the rate of 156 in the four lowest, and 15 in the four highest districts; by cholera and diarrhœa together, 189 on the low, and 34 on the high districts; but yet the mortality was not invariably inversely as the elevation. It was found, also, that the mortality by diarrhœa varied less than that by cholera at different elevations. At the two highest of a series of terraces into which the districts might be distributed, the diarrhœa was as fatal as the cholera; while, upon the lowest ground, the cholera was four times more fatal than the diarrhœa. Like results were obtained by a similar grouping of the sub-districts. The mortality from cholera was at the rate of 13 to a myriad in the highest, and 137 to a myriad in the lowest sub-districts; the mortality in the same sub-districts from diarrhœa, was 21 in the highest and 34 in the lowest. Taking one death from cholera to represent two cases, and one from diarrhœa to represent about sixty cases of diarrhœa of some severity; the cases of diarrhœa and cholera together must have been about 1288 per myriad in the highest regions, and 1741 in the lowest; and if we assume that the fatality of both diseases was less in the higher than in the lower regions, the proportions attacked will differ still less.

6. *Mortality of Attacks of Diarrhœa and Cholera in its various forms.*—The materials for this inquiry were furnished by the Medical returns, and are represented in a table. The mortality by cholera in the several sets of English returns, ranged from 41 to 51 per cent.; and by diarrhœa, from ·6 to 1·8 per cent.; and another series from the Poor Law Board of Scotland closely corresponded. "If we assume for a moment that all the cases commence as diarrhœa, we may infer that of 142,351 persons attacked of all ages, a certain number, say 132,351, suffer from diarrhœa of some severity; and that after the lapse of a certain number of days, 2512 die, 129,839 recover; but 10,000 enter the stage of cholera, and may then be divided into two great classes; 3,240 of the *first class*, who do not fall into collapse, 309 of their number dying, 2261 recovering, while 670 pass into consecutive fever, 81 to die in, and 589 to recover from that stage; and 6760 of the *second class* who do not fall into collapse; 3913 dying in that stage, from which, however, 1087 recover straightway, leaving 1760 who pass into consecutive fever, in which 612 die, and from which 1148 recover. Thus of 10,000 that we follow in their perilous journey, 6760 fall into collapse, 2430 fall into the fever; of the 6760 who fall into collapse, 4525 die either in that stage, or ultimately in the fever stage. Of the 3240 who do not fall into collapse, as many as 390 die: of the 2430 who pass into the fever, 693 die. This the Committee reminds us is not, however, to be taken as the result of the natural course of the disease, but of its course under the system of treatment pursued in England.

7. *Duration of Cases of Cholera and Diarrhœa.*—By the Medical returns, the duration of 3600 cases of cholera, dating from the first characteristic symptoms, was 5·9 days: of 1744 fatal cases, 2·68 days: of the 1856 cases of recovery, 9·06 days. The duration of 9590 fatal cases returned in the registers of deaths, closely corresponded, being 2·39 days. The chance of recovery is shown to increase every hour and every day from the commencement of the attack. Representing certainly *unity* (1), "The probability that a cholera patient will die of the attack at first is nearly $\frac{48}{100}$, or ·48: at the end of two days the probability is reduced to ·27; at the end of the seventh day to ·16; at the end of nineteen days to ·07." The average duration of 5271 cases of diarrhœa, was five days; and of 4150 cases in the registers of deaths, thirteen days.

8. *Influence of Age and Sex.*—In infancy and old age diarrhœa was more frequent than at middle periods of life. The danger of an attack of cholera varies with age, and has at the age of 15-25, 34·9 per cent. die; at 25-35, 35·4 per cent.; at 65-75, 58·2 per cent.; and the mortality of diarrhœa also varies with age. The mortality per 10,000 among males, was 47; females, 45.

9. *Variations of Fatality during the Progress of the Epidemic.*—The fatality diminished in the progress of the epidemic from July to November.

10. *Comparison of Mortality in the Two Epidemics.*—The deaths in 1854, by cholera and diarrhœa, were 5000 less than the numbers that would have been told had the epidemic been as fatal as that of 1849, allowing 10 per cent. for increase of population; but it is to be observed, that the second outbreak began later in the season than it did in 1849. The disease had lost none of its virulence, and the deaths by cholera in September, 1854, exceeded those in September, 1849, by 1053.

(To be continued.)

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON EMPTY HERNIAL SACS.

By M. CHASSAIGNAC.

It is to the study of hernial sacs, long since deprived of the herniæ they formerly contained, that M. Chassaignac directs attention, and particularly to their simulation of strangulated hernia. There are but few examples on record of this curious variety of false hernia, and he furnishes full details of six carefully observed cases, illustrative of the difficulties their diagnosis gives rise to. The conclusions which he thinks may be drawn from so limited a number of observations are as follow:—1. Peritoneal diverticula, the receptacles of herniæ that have not been reproduced for a very long period, are susceptible of giving rise to the symptoms of strangulated hernia. 2. There is a great difference in the effects of such strangulation, according to whether the peritoneo-saccular communication still exists, or is obliterated. In the first case, the symptoms may be nearly as urgent as in ordinary strangulated hernia, while in the latter they are much more moderate, they now being, so to say, like ordinary cysts in their effects. 3. The taxis may be inoperative in causing the reflux of the fluid contained in the sac, although a free communication between the sac and the peritoneal cavity may be afterwards proved to have existed. 4. Old hernial sacs may contain fluids of different natures, such as serosity, blood, or pus. 5. In all the examples hitherto met with, strangulation of the sac has occurred in females. 6. Almost all the subjects of this strangulation have prior to, or at the time of, its occurrence, worn trusses. 7. When we reach the sac of a false hernia, we should endeavour to confirm our diagnosis by an exploratory puncture. The evacuation of the fluid induces such a flattening of the sac, that doubt can no longer be entertained as to the absence of visceral contents. 8. In searching for the peritoneal communication, we must not be content with exploring by means of the finger, but must have

recourse to a round or grooved director. 9. Excision of the sac constitutes the best treatment.

Révue Medico-Chir. Tom. XVII. p. 293.

EXCERPTA MINORA.

Muriate of Morphia and Coffee in Neuralgia.—M. Boileau reports that he has derived great relief in the paroxysms of neuralgia from the administration of muriate of morphia in a very hot infusion of highly-roasted coffee. The dose is one centigramme ($\frac{1}{7}$-grain) for an adult, and less in other ages or in peculiar temperaments. This may be repeated when a violent paroxysm recurs, and if necessary it may be increased by fractions; but M. Boileau has never gone beyond 2 centigrammes.—*Gaz. Hôp.* 1855. No. LXXII.

Cæsarean Operation.—Professor Stoltz, of Strasbourg, after relating a case that has occurred to himself, in which this operation has been performed twice upon the same subject with success, refers to no less than 17 similar cases which have been authentically recorded during the present century. He protests against the rule, now absolute in Paris, (on account of the invariable mortality of this operation there,) of preferring induction of premature labour to the Cæsarean section, being made applicable to the country at large.

Gaz. Médicale. 1855. No. XXV.

Oxalate of Potass in Puerperal Diseases.—Dr. Ritter von Brenner strongly recommends this substance in inflammation of the peritoneum, uterus, or ovary, and especially in the metro-peritonitis of puerperal women. The formula is, ℞ Aq. dist. ʒvi., oxal. pot. gr. vi., sacch. ʒij. M. A spoonful every hour.—*Buchner's Repert.* 1855. No. IV.

Tinct. Ferri Muriatis in Uterine Hæmorrhage.—Dr. Schreier of Hamburg states that, during the last thirteen years, he has found this a most valuable styptic in severe uterine hæmorrhage prior to delivery. He injects 50 or more drops, diluted in 3 or 4 ozs. of water. Of late he has also applied it in hæmorrhage dependent upon placenta prævia, when the os is insufficiently opened to admit of labour being terminated. A sponge tent, cut to the form of the os, is steeped in the tincture, and passed as high up as possible. It not only arrests the hæmorrhage, but hastens the dilatation. The tincture has also been found valuable in hæmorrhage from cancer uteri.—*Monats. für Geb.* Band V. 451.

Tincture of Benzoin in Chapped Nipples.—M. Bourdel states this is the best application, whatever the extent or duration of the fissure may be. After suckling, it should be freely applied with a pencil. The first application causes a burning pain for a quarter of an hour, which, however, is usually bearable, and future applications give relief instead of pain. It need not be wiped off before the infant sucks.—*Journal de Chimie Médicale.* July. P. 436.

Formula for Chloroform.—M. Dorvault states that chloroform is easily soluble in water, one part by weight to the 100. When more considerable quantities are required, the Commission of the Society of Pharmacy recommends the following formula:—Chlorof. 2 to 4 parts, sugar in lumps 12, gum Arabic 5 to 10, and water 100 parts. Pour the chloroform on the sugar placed in a mortar; add next the gum, and then gradually the water, rubbing well. M. Stanislaus Martin suggests the following as preferable:—Chlorof. 2 to 6 grammes, one yolk of egg, 30 grammes of syrup, and 150 of water. Mix the egg with the water, and strain, and then add the syrup and chloroform. The egg is more promptly deposited in proportion to the quantity of chloroform used, but carries no chloroform down, and on shaking the mixture becomes uniform.—*Bull. de Thérap.*

GENERAL CORRESPONDENCE.

THE TURKISH HOSPITAL SYSTEM.

[To the Editor of the Medical Times and Gazette.]

Sir,—Any person at all acquainted with the system under which the Turkish Military Hospitals are conducted, and the class of men employed in them, will hail with the greatest satisfaction the recent introduction into Turkey of Surgeons who shall be employed to take entire charge of the Turkish Hospitals, and be attached to the Turkish regiments.

The present Hospitals, I believe, are conducted on the same model as the Norfolk County Hospital for the Insane, in England, and hence their condition must be in much the same state. An ignorant man, who has risen to a certain station from subserviency in the menial offices he has filled to some of the authorities, has what is called the management: he purchases the food, selects the attendants, bullies the Medical officers when they order a proper diet or look after the distribution of it for their patients; indeed his object is to obtain as large a profit for himself by the various means which a man in his position can employ; thus, he allows to patients an insignificant diet, which, being far below what is ordered, exhibits an appearance of economy. In the Hospitals conducted at Eupatoria, and elsewhere, the deaths indeed are enormous, and few are ever cured. As this Steward supplies the Medical officers with their rations, of course if they fall in with his system, they are rewarded; if not, he makes it very unpleasant for them—puts them to all kinds of inconvenience, but, as they generally are men of the same spirit and feeling as himself, things go on smoothly,—they smoke their *chibouques* and drink their coffee, and, if the patients die, it is God's will, and they must be buried. Of course, few recover.

But, fortunately, the British Government has recently sent out a body of intelligent officers, who will act quite independently of such persons, and organize their own Hospitals.

The system which has existed in our own army, of giving an undue power to non-Medical authorities, has, I trust, come to an end. We have seen the result of it. For to it alone must all the evils be considered to be due which have arisen to our army. Bad pay, bad treatment, and little respect have, no doubt, begotten, with some men, both in the army and navy, a state similar to that mentioned in the case of a Surgeon of the "Royal Albert," but it is to be hoped not to the same extent in many members of our Profession, even under the worst of circumstances.

In the Turkish army the state of things is much worse; the Medical officers, with few exceptions, have been hitherto the most ignorant men you can possibly imagine, for in Turkey the Profession is scarcely at all studied by the Turks, and, as sufficient inducement is not given to educated Europeans, the state of treatment is vile in the extreme. The Hospitals generally are miserable holes, without comforts of any kind, and, when a man is wounded or becomes sick, he is either permanently ill or dies. No one can tell how great an effect an enlightened Medical Staff may produce during this war in the civilization of Turkey. Bleeding, cupping, and purging are the great remedies in every disease. The patients in the Turkish Hospitals at Eupatoria, suffering from scurvy, are supplied neither with lemon-juice nor vegetables, and consequently, a vast number of them die. Many are shipped to Varna, where there is an English Hospital, and vegetables are furnished.

The Reserve Hospital, formed here for the wounded, has not been called into requisition.

Mr. Fuller, the late Inspector-General, was not in good health before he left England, and has thought it prudent to return.

Poor Millard died here of fever. He was much respected, and is greatly regretted; had he lived, he would, I have no doubt, been an ornament to the Profession.

At the English Varna Hospital, 1000 patients have been received, of whom more than 100 have been returned to the Crimea as cured; and very soon, I understand, 150 more will be discharged.

There were twelve officers sent,—Drs. Farquhar, Brown, Foote; Messrs. Bird, Phillips, Pont, with six Dressers and Dispensers; indeed the Hospital is, I understand, going on well. Dr. Farquhar is now the Inspector-General, and great things are expected of him, as he is a man of energy, activity, and ability, has had an extensive experience in the East, and is much liked by the Staff.

The rest of the Staff is at head-quarters with Omer Pasha, but nearly all of them have suffered from dysentery or diarrhœa; and one very promising young Surgeon died of cholera at Balaklava. He was a frequent contributor to the *Medical Times*, and his loss is a great one to the Staff. He was educated at St. Bartholomew's Hospital. I am, etc.

Seat of War, August 15, 1855. One of Them.

RIGHT OF ABERDEEN MARISCHAL COLLEGE AND UNIVERSITY TO CONFER DEGREES.

[To the Editor of the Medical Times and Gazette.]

Sir,—That portion of the Medical world taking an interest in passing events, will be well aware of the failure of the late attempts at union between King's College and University Old Aberdeen, and Marischal College and University Aberdeen. It might have been hoped that the desire of alliance would, at least, have left behind it a sense of justice; but I regret to perceive, from the notice added to the official announcement of their University regulations by the authorities of King's College Old Aberdeen, published in the Student's number of your Journal of the 22nd instant, that their feeling of most unjust opposition against a sister Institution has again manifested itself. To rebut this extraordinary attack upon chartered rights would be unnecessary, were all acquainted with the pretended grounds upon which their animosity is founded, but fearing that, with some, an assertion coming under such prestige may do harm, I venture to beg the insertion in your columns of the following brief statement:—

In the year 1745, a cause of appeal was brought before the House of Lords, in which the right of Marischal College and University to grant Degrees was involved, and by the decision of Lord Chancellor Hardwicke that right was vindicated and established. In face of this unanswerable fact, however, King's College still brings objections, caviling at the grounds of the judgment, pretending, first,—"That the Degree in the cause in question was not an indispensable requisite, and, by inference, an acknowledgment of its legality could not be involved in the decision;" secondly,—"That Marischal College had been used to confer the Degree of Doctor of Civil Law," (the particular Degree in dispute,) "therefore its honours cannot be called in question in a suit to which the College is not a party." It would be tedious to enter fully into the refutation of these objections, for which the reader is referred to an able pamphlet, entitled, "The Right of Marischal College and University, Aberdeen, to confer Degrees, by one of the Professors," published 1853; but it will be sufficient to quote from Lord Hardwicke's own Notes, marked by himself on the back of the Appeal Case, from which it will plainly appear that the legality of the Doctor's Degree of Marischal College and University was involved in the decision, it being the indispensable qualification in the cause in question. Secondly. That the Marischal College stands upon an equal footing as regards the granting of Degrees with every other University in Scotland, copied from Lord Hardwicke's Notes (a).—"That the Appellant (b) is duly qualified. The qualifications required are, either 1st, a Doctor; or, 2nd, Licentiatus cum rigore examinis. 1st Objection.—That the Appellant's Degree was taken eight days before, in fraud of the statute or charter. Answer.—Frequent to take up such Degrees, when they are wanted for qualification. This was cum rigore examinis. 2nd Objection.—That the Marischal College of Aberdeen has not power to confer Degrees. Answer.—All the Universities in Scotland, generally called Colleges, have such power. Not disputed, but they have a power of giving a Degree of Master of Arts. There can be no difference as to the authority."

I leave the conclusion to every candid judgment, and feel it an honour to subscribe myself a

Medical Graduate of Marischal College and University, Aberdeen.

Lancashire, September 29, 1855.

THE LATE DR. MERRIMAN ON DISPUTED LEGITIMACY.

[To the Editor of the Medical Times and Gazette.]

Sir.—My attention has been specially directed to a note in that excellent work, *Beck's Medical Jurisprudence*, in which my father is represented, in an extract from the *Globe* newspaper, as saying, in his evidence before the House of Lords on Bailey's Divorce Bill, March 10, 1817, that "he had known a child born in six months and eighteen days live to grow up, but never to become stout."—(Seventh Edit. p. 209, and repeated in subsequent editions.)

As I was unable to find any record of this among my father's papers, I obtained a sight of the "Lords' Journals" of that date, and there I find the following:—

Question asked by Counsel—"As far as your experience goes, have you ever known a child of six months and eighteen days after the conception to live and grow as a strong child?"

Dr. Merriman answered, "I have never known it to live long; certainly not to grow as a strong child."

As this totally alters the whole character of the passage, I beg to draw the attention of your readers to the error here, most unwittingly, perpetuated; and request them to alter their respective copies accordingly.

The remainder of the extract is very fairly reported, but when the pith of the argument is taken away, this becomes of little or no value. I am, etc.

S. Wm. J. Merriman.

3, Charles-street, Westbourne Terrace.
October 1, 1855.

(a) Published by Thomas S. Paton, Esq., Advocate.
(b) The Doctor of Marischal College, James Catanach.

BEGGING IMPOSTORS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I wish to warn the Profession in London against a begging impostor of more than ordinary pretensions. He is a man about 5 ft. 8 in. in height, about 45 or 50 years of age, of greyish or lightish-coloured hair, gentlemanly appearance, and good address. He does not ask money for himself, but on behalf of a patient (?), a Medical man, who has been reduced to penury by illness and misfortune. The malady under which this unfortunate is said to suffer is "a white swelling," and, although at the moment this term sounded strangely to my ears, as coming from a Medical man, my suspicions were well nigh disarmed by the readiness and accuracy of the answers given respecting the steps which had been taken with the view of enlisting the assistance of the various Medical benevolent societies. Fortunately, when I asked whom I had the pleasure of addressing, the vagabond unwittingly assumed the name of one of my intimate Professional acquaintances, and thus exposed his own knavery. As I had not given him money I could not detain him, but I hope this note of his mode of proceeding may check his career, if it does not lead to his apprehension by some of his dupes for obtaining money under false pretences. I am, etc. Henry Wm. Fuller, M.D.

13, Manchester-square, Sept. 28th, 1855.

ABSCESS OF THE LIVER FOLLOWING INJURY TO THE HANDS.

[To the Editor of the Medical Times and Gazette.]

Sir,—You will much oblige by inserting the following case in an early number of your valuable periodical, and I should be grateful for whatever remarks any of your numerous readers may think proper to make on it.

James Bailey, aged 19, has always enjoyed robust health, was at work in the forge on the night of the 1st of August, when, by some mischance, both hands became entangled in the machinery, and were injured. He was immediately brought to my surgery. My assistant, Mr. Barratt, found, on examination, that the middle finger of the left hand was so injured as to necessitate its immediate removal. The forefinger of the right was also injured, but the bones were not fractured, and, although considerably denuded, Mr. Barratt thought an endeavour to save the finger the most prudent course to be adopted. He attended my surgery for about a week, and during that time the stump almost healed; but the other finger made little progress, was very painful, and looked sloughy. Amputation was then proposed, but not consented to. At this time he obtained an out-patient note for the Birmingham General Hospital, and continued attending that institution for several days, when the Surgeon, in whose charge he was, deemed it advisable to insist on the removal of the other injured finger. He was admitted into the Hospital for that purpose on August 17th. On the following day the finger was removed, and, on the 20th, he left the Hospital, and was ordered to attend as an out-patient. 22nd.—Walked to Birmingham, a distance of eight miles, to have his stump dressed.

The next morning (August 23rd) he was seized with vomiting and purging, difficulty of breathing, and febrile symptoms, which continued without intermission till his death. No

Surgeon was called in until Tuesday, 28th, when the District Medical Officer was sent for, and continued attending him. He died on the morning of September 8th.

I am informed by the friends of the deceased, that while attending the Hospital his finger was very painful, and discharged a good deal—that it was not relieved by the amputation, and that the only ease he obtained was by the constant application of cold.

On the 12th instant I was requested to make a post-mortem examination, and did so with the following result:—The body rapidly advancing in decomposition—emaciated—deeply jaundiced—œdematous, with purpura, especially distinct on the lower extremities. The stump of the middle finger of left hand (the first removed) nearly healed.

On removing the dressing from the other stump a quantity of red purulent fluid escaped, and exposed the end of the bone. The integument around looked sloughy. Three or four red streaks were observed running up the inner side of the forearm, from the wrist to near the bend of the elbow, where they divided, and branched off in every direction, till they became confused with the post-mortem transudation on the dependent part of the elbow. The arm was but little swollen.

On opening the abdomen the first morbid appearance which presented itself was a prominent swelling, of the size of half an orange, on the anterior surface of the liver, on cutting into which about three ounces of red purulent fluid escaped. The whole of the posterior portion of the right lobe was also a mass of purulent deposition, in some parts resembling concrete fibrine, in others softening had commenced, and each deposition was filled with pus, exactly in the state so beautifully delineated by Hope in his "Morbid Anatomy." The substance of the liver around the abscesses was highly vascular and inflammatory. The left lung was in an advanced state of disorganization, but contained no circumscribed abscess. The examination was not continued further.

I have given this case briefly, and very incompletely, from my not being able to obtain any direct information from the time he absented himself from my surgery till called on to perform the secto cadaveris.

The principal point of interest which presents itself in this case, is the connexion between the abscess of the liver which was the immediate cause of death, and the injury received to the fingers some weeks before, and it is upon this I should be glad of any editorial or other comments.

The deceased was a member of a "Trades' Union," from which his representatives will receive a considerable sum of money (£100 to £200) if the connexion between the accident and death can be satisfactorily established.

Being called upon to give an opinion, I, in conjunction with my brother, who assisted me at the sect. cadav., gave the following:—

"James Bailey died from abscess of the liver, and we are of opinion that this was consequent upon, and caused by, the matter being absorbed from his wounded fingers, and, therefore, the injury to his fingers was the indirect cause of his death."

An adverse opinion has been expressed by the gentleman who attended him in his illness, and a different cause stated in the death certificate. Who will decide? I am, etc.

Great Bridge, Staffordshire, Sept. 22nd, 1855. THOS. UNDERHILL.

[We have no doubt that the case was one of fatal pyæmia, and was consequent upon the injury received to the fingers. —ED. *M. T. & Gazette.*]

PROMOTION AND HONOURS TO MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Globe* newspaper of the 7th instant there is an editorial article on the subject of the Memorial of a large number of Surgeons serving in the Crimea to Lord Panmure.

The spirit in which the editorial in question is written, is neither complimentary nor just to the officers of the Medical department.

Those officers, for instance, do not complain because civilians have been employed, but they do justly complain that many of these civilians, without affording evidence of Professional superiority, have been, as it were, lifted over the heads of the Medical officers of the army.

It seems, also, to be considered unreasonable that the Medical officers of the army should expect more pay than the other branches of the Service with which they are connected; but there is no analogy; and, by the studied disregard of the services of Medical officers, it seems determined, in high quarters, that there will be no analogy between them and their military brethren.

The Medical officer enters the army as a Professional man, who has a Profession independent of the Service, and who will exercise that Profession, wherever he can do so, to most advantage; consequently, if the Government wish to secure the services of the best class of men in the Profession, they must deal liberally,—not so much in the matter of a large increase of pay, as of an improved retirement.

Many military officers enter the Service during peace merely as a pastime, and to benefit by that social position which army rank confers; whereas the Medical man lowers rather than improves his Professional and social position by entering the army.

Again, the service is to the military officer the avenue, not only to rank, but to many substantial pecuniary rewards; to the Medical officer it holds out no prospect, but a miserable pittance when he is no longer fit for work.

These considerations are well worthy of attention, especially as, at a small expense to the country, the position of the Medical officer might be much improved.

For instance, the pay of the junior ranks should be increased. An apothecary, from behind a druggist's counter, receives on entering the Service nine shillings a day, forage for a horse, and an increase of one shilling and sixpence per diem, every five years. Is it just to give nine shillings a-day to a non-Professional subordinate? and to give an Assistant-Surgeon, often a man of high Professional qualifications, only seven shillings and sixpence? This consideration is the more important now, because, at the termination of this war, promotion will flag, and men will expect to spend a good many years as Assistant-Surgeons?

Again, as regards Surgeons, these officers receive no increase of pay between ten and twenty years' service; this should be altered: the Surgeon should receive, as at present, 15s. a day after ten years' service, 17s. 6d. after fifteen years', £1 after twenty, and £1 2s. 6d. after twenty-five. Moreover, he should not be told that, in order to enable him to visit outposts and detachments, he will be allowed forage for a horse, and then find that for this forage he is charged 8½d. a day, and that, although he is permitted to keep a horse, he is allowed no bait-man to look after the animal.

With rates of pay such as mentioned above, I think that, on that subject, there would be no just cause of complaint, and these are the two ranks that most require some improvement. This I say disinterestedly, as I have passed through them, and cannot benefit by any changes affecting them.

As regards the senior ranks, their pay might, perhaps, be improved to a certain extent, but to expect anything approaching the rates given at present, temporarily, to civilians would be unreasonable.

Much, however, might be done even without increasing the present ratio of pay, by rescinding the urgent restrictions about serving so many years in each rank, or each rate of pay of that rank, a restriction which operates very unfairly.

For instance,—and the case has lately occurred again and again,—a regimental Surgeon is promoted after twenty years' service to be a 1st Staff-Surgeon, and, if not well read in Royal warrants, finds to his surprise that he is to receive no more pay for two years as a 1st Staff-Surgeon than he received as a Regimental Surgeon, whereas, the man who is promoted upon seventeen or eighteen years' service, receives at once an increase of 4s. a-day, and, on completing his twenty years' service, gets at once £1 2s.; so that the first instanced officer is not only unfortunate in his promotion being delayed, but, in consequence, he is mulcted for two years of 3s. a day.

But, it is in the matter of retirement that I would advocate, as others have done, considerable changes and improvements.

If Medical officers were allowed to retire upon twenty-one years' service, on the same terms as they are now allowed to retire after twenty-five years', but without the absurd restriction of having served three years in the ranks, the Service would benefit, as well as individuals.

While, however, I would allow Medical officers to retire after twenty-one years, I would hold out inducements for them to remain till they have completed twenty-five or thirty years. After thirty years' service, I confess I would hold

out every inducement to retire, and none whatever to remain. Again, would the country grudge £2000 a-year to give good-service pensions to twenty or twenty-five deserving Medical Officers? and, be it remembered, that although only twenty-five obtained the pension, the hope of obtaining one would stimulate hundreds.

Lastly, with regard to military honours; why are they denied? Is it supposed that if we received them, military officers would value them less? No such thing; for, thanks be, the illiberality of the Peninsular school has few representatives now, a proof of which is published in the *Medical Times and Gazette* of 25th August, and in the *Times* of 4th September, in both of which, letters are published from General Yorke and Lord West, bringing to notice the gallant conduct of four Assistant-Surgeons during the attack on the Redan on the 18th of June.

Is it that the purely Civil branches of the Service, the Commissariat for instance, would be jealous? The respectability and responsibility of the duties of the Commissariat department, no one questions; but there is no analogy. Do they perform their duties under fire? Do they take their turn in the trenches? Do they share, as the Regimental Medical officer does, all the hardships and privations of the soldier? Let them have civil rewards, but let not over-consideration for their feelings be the cause of doing positive injustice to the Medical Department.

The Medical Officers of the British Army often meet their Professional brethren of the French Army, and see many of them justly proud of their "Legions of Honour." What must they think of us, when our country practically considers us unworthy (not individually, but Professionally, unworthy) of any mark of distinction? I am, etc.

Sept. 21, 1855. A Staff-Surgeon, 1st Class.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was much annoyed to see in your Students' Number, which is looked upon as the standard guide to Medical schools, an assertion signed by Mr. "Fuller," that King's College was the only school in Aberdeen authorized to grant degrees in Medicine. To this statement, when put forth about a year ago, Dr. Clark, the well-known chemist, gave, in a necessarily long, but most satisfactory, pamphlet, the "lie argumentative;" Marischal College being shown to have been styled University, and hence to have all the powers of one, by the highest authority.

If Mr. F. Fuller and the King's College Senatus do not wish to stand in a very equivocal position they must prove his statement.

Having passed the requisite examinations, I shall obtain the Marischal College diploma in December, and can assure Students and Practitioners that Dr. Clark's pamphlet, which, if they wish, they can obtain from the Marischal College Senatus, has been perfectly satisfactory to many Students and strangers who have obtained their diplomas there since its publication; and that it may continue to prove satisfactory to many more is what I believe and wish.

I must apologize for the length of my letter; but I trust that you may have room to give it soon the same publicity which Mr. Fuller's erroneous statement enjoyed.

I am, etc.

October 1, 1855. A. Vans Best, House-Surgeon.

MEDICAL REPRESENTATION.

The following is the Letter on the subject of Medical Representation in Parliament, addressed by Sir John Forbes to Sir Charles Hastings, and briefly alluded to by us in our Report of the Meeting of the Provincial Medical and Surgical Association, held at York:—

"12, Old Burlington-street, July 26th.

"My dear Hastings,—Among the many other causes which make me regret not being able to attend the York meeting, one is the loss of so good an opportunity of mooting a question which I have for some time been desirous of submitting to the consideration of the Profession. To be sure, this question does not concern our Association any more than other Medical men, but it concerns them as much; and I know not where else so large and influential an auditory can be found before whom matters of this kind can be so well propounded. May I hope, therefore, that in my unavoidable absence you will do me the favour to lay the substance of this communication before the members, at any time and in any form you may think best? There has long been a prevalent feeling among Medical men that it would be for the benefit of the Profession, and still more for the benefit of the country, if a few more members of our craft were added to the list of our legislators. To say nothing of the neglect evinced by Parliament of Medical interests generally, more especially in regard to the reform of our Medical corporations, the improvement of Medical education, and the more liberal organization of the Profession, every one who has studied the history of our legislation in recent times must be convinced that many things have been done and many things left undone in Parliament, in regard to sanitary matters and the personal and domestic well-being of the people generally, in the consideration of which a greater amount of physiological, hygienic, and Medical knowledge would have been of the first importance. And even in matters of a quite different character, whether imperial or local, it will not be pretended that men who have been educated as the majority of Medical men generally are, whose whole life may be said to be spent in immediate contact with all classes of society, and who have thus the very best opportunities of studying human nature and human affairs in their more intimate phases, would not make useful and efficient counsellors in all cases in which the best interests of mankind are concerned. It would be easy to amplify observations of this kind, with the effect of still further manifesting the soundness and weight of the proposition—that the presence of a larger number of Medical men in the Legislature would be for the interests of society at large; but I am unwilling to enlarge upon the subject beyond what may be thought necessary to awaken attention to it, and to the means whereby the defect complained of might be remedied. Several such remedial means will readily suggest themselves to those who are personally cognizant of the various mechanisms employed in the transmutation of ordinary citizens to M.P.'s. I will here only name two. The first is the institution of a Medico-political Union, whose function should be to supervise and regulate this department of Professional interests, with a view to its development into a successful practical issue, an essential part of its labours being devoted to the realization of funds to aid in defraying the legitimate expenses of elections, successful and unsuccessful. The second means is the local association of the members of the Profession in certain towns or districts, in which, from their numerical strength, or from other special causes, they may be able to exert a powerful influence over the elections taking place in them. I am of opinion that there are a good many constituencies in which the Medical element, if duly exerted, might occasionally at least, if not frequently, determine the choice in favour of a Medical representative, provided the selection of the candidate was judicious. And I cannot but think that if the subject were once properly ventilated there would be no lack of proper candidates for such constituencies; candidates with, not only high personal qualifications, but with the desire also of exercising them in the proper field, and possessing the leisure and the pecuniary means to enable them to carry out their object, both in its preliminary stages, and through its ultimate issues. It would not, I fancy, be difficult to name a good many gentlemen from among our elder and more experienced brethren, whose honourable labours in their vocation have placed them in a position to authorize and justify their acceptance of any invitation of the kind alluded to, which they might receive from a local association of their brethren. The special lever of the Medico-political Union might be exerted in raising into office men possessing every other qualification requisite for it but that of sufficient funds. "I remain, etc.

"John Forbes."

"P.S.—Although I am prepared to join in any favourable plan for promoting the object indicated in this communication, the organizations and labours requisite for its accomplishment will require the energy of younger blood and younger brains than mine. It will be honour enough for me to have pointed out for others a noble path, which they may tread with credit to themselves, and with advantage to their Profession."

HEALTH OF THE ARMY IN THE CRIMEA.

In transmitting the usual state of sick for the week ending September 14, 1855, dated, Head-Quarters, Sebastopol, the Inspector-General of Hospitals remarks :—

The sanitary condition of the Army has improved, and may fairly be considered satisfactory.

Cholera has nearly disappeared, as only 25 fresh cases have presented themselves, and 19 of these occurred among the newly-arrived regiments in the Cavalry and 1st Divisions.

The following abstract shows the admissions and deaths under the leading heads of disease, and it will be seen by it, that a considerable improvement has taken place, and that nearly one-third of the whole admissions, and just one-half of the casualties which have occurred during the week, have been occasioned by the chances of war :—

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	396	20	515	15
Diarrhœa	561	7	692	10
Cholera	25	20	65	40
Dysentery	169	6	159	5
Wounds	702	56	418	46
Other diseases	481	5	525	3
	2324	114	2374	119

The proportion of admissions to strength this week has been 4·91 per cent. ; last week it was 5·12 per cent.

The proportion of deaths to strength this week has been 0·23 per cent. ; last week it was 0·25 per cent.

The proportion of sick to well this week is 10·96 per cent. ; last week it was 11·13 per cent.

The newly-arrived regiments are getting acclimated, and we may reasonably expect still further improvement in the general health of the army, as their duty now will be less severe, and the weather is becoming cool and pleasant.

MEDICAL NEWS.

Royal College of Physicians.—At the usual quarterly meeting of the Comitia Majora, held on Monday, October 1, the following gentlemen, having undergone the usual examinations, were admitted members of the College :—

Dr. Weber, Finsbury-square.
Dr. Greenhow, Upper Berkeley-street.
Dr. Odling, Kennington-road.

Also, Dr. Bull, Jersey, was admitted an Extra-Licentiate.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on Thursday, September 27, 1855 :—

Ord, William Miller, Brixton-hill.
Joyce, William, Blackfordby, Leicestershire.
Stanwell, William, Gainsborough, Lincolnshire.
Ashburner, James, Manchester.

For an Assistant—

Wonfor, William Henry, Cambridge.

APPOINTMENT.

Halifax Infirmary.—Mr. Peacock has been elected Surgeon to this Institution.

DEATH.

Tod.—September 26, at 5, Upper Fitzroy-street, Fitzroy-square, David Tod, Esq., Surgeon, aged 62, M.R.C.S. Eng. 1821 ; L.S.A. 1823. Author of—1. "The Anatomy and Physiology of the Organ of Hearing ;" 2. "A brief Essay on the Nature and Treatment of Hernia," 6th Edition ; "On the Hatching of the Egg of the Common Fowl," 1846 and 1848 ; 3. "A Disquisition on Certain Parts and Properties of the Blood."

BEQUESTS.

The late Henry Dover, Esq., has left £2000 to the Norfolk and Norwich Hospital, £1000 to the Institution for the Indigent Blind, besides large legacies to other charities.

The Rev. Ralph Old, Rector of Semley, Dorset, has made the following bequests :—To the Salisbury Infirmary, £150 ; to the General Hospital at Bath, £150.

Chambers Hall, Esq., of Westminster, has bequeathed to St. Mary's Hospital, Paddington, £500, and to the Salisbury Infirmary, £500.

The Marquis of Thomond, G.C.H., Admiral R.N., has bequeathed £100 to the Bath General Hospital ; £100 to the Bath United Hospitals ; £100 to the Bath Penitentiary ; and to the East and West Walcot Dispensaries, Monmouth-street Society, and the Eye Infirmary, £50 each.

Russian Medical Service.—Of fifty young German Medical Students who, some months back, entered the service of Russia, and the majority of whom went to the Crimea, ten have died from different maladies, and thirty have been seriously injured in their health by the fatigue and sufferings which they have undergone.

Royal Medical Benevolent College.—Wednesday, the 3rd of Oct., 1855, will be a day memorable in the history of the Royal Medical Benevolent College. Notwithstanding the unpropitious state of the weather, a very large number of the friends and supporters of the Institution assembled to welcome the boys (nearly 100 in number) who on this day first entered within the walls to avail themselves of the efficiently organized system of collegiate instruction prepared for them. From various and distant parts of the country many of the parents and relatives of the boys accompanied them ; and it may well be imagined that their hearts beat high with grateful emotions on viewing the advantages thus proffered to their families. It was a pleasing sight to see the children sit down to their first dinner in the spacious dining-hall, and it was interesting to listen to the first and appropriate address of the Reverend Head Master, on the necessity of obedience and order. Then, to see the zest with which the boys partook of the old English repast—roast beef and plum pudding—and the patriotic enthusiasm with which they each dedicated a glass of wine to the health of their Royal Patroness, the Queen, proposed by Mr. Propert, who added some wise counsels and advice, such as a kind father could alone suggest. After a youthful and joyous cheer, the visitors adjourned to the other spacious hall, where a cold collation was liberally provided, and at which Mr. Pownall, one of the Middlesex magistrates, very efficiently presided. The company broke up at seven o'clock, with the impression that it was a day to be held in pleasing remembrance.

Medical Society of London.—The first meeting of this session will be held on Saturday, the 13th of October, when a paper will be read by John Snow, M.D., President, on "The Employment of Chloroform in Surgical Operations."

St. Mary's Hospital.—At the Meeting of the Medical School Committee of St. Mary's Hospital, held in the Board-room July 3, 1855, Mr. Lane in the chair :—Moved by Dr. Sibson, seconded by Dr. J. Bird, and resolved unanimously : "That the thanks of this Committee be given to H. Spencer Smith, Esq., for the unremitting attention and zeal with which, as Dean of the Medical School, he has performed the various and onerous duties of that office ; for the very able and successful way in which he has carried us through the difficult and trying circumstances attending the establishment and opening of the School of St. Mary's Hospital ; for the equitable and skilful mode in which he has managed the financial affairs of the same, as well as for the judgment and high tone with which he has conducted the business of the School, both in relation to his colleagues and the pupils, during its first session ; and that it would be gratifying to this Committee to find that the Weekly Board had signified their appreciation of H. Spencer Smith's, Esq., services as first Dean of the Medical School, by also tendering him their thanks ; and that the Chairman be requested to report the above resolution to the Weekly Board, at their next meeting." Moved by Dr. Sieveking, seconded by John Randall, Esq., and resolved unanimously : "That the foregoing Resolution be engrossed on vellum, and framed, and presented to H. Spencer Smith, Esq., as a memorial of the feeling entertained towards him by the Members of the Medical School Committee of St. Mary's Hospital. Samuel Lane, Chairman." In accordance with the above resolutions, the Weekly Board, at their meeting of July 6, 1855, passed a vote of thanks to Spencer Smith, Esq., in the following terms :—"That the thanks of the Weekly

Board be tendered to H. Spencer Smith, Esq., for the highly-satisfactory manner in which he has conducted the duties of Dean of the Medical School.

Honours to the Profession.—The King of Belgium has just created eighteen of the most distinguished Physicians in his kingdom Knights of the Order of Leopold.

The Right Hon. Sir Robert Adair, G.C.B., died on Wednesday last. He was the son of Mr. Robert Adair, the eminent Surgeon (Sergeant-Surgeon to George III.), by a daughter of the second Earl of Albemarle. Sir Robert was trained for the diplomatic service, and served the public in various missions, from 1802 to 1835, when he retired. His age was 92.

Queen's College, Birmingham.—The annual distribution of prizes took place on Tuesday last, in the theatre of the College, in the presence of a large assemblage of the gentry, clergy, members of the profession, guardians of the poor, and students and their friends. The Principal, Lord Lyttelton, was supported by the Hon. and Rev. G. Yorke, the Vice-Principal; the Rev. Edward St. John Parry, the Warden; Charles Ratcliff, the Treasurer; William Sands Cox, Esq., the Dean of the Faculty; by Professors Drs. Johnston, Davies, and Heslop; by Professor the Rev. G. Espin; by Professors Parker and Roaf. Previously to the distribution of the awards, "the diploma of Fellow," under the powers granted by the Crown to the College, was conferred on Henry Porter, M.D., of Peterborough, formerly a Warneford scholar and medallist. The noble Chairman, previous to distributing the prizes, delivered a short address to the meeting, on the position and prospects of the Institution. The prizes were then presented as follows:—

Warneford Medical Scholarships.—Josephus A. Williams, Scarborough; John Alderson, Aslackly, Lincoln.

Warneford Gold Medals.—Francis T. Bond, Weymouth; James Neal, Birmingham.

Governor's Gold Medals.—Francis T. Bond, Weymouth; William A. Smith, Mablethorpe, Lincoln.

Anatomy.—1st Medal.—Francis T. Bond, Weymouth.
,, Certificate.—William A. Smith, Mablethorpe, Lincoln.

Physiology.—Josephus A. Williams, Scarborough; James Greene, Donnington, Salop.

Demonstrations.—Books.—William A. Smith, Mablethorpe, Lincoln; Francis T. Bond, Weymouth.

Medicine.—1st Medal.—William H. Hayward, Birmingham.
,, Certificate.—Francis T. Bond, Weymouth.

Surgery.—1st Medal.—Theodore Davis, Tickenham, Bristol.
,, 2nd Medals and Certificates, (Æq.)—William Townsend, Syderall; Francis J. Bennett, Birmingham.

Forensic Medicine.—1st Medal.—Richard Edwin Ruffe, Tamworth.

Chemistry.—1st Medal.—James Neal, Birmingham.

Midwifery.—1st Medal.—Josiah Allen, Kidderminster.
,, Certificate.—Phineas J. Kendrick, Goldthorne Hill.

Materia Medica.—1st Medal.—James Greene, Donnington, Salop.
,, ,, Certificate.—George William Mould, Tudbury, Derbyshire.

Botany.—1st Medal.—George William Mould, Tudbury.
,, Certificate.—Frederick Dunn, Wolverhampton.

Medical Tutor's Prize.—Books.—John Thomas, Cheltenham.

Stethoscopic Prize—Clarence Pemberton, Birmingham.

Ingleby Prizes, viz., for Clinical, Medical, and Surgical Reports.—Books.—William H. Hayward, Birmingham.

The opening address of the session was delivered by Dr. Heslop, and the proceedings of the day terminated in an excellent dinner at Smith's Hotel, under the presidency of Dr. Birt Davies, honoured by the company of the Principal, and supported by Dr. Johnstone, Senior Physician of the General Hospital; Messrs. Amphlett and Pemberton, Surgeons of the General Hospital; Messrs. Sands Cox and Langston Parker, Surgeons of the Queen's Hospital; G. Edwards, Esq., Wolverhampton; P. G. Ogle, Esq., Lichfield; Messrs. Underhill, Tipton; and a large gathering of "old" pupils.

General Hospital, Birmingham.—The office of Resident Physician to the General Hospital, Birmingham, has become vacant by the resignation of Dr. Wade.

Testimonials to a Medical Officer.—The Imperatriz, screw chartered steam-ship, Captain H. T. Cox, arrived on Monday at Spithead, with invalids. The men have wonderfully recovered their health on the passage home. There were very few cot cases, the greater part of the invalids being enabled to march to barracks; those wounded in the legs, or suffering from diarrhœa, were conveyed in omnibuses to the Military Hospital. The following letter has been addressed to the Surgeon of the Imperatriz;—"Portsmouth, Sept. 30th. Sir,—In leaving the Imperatriz after the termination of a pleasant and prosperous passage from Scutari to England, I feel myself called upon expressly to offer you my cordial thanks for your untiring exertions on behalf of the invalid soldiers under my command. During the voyage I have had frequent opportunities of observing the creditable and satisfactory manner in which you discharged the responsible duties attached to your Profession. The success attendant on your humane exertions and professional skill has so far exceeded my most sanguine anticipations, that I feel specially called upon to testify my appreciation of your worth and services. Thomas Edmund, Capt. in charge of invalids. To F. A. Flynn, Esq., Medical Officer." The above testimonial received corroboration by one emanating from the non-commissioned officers and privates, which we copy *verbatim*:—"Sir,—We, the undersigned non-commissioned officers and private soldiers, on our return to our native country, invalided from the Crimea, respectfully beg to return our most heartfelt thanks for the sympathy, unremitting kindness, and attention which you have on all occasions displayed to us, as Medical officer in charge of invalids on board the steam-ship Imperatriz." The correspondent of the *Morning Herald* says—"I visited personally the men on board, and heard from their lips of the kindness and attention they had received from the officer in question."

The French Medical Service.—The Intendant-General of the Army in the East says:—About 3000 men had been reported as wounded on the 8th. On the left attacks, where the ground permitted us to send mules with panniers up to the very place of combat, the removal of the wounded was very rapid; there was, however, much difficulty, on account of the deep and almost inaccessible ravines. Night came on while the combat still continued, and the last of the soldiers was not brought into the ambulances until nine next morning. During the night all, notwithstanding their number, had received a first dressing, and the most urgent operations had been performed. Our Medical men had been increased in number, but five of them—namely, MM. Didiot, Daga, Huart, Darcy, and Goinard, have been wounded.

The Belgian Government has directed M. Stas, Professor of Chemistry at the Military School of Brussels, and M. Chandelen, Professor of Chemistry applied to Manufactures, at the University of Liege, to examine and report on the measures adopted in France for the condensation of deleterious gases in manufactories of chemical products.

Tribute of Respect to Dr. John Ware, of Boston.—At a casual meeting of a number of Physicians soon after the return of Dr. John Ware from Europe, the belief was unanimously expressed that it would be agreeable to the Profession generally, to improve the occasion to signify to him in some way their high regard. A Committee was named to address him, and measures were taken to obtain the signatures of the Physicians of the city and vicinity, so far as they could be found within the limited time proper for such an attempt. A letter, inviting Dr. Ware to a public meeting, was signed by about one hundred and thirty Physicians. To this, Dr. Ware made the following reply:—"Boston, July 8, 1855. To Drs. James Jackson, etc. Gentlemen and Friends,—I find it difficult to express in suitable terms my grateful acknowledgments for the cordial reception I have met with from my Medical brethren on returning, after a long absence, and especially for the honour done me by your kind invitation. You will believe, I know, though I feel obliged to decline responding to it in person, that I do not in any degree undervalue such a mark of regard from those whose good opinion is to me of the highest value. To those eminent men, my seniors, who have joined in this token of regard—some of whom were my honoured teachers;—to my cotemporaries, with whom it has been my happiness to labour for so

many years, with all the eagerness, but I trust little of the heat, of professional competition;—to my juniors, with so many of whom I have myself stood in the relation of teacher, and who have done far more than justice to the instruction they have received—I tender my most sincere thanks. Fortunate as my professional life has been, no event of it has excited a deeper emotion than this. It is little to say that I most cordially reciprocate the sentiments you express. I rejoice to associate myself again with a Profession which has occupied, for so much of my life, the principal part of my time and my thoughts, and to be again among those who have so long been my companions in its duties, and whom I have so much reason to honour and regard. . . . In looking at the state of medicine in other countries, one is naturally led to institute a comparison of its condition with that which exists in our own, especially to consider our deficiencies and our advantages. Now, it is not to be denied that, in the scholastic perfection of our education, we are yet far in arrear. Our training is less exact, less thorough, less extensive. In preliminary studies, in the cultivation of collateral branches of knowledge, even in the amount of attention paid to those which, though strictly medical, are yet only preparatory to actual practice, we are greatly deficient. But in that sort of discipline which prepares for the emergencies of real life; and, consequently, in the qualification of our practitioners for the actual management of disease, we have no reason to shrink from comparison. Indeed, I have been strongly impressed with the fact, that, as Physicians and Surgeons, our countrymen are inferior to none; but exhibit in our art the same practical talent which has distinguished them in all others. Further than this, it is not, I think, too much to say, that, in the adoption of those great fundamental principles of treatment, which are now everywhere making their way with more or less rapidity, the Profession here has been as early as in any part of the world. I have been forcibly struck, while abroad, by finding these principles, which have been gradually making their way with us for more than thirty years—and for which we have at home been sometimes charged with a timid and irresolute practice—canvassed as something quite new, and spoken of as doubtful innovations. Many must recollect to have felt, in reading the admirable papers on such subjects, by the former accomplished editor of the *British and Foreign Medico-Chirurgical Review*, that he was propounding and discussing views with which they had become in no inconsiderable degree familiar. It would be presumptuous to assume that these views contain the ultimate truth. We may yet learn, or our successors may, that Practical Medicine is capable of a system as positive, and in some sense as active, as that which is giving place to the present, but founded on a more careful observation, a more guarded induction, and a more thorough pathology. Should this happen—and we may surely hope for it—we shall have still sufficient cause for self-gratulation; the result will not the less be to the credit of a free spirit of inquiry. Our present state of opinion is one through which it is necessary to pass, in order to the discovery and establishment of an ultimate and positive system. For it is no new remark, that to become aware of errors and prejudices is a necessary preliminary step to the perception and admission of truth; just as much as removing the rubbish of the old building must precede the laying a foundation for the new. But it was not my intention to enter into the discussion of Medical topics, on which there may be, even now, some difference of opinion. It was my design merely to allude to that circumstance, which, next to their high personal and moral worth, most distinguishes the community of Medical men, of which I am proud to call myself a member—viz., the cultivation of a spirit of free inquiry which is not shackled by usage or tradition, and while it has all due reverence for the labours of the past, finds their best use to be in furnishing materials for greater progress in the future. This spirit it is which has made them—if not the earliest—among the earliest in that change of Medical opinion which is the most remarkable characteristic of our science at the present day. Gentlemen, I again thank you for your kindness. I have much reason to believe that my future labours in our profession, if not shortened, must at least be limited; but in either case, my interest in it, my regard for its prosperity and honour, can never be diminished. And among the last ties I shall wish to have severed, is that which binds me to it and its members. I am always, most faithfully,

"Your Friend and Brother,

"John Ware."

Death from the Bite of a Rabid Cat.—An extraordinary death from hydrophobia has just occurred in the neighbourhood of Llandilo, South Wales. In May last, a cat, which at the time was suspected of being affected by rabics, bit a middle-aged woman, the wife of a labouring man, named Williams. Some alarm was felt for ulterior consequences, and a popular belief prevailing in the district that a peculiar soft stone called "lithfaen," if taken continuously, will destroy any venom, the poor woman swallowed portions of the stone, and persevered in so doing for three months. It was then thought that any danger which might have existed was at an end, but on Monday week some unpleasant symptoms began to manifest themselves—loss of appetite, great anxiety and watchfulness, and, by-and-by, a horrible sense of suffocation, were experienced; and these were again followed by the symptom characteristic of the disease, repugnance to water and all description of fluids. Sight, or even mention of water, would bring on the most horrible spasms, and even the touch of a damp cloth was observed to produce the most painful effects. Medical treatment was resorted to, and all which science could suggest was attempted, but with little or no effect. Her mind at length became affected; death soon followed.

Cancer Cured by Lightning.—It may be in the recollection of our readers that, some time ago, Reuben Stephenson, of Langtoft, while ploughing in the field, at a distance from the village, was struck down by lightning, when both his horses were killed on the spot, and he was so much injured that his life was at first despaired of. In consequence of the accident, Dr. Alison, of Bridlington, attended upon the man, and, while doing so, found he was suffering from a malignant cancer of the under lip. When Mr. Stephenson had sufficiently recovered from the effect of the lightning, an arrangement was entered into for the removal of the cancer by an operation, but, strange to say, just when this was on the point of being performed, a minute inspection was made of the cancer, when it was discovered that, from the time of the accident, a healing process had been commenced in the lip. This being so evident, the operation was, of course, not attempted; and, in a moderately short space of time, the man was completely cured.—*York Herald.*

The wounded of the British force which attacked the Redan on the 8th of September, amounted to 133 officers, and 1893 men; of these, 29 officers, and 189 men, were wounded dangerously; 55 officers, and 718 men, severely; and 49 officers, and 730 men, slightly.

The Crimean Fever.—The Crimean Correspondent of the *Herald*, recovering from fever, says:—"While gaining strength hourly myself, although still in bed, it is saddening to find it feared by those around me, that another of my literary friends is under attack at a great distance from his own hut, and to know also that nearer the Highlanders' hospital tents, in which I yet remain, one whom I left in perfect health, and whom the camp can little spare, is certainly at this instant suffering from the dreaded Crimean fever. The name in the first case I withhold, because, even yet, there is a faint hope that the rumour may prove unfounded. The gentleman in the second case is Monsieur Soyer. The fever, I fear, will yet fall upon many of our best and bravest, and most useful, seeing that we are now again too frequently visited by heavy and long-continued rains. Though not perceptible to all, most intense malaria indisputably exists. New comers instantly detect it."

Mortality Notabilia.—The deaths of 1160 persons were registered in London in the last week of the quarter that ended on Saturday, 29th September, and though swollen by the accession of cases of violent deaths in which inquests were held some weeks since, this number is below the average. London is healthier than it usually is in September. Diarrhœa is declining, but was fatal to 75 persons, of whom 62 were under 3 years of age. Cholera was the cause of 9 deaths of persons of various ages. The Registrars of Islington record 7 cases of diarrhœa, and state that an "excessive smell impregnates the atmosphere of the neighbourhood from the Belle-Isle nuisances." 17 persons died of small-pox, 11 of measles, 45 of scarlatina, 20 of hooping-cough, and 50 of typhus in the week. The diseases of the respiratory organs were less fatal than usual; for though the weather changed, the temperature was above the average.

Births.—The births of 894 boys and 813 girls, 1707 children, were registered. Average, 1455.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	1	6	6	13	5
North	490,396	6	2	12	1	16	15
Central ..	393,256	3	3	8	3	9	10
East.....	485,522	2	3	6	4	18	12
South	616,635	5	2	13	6	19	8
Total..	2,362,236	17	11	45	20	75	50

DEATHS IN PUBLIC INSTITUTIONS for the Week ending September 29 :—

	Males.	Females.	Total.
Workhouses	39	47	86
Prisons	10	..	10
Military and Naval Asylums ..	5	..	5
General Hospitals	45	12	57
Hospitals for Special Diseases ..	10	5	15
Lying-in Hospitals	1	..	1
Military and Naval Hospitals ..	5	..	5
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	3	2	5

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, September* 29, 1855.

Causes of Death.	In the Week ending Saturday, September 29, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp.	° 56·6						° 55·6
Mean Temperature							
All Causes	1160	598	194	186	156	26	1178·7
Specified Causes	1153	591	194	186	156	26	1171·7
Diseases:—							
1. Zymotic Class	274	203	34	20	15	2	408·1
2. Dropsy, Cancer, and others of uncertain seat	41	6	6	13	15	1	41·8
3. Tubercular Class	181	81	61	37	2	..	173·8
4. Of Brain, Nerves, etc. ..	121	50	9	31	29	2	113·8
5. Of Heart, etc.	38	2	8	16	12	..	38·5
6. Of Respiratory Organs ..	109	57	13	19	16	4	109·0
7. Of Digestive Organs ..	51	20	8	9	13	1	62·2
8. Of Kidneys, etc.	9	..	1	5	2	1	10·5
9. Of Uterus; viz. — Puerperal Disease, etc. ..	10	1	8	1	..	..	9·2
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	4	1	1	..	..	7·1
11. Of Skin, etc.	1	1	..	..	..	..	1·8
12. Malformations	..	..	..	..	..	..	4·2
13. Debility from Premature Birth, etc.	34	33	1	..	..	..	27·1
14. Atrophy	34	30	1	1	2	..	30·7
15. Age	30	..	..	..	17	13	39·8
16. Sudden	50	20	8	5	16	1	21·3
17. Violence, Privation, etc...	164	83	35	28	17	1	72·0
Causes not specified.. ..	7	7	..	..	..	..	7·7

BOOKS RECEIVED.

Chirurgische Klinik. Beobachtungen und Erläuterungen in dem Gebiete der Chirurgie von Dr. Hermann Friedberg. Erster Band. Jena. 1855.
Dr. M'Cormac on Consumption. London: Longman and Co. 1855.
The Pharmaceutical Journal. October, 1855.

TO CORRESPONDENTS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—The Medical Teachers of this School would feel obliged by your giving the enclosed a place in the *Medical Times and Gazette*. I am, etc.

Aberdeen, 20th September, 1855. WILLIAM PIRRIE.

The following letter from Professor Pirrie, of Marischal College, appeared in the *Edinburgh Courant* of the 4th of September :—

"To the Editor of the *Edinburgh Courant*.

"Sir,—In an article which appeared in your paper of Thursday last, it is stated that Dr. Walker, who ranked highest at the late competition for the East India Medical Appointments, was educated at the Medical School of Edinburgh. Admitting, as I most readily do, the great and deserved reputation of that Medical School, I feel called upon, in justice to the University to which I have the honour to belong, to inform you, that Dr. Walker never studied at Edinburgh, but received the whole of his literary and Medical education at Marischal College, and from which he holds the degrees of A.M. and M.D. Allow me further to inform you, that this is not the first occasion on which an Aberdeen Student has been declared the highest in the list of competitors for these Medical Appointments—Dr. Marr, an Alumnus and Graduate of King's College, Aberdeen, having been declared the first in point of merit at the former and only other competition as yet held under the new regulations of the Hon. East India Company.

"I have the honour to remain, Sir, your obedient Servant,

Signed "WILLIAM PIRRIE,

"Regius Professor of Surgery in Marischal College and University."

The Editor, of course, acknowledges his mistake.

Alpha.—The degree of M.D. of the University of London is not obtained by an M.B. merely by a money payment, as in some other Universities, but by a distinct examination, including the higher branches of Medicine and Moral and Intellectual Philosophy.

Inquirer.—The Salary of the Medical Officer of Health to the City of London has been fixed by the Commissioners of Sewers at £400.

A Student.—We should recommend you to present yourself for examination at the Matriculation of the University of London, which is held in July. The fee is £2.

Sanitas.—The new Bill of Sir Benjamin Hall will come into operation in a few days, and Medical Officers of Health will be appointed in all the districts. It is to be hoped that these appointments will not depend upon faction and intrigue, but that they will be bestowed upon honourable, conscientious, and scientific men.

Rusticus.—You cannot recover for medicines and attendance in a Medical case, unless you are a Licentiate of the Society of Apothecaries.

M.D.—The degree of the University referred to conveys no right to practise in England. The degree of the University of London confers a right to practise in England, except in London, and within seven miles of it. The rights of the London graduates are now, in fact, the same as those enjoyed by the graduates of Oxford and Cambridge.

A Member of the Provincial Medical and Surgical Association.—Dr. Cormack has definitively and rather abruptly terminated his connexion with the *Association Journal*, which is carried on at present by Sir Charles Hastings.

Dr. A. Clark.—The communication arrived after another account was in type.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the Student's Number of the *Medical Times and Gazette* this Hospital is reported as containing 42 beds. This is an error; there are now 70 beds in use. When the funds of the Hospital permit it these will be increased to 100. I am, etc.

DAVID HARTLEY, House-Surgeon.

Cheltenham General Hospital, October 3, 1855.

ERRATA.—In Dr. Ramsbotham's account of the United African Twins, published in the last Number, the reference to the Philosophical Transactions respecting the Hungarian Sisters should have been "Vol. L.," instead of "Vol. IV." And in same report, p. 313, line 43, for "meati urinarii," read "meatus urinarii."

COMMUNICATIONS have been received from—

Dr. ANDREW SMITH; M.D.; Mr. BERNARD BRODHURST; Dr. GULL, M.D., Oxon; THE ROYAL PANOPTICON; THE GENERAL BOARD OF HEALTH; Dr. BRYSON; THE PRESIDENT AND TREASURER OF ST. THOMAS'S HOSPITAL; Dr. FULLER; Dr. ASHTON; Dr. RUSSELL; Sir JOHN FORBES; Dr. S. W. J. MERRIMAN; Dr. M'LOUGHLIN; Dr. HYDE SALTER; Dr. SIEVEKING; THE ROYAL COLLEGE OF PHYSICIANS; Mr. A. VANS BEST; Dr. R. D. THOMPSON; Dr. BEALE; Dr. BALLARD; Mr. PEACOCK; Mr. W. SANDS COX; THE SECRETARY OF THE NORTH LONDON MEDICAL SOCIETY; Mr. HARTLEY, Cheltenham; INVESTIGATOR; Dr. BROWN SEQUARD; Mr. SLOANE, Leicester; Mr. SMITH; Mr. CARVER, Cambridge; Mr. FULLER; Mr. POWELL, Jewin-crescent; Mr. TINSLEY, Sheffield; Mr. A. H. DOLMAN, Derby; Mr. WINTER, Brighton; Dr. LAMBERT, Hull; Mr. SHILLITOE, Hitchin.

APPOINTMENTS FOR THE WEEK.

SEPTEMBER.	MISCELLANEOUS REGISTER.
6. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
8. MONDAY.....	
9. TUESDAY	Operations at Guy's, 1 p.m.
10. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
11. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
12. FRIDAY	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE V.

WOUNDS OF THE SCALP—CONTUSION OF THE BONES—*continued.*

The inflammation of the bone produced by a denudation of its tissue, or bruising of its structure, may run a much more rapid course than that which belongs either to caries or to necrosis. But, whenever this occurs, it is to the contusion of the bone that the terrible symptoms which arise owe their origin; the mere denudation has, I believe, but little to do with the mischief. It is, however, very difficult to assign to each of these states their respective share in the evils which may ensue. As the majority of our wounds of the scalp are, in civil practice, produced by heavy blows, the bone itself, from the nature of the accident, is likely to sustain more or less injury, and all the more likely is a severe contusion of the osseous tissue to occur when the blow has sufficient force to cut the integuments down to the skull and denude it.

In the flat bone of the skull, with its compact tables and intervening cancellous tissue, the contusion seldom reveals itself on the surface; it is in the diploë that the blow produces its effects. Examined as to its compact tables, such a bone, externally, may be to all appearance perfectly healthy; but the contusion manifests itself in the diploë by an extravasation of blood within its cells, or a breaking-down of the delicate fibres of their walls. In such a condition, the bone has hidden within itself all the seeds of the future mischief. If inflammation should arise in the bone—and arise, in all probability, it will, if the diploë has been much injured; and the great tendency will be, in certain habits of body, to produce suppurative inflammation, and suppuration in such a situation is fraught with the utmost danger.

The intimate connexion of the bone to the membranes of the brain; the large and numerous venous channels in its cancellous tissue, render diffuse suppuration in the diploë not only one of the most formidable complaints the Surgeon can have to deal with, but one which but too often sets at nought all his resources.

Let us look to the train of evils which may arise in the membranes of the brain, after a contusion of the bone, followed by mischief in the diploë.

For days, for weeks even, there may be no appearance whatsoever of the mischief which is smouldering. Soon recovering from the effects of the accident, if it was a slight one, the patient appears to be in perfect health. For a time, all wears a favourable aspect; but, generally, within a fortnight or three weeks, the first symptoms begin to show themselves:—pain in the head, feverishness, and soon an unhealthy aspect in the wound, if there is one; a spontaneous secession of the periosteum from the bone, which, if denuded, becomes dry, and may be seen gradually to lose its natural colour, being first of a dead white, then of an opaque yellow, a greenish, or, it may be, of a brownish hue. Matters go on thus for a longer or shorter period, that is, as long as the inflammation does not spread to the inner table of the bone; but, as soon as this is reached, the dura-mater becomes involved; inflamed in its turn, and, it may be, in a sloughy state, this membrane seceedes from the bone, lymph or pus is poured out on its external surface, and as long as the inflammation is limited to the dura-mater itself, generally only that portion of the membrane corresponding exactly to the inflamed bone is diseased; but when the inflammation has once passed on to the parietal arachnoid, matter is thrown out into the cavity of this membrane, and then the visceral arachnoid, the pia-mater, and the brain itself, soon present all the appearances of severe inflammatory action. The symptoms are in keeping with the progressive stages of the disease. As long as the inflammation is confined to the bone they are few, and not strongly marked; but so soon as the dura-mater is reached, then decided symptoms of the cerebral mischief soon manifest themselves; increased feverishness, repeated rigors, intense pain in the head, sickness, drowsiness, occasional wandering, coma, and sometimes paralysis.

Such cases as these strongly resemble those which, of late years, have so much occupied the attention of the Profession. I allude to the diseases of the ear, where the bone is affected, and where the inflammation manifestly spreads from the bone to the membranes of the brain. In these cases the disease may lie smouldering for years. I have known it do so for upwards of twenty; and as long as the mischief is confined to the bone, the symptoms are trifling ones; but suddenly, without any apparent cause, it spreads to the dura-mater, and then follows the train of cerebral symptoms.

The phenomena of the separation of the membranes from the bone have been otherwise explained by one of our greatest authorities on Injuries of the Head.

All this mischief was thought by Pott to depend upon the secession of the membranes from the bone, originating in the injury done to their vessels:—"The pericranium is detached from the skull by means of a sanies discharged from the ruptured vessels; the bone being deprived of its due nourishment and circulation, loses its healthy appearance; the dura-mater, its attaching vessels being destroyed, or rendered unfit for their office, separates from the inside of the cranium, inflames and suppurates."—Such is Pott's (a) language.

In the one case, the affection of the bone is held to be the starting point, and that of the membranes is secondary; in the other, the membranes themselves are thought to be primarily affected, and the bone consecutively.

The truth is that here, as in many other instances, no one course is invariably followed.

Doubtless, originating in the detachment of the periosteum, the mischief may spread to the dura-mater; the separation of the dura-mater may also occur primarily, that is, at the time of the accident. This has been proved by experiments and cases: one, a very remarkable one, is mentioned by Sir Benjamin Brodie; but these cases form, I think, the exception; and I am convinced that, in the great majority of instances, the secession of the membranes is dependent upon mischief within the bone.

Mischief so threatening in its consequences; mischief so insidious in its course, and oftentimes without a single sign to denote its presence; mischief so constantly and so rapidly fatal when once fully developed, naturally led Surgeons to use their best and earliest efforts, not only to meet it, but to prevent it.

Hence the large and repeated blood-lettings, so urgently recommended formerly; hence, too, the much severer measure, that of trepanning, so strongly advocated,—simply as preventives of any mischief that might possibly arise in the membranes of the brain.

Trephining, as a preventive, under such circumstances, is universally condemned in the present day. The immediate and free use of the lancet, as a preventive, still has its advocates.

Startled at the idea of all the mischief which may possibly arise after a blow on the head, are we still to bleed, and bleed largely, patients without a symptom, without a single indication? We are told to bleed, to prevent inflammation of the dura-mater; but in how many cases of scalp wound do we find serious mischief arising in the dura-mater? In about one in 70, at least such are the returns from St. George's Hospital, into the wards of which no case of scalp-wound is admitted, unless it present some bad feature.

It may be said, that such a return is more favourable than that which could have been made formerly. But of this, we have no means of judging. Pott, save in one single instance, makes no mention of exact dates, and we are, therefore, altogether in the dark as to the number of years during which he

(a) On Injuries of the Head, 1768, p. 39.

may have been collecting his twelve cases. Dease, it is true, reports six cases of this kind, with their dates, spreading over nine years, three occurring in one year; but he gives no clue to his number of scalp wounds.

It has been generally admitted, for many years, that this inflammation of the dura-mater, leading to suppuration between it and the bone, was a much more common occurrence formerly than it is at present. On inquiring into this subject a few years back, Mr. Guthrie thought he had obtained a a proof that such was really the fact. Having ascertained that Pott's puffy tumour was then scarcely known to the Surgeons of the different Hospitals in London, who were at that period on the Council of the College of Surgeons, Mr. Guthrie inferred that inflammation of the dura-mater must also be almost unknown.

But the non-existence of the puffy tumour does not necessarily prove the absence of inflammation of the dura-mater. I have never seen this puffy tumour; and yet, I have, within the last few years, seen several cases of inflammation of the dura-mater, in all of which it so happens that the bone was bare. The test of the puffy tumour, being a partial one, has, I cannot help thinking, led to an erroneous impression.

We cannot obtain from Pott or from Dease any certain information as to the frequency of inflammation of the dura-mater in their day; but O'Halloran, writing at the same period, and as if in anticipation of what might be said at some future time, expressly states, in treating of this subject, that he had never seen but five deaths from this cause in a practice of thirty years, during which time he had had upwards of two hundred cases of wounds of the scalp and pericranium, and above fifteen hundred cases of injuries of the head altogether.

And here I may mention, that I endeavoured to obtain some precise information as to the frequency of such cases in our London Hospitals, in the present day; but I regret to say that I soon found that the absence of Hospital records, in most of our metropolitan Hospitals, rendered this task an impossible one. I learnt, however, that to some Hospital Surgeons cases of suppuration between the bone and the dura-mater were all but unknown, and that several other Surgeons had only seen a few instances of this affection. Having collected together no less than thirteen cases of this kind, all of which occurred at St George's Hospital within the last nineteen years, I was rather surprised to find that such cases had been so seldom observed by Surgeons belonging to other Hospitals. I have great pleasure, however, in being able to state, that Mr. Cock has, during the last twenty-five years, seen several cases at Guy's and elsewhere, in which a blow, or wound on the head, without fracture, was followed by suppuration between the bone and the dura-mater; and my inquiries, both at Paris and Vienna, also lead to the conclusion, that such cases are not very uncommon in the present day, in the Hospitals of those cities.

But, to return to the subject of blood-letting as a preventive in such cases. Pott earnestly advocates it. O'Halloran just as earnestly condemns it. Both were firmly convinced that their own plan had saved many a sufferer from the direful effects of inflammation and suppuration of the dura-mater, and thus it is but too often with us all.

As a general rule, blood ought never to be drawn without a clear indication of its necessity.

In the majority of cases, patients may recover from scalp-wounds, and severe contusions, simply by being kept perfectly quiet, and with the use of saline and mercurial purgatives.

But, whenever inflammatory symptoms begin to make their appearance, then is the time for us to have recourse, at once, to antiphlogistic treatment, more or less strict, according to the nature of the case. The prospect, however, of the benefit likely to be derived from these antiphlogistic remedies must depend upon the cause of the inflammation. And here it is, I think, that we have not yet discriminated sufficiently between our different cases of inflammation, supervening after an injury of the head. If the inflammation is dependent upon what we call concussion of the brain, and most cases of scalp-wound, or severe blows on the head, do suffer, more or less, from this state, the mischief will begin in the visceral layers of the membranes; but if the inflammation is dependent upon a diffuse suppuration of the bone, it is the parietal layers of the membranes which will be first affected. In both cases, the cause which gives rise to the inflammation produces its effects on the nearest membrane. In the first, that is, in concussion, our antiphlogistic remedies will, in the large majority of cases, be of great use; in the second, they will be of little or no avail. Exerting but little control in diffuse suppuration of the bone, these remedies cannot prevent the inflammation of the dura-mater, for its cause is ever at hand, and may, at any moment, produce its effects, notwithstanding all our endeavours.

True it is, that inflammation in either of these structures gives rise, in many cases, to symptoms so exactly similar, that we have no means of judging whether we have to deal with inflammation of the dura-mater, spreading from the bone, or with that arising in the sub-arachnoid tissues. We must, therefore, treat them both alike. One cause of inflammation of the membranes, the concussion, is fortunately very much more common than the other. Hence the reason why we find Pott stating that he has, in many instances, seen the symptoms which frequently precede mischief under the bone, removed by free and repeated blood-letting; hence, too, the reason of the great success which, but a few years back, was said to attend the antiphlogistic system then in vogue, in preventing inflammation of the dura-mater, and suppuration between it and the bone. These successful cases were, I believe, instances of inflammation of the visceral layers of the cerebral membranes caused by concussion. Post-mortem examinations will, I think, tend to prove the correctness of this view.

Acute inflammation of the dura-mater, unless caused by the state of the bone, is rarely seen in our dead-houses, after an injury of the head. Acute inflammation, on the other hand, is not uncommonly met with in the sub-arachnoid tissues after an injury of this kind.

When acute inflammation of the dura-mater does exist, however, it is generally, from my own experience I might say constantly, accompanied, even in its earliest stage, by inflammatory exudation within the arachnoid. But inflammation of the sub-arachnoid tissues seldom gives rise to similar appearances; the inflammatory exudations are, for the most part, confined to the structures in which they originate, and only make their appearance on the free surface of the arachnoid when the inflammation is very intense.

Failing in all our antiphlogistic remedies, have we any other means of relieving the patient? The only chance left is in the trephine. But are we to trephine all cases of blows on the head, with bare bone and symptoms of suppuration?

A close examination of cases, under such circumstances, will show that, in many instances, we really have no indications which could lead us to apply the trephine. Throughout their whole course, there is, in these cases, not a single sign which could lead us to suppose that mischief is occurring between the bone and the dura-mater, and the only symptoms present, from beginning to end, are those of diffuse suppuration of the membranes. The dura-mater may be inflamed, separated from the bone, and in a sloughy state; nay more, if the wound is in the parietal region, there may be suppuration diffusing itself extensively along the branches of the middle meningeal artery, and yet, we may have no evidence whatsoever to prove that all this mischief exists.

A man, aged 20, was admitted into St. George's Hospital, under the care of Mr. Cutler, in July, 1845, with concussion of the brain, and a small scalp wound, exposing the right parietal bone. He went on well for a fortnight, but symptoms of inflammation of the membranes then began to show themselves; he was bled, and put upon mercury, but the symptoms became more marked—the wound put on an unhealthy aspect; the bone became quite dry; and profuse perspirations, and severe rigors soon made their appearance; he lived twenty-nine days after the accident, there never having been any symptom of compression, save a slight drooping of the right eye-lid. On removing the skull-cap, a small quantity of lymph and pus was found under the exposed bone, which itself was of a dark yellow colour; from this point, lymph and puriform fluid were traced along the cellular tissue of the branches of the middle meningeal artery, to the base of the skull, where suppuration also existed around the various foramina of the sphenoid, as well as in both orbits. In all these parts, the dura-mater was most readily detached from the bone. There was also extensive effusion in the cavity of the arachnoid, and in the sub-arachnoidean tissues, with inflammation of the brain. Both lungs presented marks of purulent infection. The other viscera were healthy, excepting the kidneys, which were mottled.

A man, aged 50, who was admitted into St. George's Hos-

pital, under the care of Mr. Cæsar Hawkins, in September, 1848, with extensive and bruised wounds of the scalp, not exposing the bone, was attacked with diffuse cellular inflammation and sloughing, which ended in denudation of the parietal bones to some extent; he was apparently recovering from this attack, when severe symptoms of diffuse inflammation of the membranes made their appearance. Two days before his death he had a rigor, which was followed by spasm of the right arm, then paralysis of the right leg, and, at last, he became quite insensible. He lived eighteen days; the most prominent and earliest symptoms having been those of inflammation of the membranes of a diffuse character. The skull-cap having been removed, nothing was observed under the exposed part of the right parietal; but a small quantity of pus was found immediately under the exposed part of the left parietal, the diploë of which was extensively infiltrated with matter; pus was also traced some distance along the cellular tissue accompanying the middle meningeal artery, and in the structure of the dura-mater. Large quantities of lymph were found in the cavity of the arachnoid, and in the sub-arachnoidean tissues, but the effusion was principally confined to the upper surface of the left hemisphere. Some puriform fluid existed in the superior longitudinal sinus.

A man, aged 30, who was admitted into St. George's Hospital, under the care of Mr. Tatum, in May, 1844, with a large scalp-wound, exposing a portion of the left parietal, was attacked with diffuse inflammation of the scalp, and symptoms of inflammation of the membranes. He lived sixteen days, during which time he never had any symptoms of paralysis. Immediately under the denuded bone there was a small quantity of pus; puriform effusion was also traced in the cellular tissue, along the course of the middle meningeal artery, and in the dura-mater. The cavity of the arachnoid, and the sub-arachnoidean tissues, on the left side, were filled with lymph and pus; the corresponding portion of the brain was inflamed.

A man, aged 60, was admitted into St. George's Hospital, under the care of Mr. Tatum, in June, 1847, for a large wound of the scalp on the left side of the head, not exposing the bone. He went on well for seven days, when diffuse inflammation made its appearance about the scalp; sloughing of the cellular tissue ensued, and the bone became exposed. He recovered from this attack, and progressed favourably for some time, when he was seized with inflammation of the membranes of the brain. He lived five weeks, and never had any signs of compression. Under the exposed bone, which was of the size of a shilling, was a small quantity of purulent lymph on the dura-mater. The bone itself was discoloured throughout, and dark. Large quantities of sero-purulent fluid, with a thick coating of lymph, were found both in the cavity of the arachnoid, and in the sub-arachnoidean tissues. The brain was inflamed. Lymph and pus existed in the superior longitudinal sinus, and the right lung was affected with purulent infection.

A very stout, middle-aged man, was admitted into St. George's Hospital, under the care of the late Mr. Walker, in November, 1842, with a scalp-wound in the right temple, laying bare the bone. Diffuse inflammation of the scalp having supervened, incisions were made, but a portion of the occipital bone subsequently became exposed. He lived one month. Under the exposed bone, in the right temple, which was of a seabrous appearance, the dura-mater was inflamed, thickened, and partially separated; and, exactly limited to this spot, there was an effusion of lymph and pus on the parietal layer of the arachnoid, but all the other parts of the membranes and of the brain were quite healthy. Nothing was observed under the exposed portion of the occipital. There was recent effusion in the right pleura, with secondary deposits in both lungs.

In such cases as these, what could have led the Surgeon of the present day to have had recourse to the trephine? The keenest observer could hardly have surmised that mischief was taking place between the bone and the dura-mater, and yet this membrane was in all these cases extensively affected. The dura-mater, when laid bare by the trephine, has so frequently, and in so many instances with precisely similar symptoms, been found to be perfectly healthy, that the indiscriminate perforation of the skull, so much resorted to formerly in all cases of denudation of bone, with symptoms of suppuration, has, of late years, been abandoned.

[To be concluded in our next.]

ORIGINAL COMMUNICATIONS.

EPITHELIUM OF THE AIR-CELLS OF THE HUMAN LUNGS.

By THOMAS WILLIAMS, M.D., F.L.S.
Physician to the Swansea Infirmary.

The *British and Foreign Medical and Chirurgical Review* for the 1st of October contains a paper by Mr. Rainey, of St. Thomas's Hospital, entitled a "Critical Examination of the Evidence, for and against, the presence of Epithelium in the Air-cells of the Human Lungs." This paper should be received as an answer to the conclusions which I ventured to adopt in my article on the organs of respiration, recently published in Dr Todd's "Cyclopædia of Anatomy and Physiology."

Every student of anatomy in this country must be acquainted with the views of Mr. Rainey on this subject. He contends that the air-cells of the human lungs are not lined on their internal surface by any kind of epithelium whatever. He does not state that the capillary vessels of the cells are absolutely naked, as maintained by Mr. Bowman, with reference to the Malpighian capillaries of the kidneys. He describes a "pulmonary membrane," which is said to be an extension of the basement membrane of the epithelial covering of the bronchi. The epithelia are figured by Mr. Rainey as terminating *in toto* at an abruptly and sharply-defined border, which coincides, with marvellous precision, with the end of the bronchial tubes, and the beginning of the intercellular passages. Some years ago, I entered upon the study of this question with the utmost respect for, and the highes estimate of, Mr. Rainey, as an observer. The *à priori* impressions of my mind were, therefore, favourable to his authority, and directly opposed to the conclusions which, eventually, I was constrained to embrace. I hope, in my forthcoming work on the lungs, to enter into all the intricate particulars of this subject. On this occasion, I wish only to offer a few general remarks in reply to Mr. Rainey's recent paper, in which my name so frequently occurs.

I would characterize this paper rather as an essay on physiological logic, than on anatomical facts. The author reasons on old facts. He adduces no new evidence. It is of his logic that I have now to complain. He first gracefully vindicates the microscope, as an instrument of anatomical research, against charges which reproach it with "mystifying and misguiding." He states that, when doubts and disputes arise on questions of fact, the fault lies in the mind of the observer, and not in the instrument, and then pleasantly insinuates the existence of a bias or prejudice in the minds of those who cannot see what, to his eye, is clear.

In anatomical, as in all other progressive sciences, it is historically true that the doubts and uncertainties of one period become the accepted axioms of the next. By inference we may accordingly hope that even the dispute as to the epithelium of the air-cells will eventually be adjusted.

I attach no importance to the merely compilatory statements of systematic authors. It is the observer, who has given special attention to the subject under controversy, who should dictate the articles of belief to the mere *littérateur*. Although, therefore, I might cite the names of Kölliker, Schroeder van der Kolk, Harting, Schultz, Adriani, Paget, Sharpey, Andrew Clark, as opposed to the views of Mr. Rainey, it is probable that none of these anatomists, except Dr. Andrew Clark, has specially and critically studied the point in dispute. But Schroeder van der Kolk should also be excepted. Adriani, in the preface to his elegant Latin essay (from which, in my article in the Cyclopædia I have

repeatedly quoted), renders the tribute of his praise to his preceptor for the privilege of viewing the preparations from which his illustrations (given in Adriani's essay) were directly taken. Mr. Rainey stands alone in the opinion as to the absence of epithelia from the covering of the pulmonary cells. Those who hold the same view are passive followers, teaching merely what they have been taught.

It is in fact, then, only the opinion of Mr. Rainey that we have to canvass. The following is the mode in which he reasons:—If all those who have described the epithelium of the air-cells agreed in every particular among themselves, and if every subsequent observer confirmed the statement of the preceding, then the evidence would be conclusive; but if some anatomists entertain doubts as to its presence, "such doubts may fairly be adduced as negative evidence of its non-existence!" But Mr. Rainey's "strongest argument" against the presence of epithelium in the air-cells is drawn from the circumstance, that he can, to his own perfect satisfaction, assert that "the epithelium-like appearance which they (the air-cells) present admits of being accounted for independently of any supposition implying the existence of a lining of epithelial cells." That is, in less rotund phraseology, "I am quite sure that I can, to my own satisfaction, reconcile the errors of others with the opinions which I hold." He then reiterates, that what they (others) call epithelium is really "an integral part of the tissue upon which the epithelium is supposed to be placed." Such is the ratiocinative capacity of Mr. Rainey, that he is far more prone to reverence nature than to bow to authority. For one I admire, because I personally share this peculiarity of his temperament. He is brave and fearless, though "names" may be arrayed against him. Such men are the heroes of science.

The following is another example of the curious method in which Mr. Rainey constructs his syllogisms:—Because the descriptions given of the epithelium of the air-cells by Kölliker, Van der Kolk, Dr. Hall, Dr. Andrew Clark, and Dr. Williams, differ from one another, and among themselves, and because all these anatomists confess that the inquiry is difficult, and because I can reconcile such differences with certain appearances in the cells which I have observed, therefore all these observers are wrong, and consequently what I have stated is true after all, that no epithelium whatever exists in the air-cells! It is quite true, as admitted by Kölliker and Dr. Andrew Clark, that it is difficult to obtain a perfect and satisfactory view of this epithelium in the human subject—partly in consequence of post-mortem changes, and partly through the readiness with which this delicate layer is detached from its position, by the natural or artificial distension of the vessels upon which it rests. But this difficulty does not apply to the lungs of any of the mammalia; it does, however, apply to those of birds. And this is the only mode in which I can explain the perplexity with which Mr. Rainey is distracted upon this subject. His investigations have chiefly been confined to the human lungs, and to those of birds. While alluding to my article in the Cyclopædia, it is remarkable that Mr. Rainey should have made so passing a reference only to the grounds constructed from the analogy afforded by the lungs of reptiles, on which, partly, I rest the conclusion as to the presence of epithelium on the air-cells of the human lungs. I have there shown that there exist parts on the comparatively smooth walls of the pulmonary sac of the newt, which form the structural analogues of the cells of the mammal lungs, that these parts coincide precisely with the capillary areæ, and that they contrast with the neighbouring portions of the pulmonary surface, by their smooth, non-ciliated, *hyaline* epithelium. In the lungs of the Salamandridæ, the tracts coinciding with the course of the larger arteries and veins are invested by a flocculent cylinder, ciliated epithelium, which, where it is prolonged over the capillary areæ, undergoes a change of structure; the ciliated epithelia are supplanted by the pavement scales.

If the views of Mr. Rainey, as to the structure of the corresponding parts of the human lungs, were true, the limits at which in the lung of the newt the ciliated epithelium is modified into the tesselated variety, should indicate the points at which the epithelia ceased altogether. Any anatomist trained in the use of the microscope may readily convince himself that, at the limits to which I refer, the epithelia do not cease altogether, but that the ciliated and cylindrical cell ceases only to carry cilia, and graduates into the flattened scale. Of course, it is only the *oculus eruditus* which now confers upon the observer the ability to single out the real epithelia forming the most superficial layer from the outlines of the blood corpuscles, curled fibres, nuclei in the walls of cells, sides of vessels, etc., with which the uninstructed may confound the true epithelial covering. To compare the capillary areæ of the reptilian lung with the pulmonary cells of the human lung is to compare like things, parts which are at once the anatomical and physiological analogues of one another. But to resort to such analogy as that urged by Mr. Rainey is indeed to explain the *obscurum per obscurius*—"the tracheæ of insects are so remarkably minute as scarcely to be distinguishable by the highest magnifying power;" "in these instances, there can be no room for pavement epithelium," etc. To this passage I object, that things far removed are brought unnaturally near for the purpose of comparison. The reptile and the mammal are subjects of the same sub-kingdom. The insect is remote in another sphere. But I also object strongly to the argument to which Mr. Rainey so often resorts, and upon which he rests the whole weight of his reasoning, namely, that because the ultimate air-spaces in the lung of the bird, and the diameter of the extreme tracheæ of insects, are so inconceivably minute, therefore there is no room for epithelium! What! is it necessary that nature should thrust the epithelium of a crocodile into the trachea of an insect? Is it not a possible conception that the epithelia should grow minute in the same proportion as the space in which they are contained? I would respectfully refer Mr. Rainey to my paper on the "Respiration of Insects," in the *Annals and Magazine of Natural History*, for March, 1854. It was in that paper that the doctrine was first broached that the tracheæ of insects do become so inconceivably minute as to be no longer traceable even with the highest magnifying powers. These statements were in direct opposition to the stereotyped views of the late Mr. Newport. They drew from him an angry letter in the *Annals*. They have been confirmed by subsequent observers. In the collected volume I hope to add many new facts to the statements contained in my first paper. I have since unquestionably proved, that an epithelium does exist on the internal lining membrane of the larger tracheæ. It is most visible in the arachnoids. It does not follow, however, that a constituent of structure which is present in the larger tubes should also exist in the smallest. I have, I think, shown that the late Mr. Newport was wrong in supposing that the tracheæ ended where the horny spiral thread ceased to be visible. The tubes at this point become membranous, and ramify most complexly in the substance of the solid structures of the body.

It is impossible, with our present means of sight, to say whether such tubes are, or are not, lined with epithelium; but Mr. Rainey appeals to them, as if it were proved that they have no epithelium. This, again, is to support the hypothetical by the more hypothetical. On the line of the aorta, it is easy to demonstrate a stratum of pavement epithelium; but it is not possible to state positively whether the epithelium is or is not prolonged into the smallest capillary in the body. If it be, would it be reasonable to expect that, in the latter situation, the individual scales were of the same size with those in the former? As the vessel grows more and more minute, so every individual element of its structure acquires greater and greater delicacy. But Mr. Rainey reasons constantly upon an unproven presumption. The epithelium being absent in the lungs of man and birds, it is probable, says he, that it is not a necessary element of structure in a typical respiratory organ. I should be very sorry to incur the charge of vanity; but I was going to remark that, in the long and laborious series of researches which I have of late years prosecuted, upon the subject of the organs and mechanism of breathing, in the lowest as in the highest members of the animal kingdom, I have acquired more extended experience upon this special theme than even Mr. Rainey himself, and that I have a stronger title than he to indulge in the literary luxury of "generalizing." My experience would lead me to confess that, so manifold are the circumstances in the zoological series under which one and the same organ or structure may exist, that it is scarcely possible to predicate what variety of form, under any given modification of physical and physiological conditions, it may assume. I could desire that Mr. Rainey would compare the epithelium which lines the gills of the nudibranchs with that which exists on the branchial laminæ of the crab, in order that he might practically convince himself that there is scarcely a limit to the variations of form and size and *tenuity* under which one and the

same structure may exist in nature. I can state, with perfect confidence, that, among the invertebrated animals (insects doubtfully excepted), from the zoophyte to the cephalopod, the respiratory organs are in no single instance destitute of epithelium. In some, it forms a dense layer; in others, one of immeasurable delicacy.

One more point, and I have done with this controversy for the present. Mr. Rainey believes that the appearance which I have named the "hyaline epithelium," is produced almost entirely by the capillary network in the walls of the air-cells. I regret that he should deem me so unpractised as to be led into error by so obvious, so common, so constant a source of fallacy. He who would desire to examine the epithelium of the air-cells, must familiarize his eye with the numerous other objects with which the epithelial scales may possibly be confounded. How can Mr. Rainey suppose that this point was not strictly attended to? But, he says, your epithelium is produced by "the nuclei in the walls of the capillaries;" I answer, the cell nuclei of the vascular parietes are best seen during a profile view of a looping vessel. The epithelial scales are best viewed directly by transmitting light, focussing the instrument with care. The two appearances are quite distinct. For the demonstration of this difference, the lung-sac of the newt is best adapted.

The question is raised by Mr. Rainey, How is it possible when the epithelial scales form only a single layer, and are laid accurately edge to edge, that such a layer can be reproduced? I reply, the epithelium which covers the branchial laminæ of the brachyurous crustaceans, is so evidently and unquestionably a single layer, that is, none but adult scales are distinguishable on the flat surfaces of the laminæ, that the example, proving the possibility of such an arrangement, is at hand. I doubt the correctness of an observation made by Dr. Andrew Clark, as to the existence of a substratum of growing embryonic cells beneath the superficial plane of scales in the air-cells of the human lung. I hold this doubt on the ground of fact and analogy. I will ask Mr. Rainey to look at the scales on the wing of an insect, and tell me the mechanism by which they are reproduced. Let him examine the peritoneal surface of the pulmonary sac of a newt, and tell me whether the scales in that situation form more than a single layer, and let him remember how difficult it is to discover a substratum of embryonic cells beneath the superficial conjunctival scales of the cornea.

It is not necessary that the whole organ should be removed at once, in order that it may be renewed, and its vital structure renovated. The nutritive operation may be atomic and molecular, such that while the entire scale or organule remains apparently unchanged, its ultimate constituent atoms are ceaselessly being renewed. So little is known of the natural history of these minute elements of the organism, that at present it is impossible to state what degree of expansion or contraction, what variations of shape, an epithelial cell may assume under new anatomical circumstances. It remains to be proved whether a polygonal, flat cell of determinate measurement in one situation, must, in virtue of its organic laws, preserve the same figure and the same size in another locality. It is not known whether a structural element is convertible or transmutable, or not, into another element. Questions like these must await for their solution the brighter light of another age in science.

A BRIEF REPORT
ON CHOLERA AND DIARRHŒA

AMONG THE OFFICERS OF THE WATER GUARD AND WATERSIDE DEPARTMENTS OF THE CUSTOMS IN LONDON, DURING THE EPIDEMY OF 1854.

PRESENTED TO THE HON. THE BOARD OF CUSTOMS.

By J. O. M'WILLIAM, M.D. F.R.S.
Medical Inspector H. M. Customs.

Cholera, which had been lingering about London since the month of August, 1853, declared itself in an epidemic form in July of the following year, the deaths from that disorder having risen from 26 in the week ending July 22, to 2050 (the maximum weekly mortality of the epidemy) in the first week of September. From that time the mortality gradually declined to 2 during the week ending December 16, when the epidemy may be said to have entirely subsided.

The following Table, compiled from the returns of the Registrar-General, shows the weekly mortality during the whole of the epidemy:—

Cholera Mortality.

During weeks ending July 22	26
,, ,, ,, 29	33
,, ,, Aug. 5	309
,, ,, ,, 12	644
,, ,, ,, 19	799
,, ,, ,, 26	847
,, ,, Sept. 2	1257
,, ,, ,, 9	2050
,, ,, ,, 16	1549
,, ,, ,, 23	1284
,, ,, ,, 30	754
,, ,, Oct. 7	411
,, ,, ,, 14	249
,, ,, ,, 21	163
,, ,, ,, 28	66
,, ,, Nov. 4	31
,, ,, ,, 11	23
,, ,, ,, 18	12
,, ,, ,, 25	8
,, ,, Dec. 2	7
,, ,, ,, 9	5
,, ,, ,, 16	2

Cases of diarrhœa began to appear among the officers of the Waterguard and Waterside Departments in the latter end of June, and they became more frequent during July and August; but it was not until the 27th of the latter month that a single case of cholera occurred in either department. From that time up to the termination of the epidemy, there were 8 cases of cholera among the officers of the Waterguard, of which 3 proved fatal, and 5 recovered.

There was no case of cholera among the Waterside officers.

The following was the amount of the force, in the two departments, during the progress of the epidemy.

Water Guard.

Ages.	Tide-waiters.	Watermen.	Watch-men.	Total.
Between 20 and 30	198	20	5	223
,, 30 ,, 40	257	41	23	321
,, 40 ,, 50	121	20	9	150
,, 50 ,, 60	16	9	3	28
60 and upwards	8	7	5	20
	600	97	45	742

Waterside, etc.

Ages.	Lockers.	Weighers.	Messen-gers, etc.	Totals.
Between 20 and 30	1	107	3	111
,, 30 ,, 40	54	58	14	126
,, 40 ,, 50	47	28	17	92
,, 50 ,, 60	12	7	13	32
,, 60 ,, 70	5	1	2	8
,, 70 ,, 80	1	..	2	3
	120	201	51	372

Ages.	Letter-men.	Coastguard Men.	Additional Men.	Totals.
Between 20 and 30	16	1	13	30
,, 30 ,, 40	17	5	8	30
,, 40 ,, 50	25	2	6	33
,, 50 ,, 60	8	3	5	16
,, 60 ,, 70	7	3	..	10
,, 70 ,, 80	1	..	..	1
	74	14	32	120

Number of Attacks, Deaths, and Recoveries, among the several classes of the Officers of the Waterguard and Waterside Departments respectively, during the Cholera Epidemy of 1854.

Number of Officers.	CLASSES OF OFFICERS.	Between 20 and 30 Years.				Between 30 and 40 Years.				Between 40 and 50 Years.				Between 50 and 60 Years.				60 Years and upwards.				Totals.								Grand Total.		
		Cholera.			Diarrhœa.																										
		Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.	Attacked.	Recovered.	Died.
600	Tidewaiters	2	1	1	66	66	:	1	:	1	58	58	:	1	1	:	1	1	:	:	:	:	130	128	2							
97	Watermen	1	1	:	5	5	:	1	1	:	:	:	1	:	:	:	:	:	:	:	:	:	8	7	1							
45	Watchmen	:	:	:	:	:	:	:	:	:	:	:	:	1	1	:	:	:	:	:	:	:	1	1	:							
120	Lockers	:	:	:	:	:	:	:	:	:	7	7	:	2	2	:	:	:	:	:	:	:	15	15	:							
201	Weighors	:	:	:	:	:	:	:	:	:	6	6	:	:	:	:	:	:	:	:	:	:	11	11	:							
51	Messengers	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	1	1	:							
120	{Lettermen, Coastguard men, etc. .. .. }	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	:	37	37	:							
1234	Totals	3	2	1	71	71	..	2	1	1	71	71	..	4	4	..	1	1	..	..	..	..	203	200	3	195	195	..	8	5	3	195	195	..

The actual number of officers disabled from duty by reason of cholera and diarrhœa was 203; but it may be safely assumed, that two-thirds of the whole force in the department had diarrhœa in some degree. A great proportion of those cases were treated by the men themselves, who were all supplied with the medicines.

From the above Table, which has been drawn up from the London and Gravesend returns, it appears that Cholera was confined exclusively to the tidewaiters and watermen, who, from the nature of their duties, are exposed to greater vicissitudes of weather, and greater variations in their diet, accommodation, and general mode of living, than any other class of officers. Diarrhœa, also, was more common among the tidewaiters than among any other class whatever, as they were attacked with this disorder, so as to be disabled from duty, in the proportion of 1 in 4·6, while the watermen suffered only in the ratio of 1 in 12.

The watchmen, especially the night watchmen, are necessarily subject to considerable alternations of weather, against which, however, they are enabled, in a great measure, to protect themselves, from the uniform nature of their duty and the regular time during which they are employed. Among the 45 men comprising this class, 1 only was affected with bowel complaint.

The officers of the waterside department altogether escaped cholera, and were only slightly visited by diarrhœa, the lockers having been attacked in the ratio of 1 in 8, the weighers of 1 in 18, and the messengers in that of 1 only in the whole force—51.

Here again the influence of a uniform mode of life, regularity of diet and time of labour, with the absence of night exposure, is clearly apparent, and contrasts favourably with even the small amount of sickness and mortality among the officers of the Waterguard.

Fortunately, the number of attacks of cholera and diarrhœa together, in the two departments, is too small to form a basis for a general induction. But the results, as far as they go, established the fact, that both diseases occurred chiefly amongst the officers of that class most subject to the predisposing influences already alluded to, and which, temporarily at least, lower the general standard of health, and induce a susceptibility to the morbific agency, whatever its nature may be, or from whatever source it may be derived.

That the Waterguard should have mainly suffered from cholera or epidemic diarrhœa, is quite in accordance with any theory hitherto propounded with reference to the origin and nature of these disorders.

If cholera and choleraic diarrhœa arise from an endemic miasm of telluric origin, the tidewaiter lives, as it were, on the river, where the worst kinds of such emanations are said to exist in greatest abundance.

If these diseases depend upon a special condition of the atmosphere, which is attracted to low, damp, and ill-ventilated situations, where the general hygienic conditions are unfavourable, the tidewaiter is very frequently, when in small ships, more especially in foreign ships, exposed in such situations and under such conditions.

If, as not a few suppose, cholera is capable of being imported from without, and being propagated from person to person, by means of a contagious effluvium generated in the human body, and deriving an increased power of propagation from an impure and confined atmosphere, the liability of the tidewaiter to the disorder is, with this view as to its origin and diffusion, pre-eminently great.

The tidewaiters, in the course of duty, are often boarded in ships where cholera is actually prevailing, and the sick crews, on such occasions, not unfrequently look to them for assistance, and they never look in vain. Honourable testimony to their kindness and humanity to cholera-stricken sailors has reached me from various quarters, and instances of the same kind have come under my own observation.

In a Danish vessel called the *Fylla*, with a cargo of bones from the river Plate, lying in the St. Katherine's Docks, in the hot month of September last, when the epidemy was at its height, cholera prevailed alarmingly among the crew. From the 19th to the 24th of the month, the captain, the second mate, and a seaman, had all succumbed to the disease. They were all fine, handsome Danes, under thirty years of age. Great, and, as I ascertained, well-grounded, complaints were at this time made respecting the sickening odour, from the stagnant and foul state of the water in the dock (a); the

(a) I am bound to state that, on representing the state of the water in the London Docks, and also in St. Katherine's Docks, to their respective Directors, I received a courteous reply from the Secretary of each Company; and I believe that every effort was made by the Companies to cleanse the Docks, and renew the water in them. The latter proceeding was a matter of difficulty, and almost of impossibility, during this period, for the tides were unusually low.

ammoniacal smell from the bones in the *Fylla* was overpowering, the vessel was small, and her forecastle was scarcely capable of lodging her crew with comfort, even when in perfect health. I must own that it was with difficulty I remained below for a few minutes in this pestiferous den. Throughout all this misery and distress, the tidewaiter, Henry Watson, (whose name deserves to be here noticed) continued to administer medicine, and otherwise to assist the sick (b).

The question as to treatment, and the relative value of various medicines in cholera, with the more purely scientific results, have been forwarded to the Cholera Committee appointed by the Medical Council of the Board of Health; but I may here mention that, in simple diarrhœa, and even in some forms of choleraic diarrhœa, nothing, (and I have tried all the new remedies,) answered so well as the astringent powder, according to formula No. 2, adopted in the service of the Customs, in the outports, as well as in London during the epidemy of 1848, and also during the epidemy that has just passed.

This very simple remedy was much used during the prevalence of cholera and diarrhœa at Newcastle; it has been largely administered to the crews of ships of all nations, whose captains have from time to time come to me for the prescription, to enable them to procure it for themselves; and, with the families living near the houses of our officers, it was in constant requisition so long as cholera lasted.

The precautionary measures recommended, and, I believe, in most cases adopted, are contained in the annexed printed Rules, etc. Each officer was provided with a copy of the rules, and a proper supply of the medicine.

To the superior officers of the Waterguard, and to Mr. Schilling, the clerk to Mr. Harding, the Inspector-General, I am indebted for the distribution of the medicine to the tidewaiters, watermen, etc.; and to Mr. Morgan, the clerk of the cheque, I am under a similar obligation, for the care he took as regards the waterside officers.

That in a force consisting of 1234 men, who from the nature of their duties, were exposed, in an unusual degree, to all the recognized causes—exciting and predisposing—of cholera, and diarrhœa, there was a mortality of 3 only, or of one in 411·3, during the whole epidemy, must, upon the whole, be considered a satisfactory result. On the same level, or to use the language of the Registrar-General, the same "terrace," where the duties of the Custom House officers lie, and on which by far the greater proportion of them reside, the ratio of deaths was as one in 77 of the general population.

In the foregoing observations, nothing is aimed at beyond a plain record of the main facts of the epidemy which, at the suggestion of the Hon. Stephen E. Spring Rice, were drawn up for the information of Sir Thomas Fremantle, Chairman, and the other members of the Board of Customs, to whose liberality, and courteous consideration of every proposal relating to the health of the subordinate officers, whatever success attended my efforts, is mainly due.

One general admission seems to stand out prominently from among the conflicting views, regarding almost every other point connected with cholera and choleraic diarrhœa, namely, that, especially during an epidemy of cholera, it is beneficial to treat diarrhœa earnestly and promptly, inasmuch as the general epidemic mortality is thus kept down; and, indeed, it seems evident that success depends chiefly upon having the means of treatment (whatever these may be) always at hand.

Nowhere during the epidemy can the value of early treatment be so well tested as in a public department, where the whole force is, as it were, under the immediate eye of the Medical Officer.

In the Customs, an officer who neglected to provide himself with a proper supply of the medicine and directions (both of which were to be had for asking at the Custom House) was liable to censure.

I think it probable that the Medical records of the Post Office, during the recent epidemy (then under the superintendance of the late Dr. Gavin); of the police; and of some other public departments will exhibit results at least equally favourable with those of the Customs.

(b) The Honourable the Board of Customs, after reading this Report, directed me to bring this officer's case specially before them; and, upon the representation submitted, the Board awarded him ten pounds for his conduct on the occasion.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING JUNE, 1855.

[Concluded from p. 346.]

The subjoined report includes the following Hospitals:—Addenbrooke's (Cambridge), the Bedford, the Bradford, the Brighton, the Cheltenham, the Coventry and Warwickshire, the Derby, the Dorsetshire, the Durham, the Hitchin, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal, the Liverpool Southern and Toxteth, the Nottingham, the Portsmouth, the Reading, the South Staffordshire, the Staffordshire General, the Sheffield, the Torbay, the West Norfolk and Lynn, and the York County Hospital.

LITHECTASY IN THE FEMALE.

A woman, aged 34, under the care of Mr. Lowdell, in the Brighton Hospital, on account of calculus in the bladder. She was also the subject of vesico-vaginal fistula consequent on injury during labour seven months before. The urethra was dilated by means of Weiss's instrument, and the stone extracted by a small pair of forceps. The woman recovered well.

EXCISIONS OF BONES AND JOINTS.

Case 1.—E. W., aged 46, a native of Barbadoes, was admitted, in the latter part of April last, into Addenbrooke's Hospital, Cambridge, on account of the deformity and lameness consequent on an ununited transverse fracture of the patella. The fracture had been caused by direct violence, and had occurred six months before; the case having been badly treated, the two halves of the bone were about six inches apart. The limb was worse than useless, and the man came in earnestly desiring that it might be removed. Before determining, however, on so radical a measure, attempts were made by means of apparatus to fix the knee in a stiff position, but these failing, and the man being impatient, excision of the whole joint was decided on. It was performed in the usual manner on May 4, and the man recovered without a single bad symptom. In the end of June the soft parts were entirely healed, and there was firm union between the bones. The man has recently left the hospital, "walking well with the aid of a crutch, and highly delighted with the good use he could make of his leg."

Case 2.—A boy, aged 14, healthy, but of strumous constitution, under the care of Mr. Meade, in the Bradford Hospital, on account of disease of the elbow-joint. Several sinuses communicated with the interior of the articulation, and there was much general thickening of the soft parts. Excision of the joint was performed, the ⊢ shaped incision being adopted. The extremity of the humerus was sawn away, those of the ulna and radius cut off by bone forceps. The ulna, being softened, broke down somewhat in the forceps and was splintered. The case did uninterruptedly well afterwards. The arm was from the first confined in splints. At present (three months after the operation) the boy has some motion in the joint, the thickening around is much diminished, and, excepting some sinuses which remain, the wounds are quite healed.

Case 3.—A woman, aged 35, under the care of Mr. Teale, in the Leeds Infirmary, on account of disease of the os calcis. Some months ago, a gouging operation had been performed, but without success. Excision of the entire bone was now resorted to. Very little constitutional disturbance followed, and an exceedingly useful and shapely foot remained. She was discharged nearly well, and able to bear weight on the foot at the end of seven weeks.

Case 4.—A girl, aged 13, under the care of Mr. Teale, in the Leeds Hospital, on account of old-standing disease of the os calcis. Amputation being the only other alternative, excision of the entire bone was performed. The patient was in feeble health, and the progress of things has since been rather slow. The form of the foot is, however, good, and the healing advances.

Case 5.—A woman, aged 24, under the care of Mr. Teale, in the Leeds Hospital, on account of extensive disease of the tarsal articulations. The parts had been the seat of chronic inflammation for six years past, and for several months there had been ulcers and sinuses communicating with carious bone. Excision of almost the whole of the os calcis, astragalus, scaphoid, and cuboid bones, was performed. A severe secondary hæmorrhage much depressed the patient's strength, and rendered her recovery tedious. The condition of the parts is, however, quite promising, the hollow being filled up with firm new tissue, to so great an extent, that the foot does not deviate much from the natural form. The woman is now an out-patient.

Case 6.—A man, in feeble health, aged 52, was admitted into the Leeds Infirmary, under the care of Mr. Smith, having sustained, in a fall from a height, the following severe injuries: a compound dislocation of the astragalus, simple dislocation of the tibia, inwards, at the knee-joint, fracture of the neck of the femur, and several scalp-wounds. The dislocation of the knee was reduced, as also the fracture of the femur. The astragalus was excised, and the parts placed in position. Death occurred from exhaustion three weeks after the accident.

Case 7.—A man, aged 35, in good health, and of temperate habits, was admitted, under Mr. Hey's care, into the York County Hospital, on account of a compound dislocation of the left ankle-joint. The soft parts were extensively injured. Reduction was effected, but, a few days after, in consequence of repeated displacements, it became necessary to excise the lower extremity of the tibia. The man has since sunk into a bad condition of health. A very large, bed sore has formed; the urine has been alkaline; there has been profuse discharge from the ankle, and general inflammation of the leg. His recovery is, as yet, doubtful.

OPERATIONS FOR CARIOUS BONE.

Case 1.—A very strumous woman, aged 31, under the care of Mr. Teale, in the Leeds Infirmary, on account of disease in the head of the tibia. A sinus had existed for some months, leading down to diseased bone. The trephine was used, and some softened and carious bone removed. The healing process has since progressed favourably, but is not yet complete. Under treatment as an out-patient. *Case* 2.—A boy, aged 11, under the care of Dr. Masfen, in the Staffordshire General Hospital, on account of caries of the os calcis, which had existed for two years. The bone was exposed, and the gouge employed. Under treatment, by cod-liver oil and the local application of phosphoric acid, the case is doing well. *Case* 3.—A boy, aged 14, under the care of Dr. Masfen, in the Staffordshire General Hospital, on account of scrofulous caries and necrosis of the lower part of the ulna. Some small fragments were removed by the forceps, and the softened parts adjacent gouged away with the scoop. Under treatment.

EXCISION OF THE BREAST.

Number of Cases, 9; Recovered, 9.

Case 1.—A woman, aged 45, under the care of Mr. Hey, in the York County Hospital, on account of a scirrhous tumour in the breast. Excision of the whole gland. Recovery. *Case* 2.—A corpulent woman, aged 47, in good health, under the care of Mr. Hey, in the York County Hospital, on account of scirrhous tumour in the left breast. Excision. The wound healed rather slowly. Recovered. *Case* 3.—A woman, aged 43, under the care of Mr. Shillitoe, in the Hitchin Infirmary, on account of scirrhus of the breast. The whole gland was excised, and the wound healed rapidly. *Case* 4.—A woman, aged 62, under the care of Dr. Laxan, in the Coventry Hospital, on account of a hard tumour, about the size of a tennis-ball, in the right breast. The swelling had first been noticed four months ago, and had increased rapidly after the application of leeches and iodine ointment. The tumour, having been excised, was found to be of scirrhous nature. The wound healed in about a month, and the patient recovered well. *Case* 5.—A woman, aged 44, under the care of Mr. Cotton, in the West Norfolk and Lynn Hospital, on account of a scirrhous tumour in the left breast, of a year and a-half's duration. The growth was the size of a goose's egg. Excision of the whole gland. Recovery. *Case* 6.—A woman, aged 46, under the care of Mr. Lowdell, in the Brighton Hospital, on account of fungus hæmatodes of the breast. She was in good health. The tumour had existed for two years, but had been a source of pain for three months only. Excision of the whole breast. Recovery. *Case* 7.—A woman, aged 37, under the care of Mr. Gisborne, in the Derby Infirmary, on account of scirrhus of the breast. The whole gland was removed. Recovery. *Case* 8.—A delicate woman, aged 38, under the care of Mr. M'Munn, in the South Staffordshire Hospital, on account of scirrhous tumour in the breast, and an enlarged axillary gland. The tumour, with a portion of the mammary gland, was excised, but the axillary growth was left. The wound healed, and she left the Hospital a month after the operation. She has since again come under care on account of a scirrhous nodule in another part of the same breast. *Case* 9.—A woman, aged 40, under the care of Mr. Coleman, in the South Staffordshire Hospital, on account of a scirrhous tumour in the breast, first discovered six months prior to admission. The tumour, with the adjacent part of the breast, was excised; and, excepting a severe attack of erysipelas, the patient recovered well. Not long subsequent to her discharge from the Hospital, she was reported to have died after a miscarriage.

REMOVAL OF NON-MALIGNANT TUMOURS.

Number of Cases, 15; Recovered, 15.

Case 1.—A boy, aged 9, under the care of Mr. Teale, on account of an epulis growing from the gum. Excision. Recovery. *Case* 2.—A woman, aged 22, under the care of Mr. S. Hey, in the Leeds Infirmary, on account of an epulis from the gum of lower jaw. Excision. Recovery. *Cases* 3, 4, 5, 6, 7, 8, and 9.—Fatty tumours of considerable size, excised from various regions of the body. In all the wounds healed well. *Cases* 10, 11, 12.—Encysted tumours of considerable size, removed from various parts of the body. Recovery in all. *Case* 13.—A woman, aged 35, under Mr. Long's care, in Liverpool Royal Infirmary, on account of a small fibrous tumour of the breast. Excision. Recovery. *Case* 14.—A little boy was admitted, under Mr. Wilton's care, into the Gloucester General Infirmary on account of scrofulous ophthalmia, but having also a small congenital tumour connected with the sclerotic coat of the eye, and somewhat encroaching on the cornea. As the ophthalmia was recovered from the tumour increased in size, and, having attained an elevation of a third of an inch, it was determined to remove it. It was dissected off, and the wound granulated healthily. The tumour had a few fine hairs on its surface, it contained no cysts, nor did it, on microscopic examination, show any cells. *Case* 15.—A man, aged 64, under the care of Mr. Fearn, in the Derby Infirmary, on account of a fibrous tumour in the right axilla. During the excision the axillary vein, to which the tumour closely adhered, was wounded. A ligature was applied below the wound, and, excepting some temporary congestion of the arm, no inconvenience ensued. The wound healed well.

REMOVAL OF THE INVERTED UTERUS.

A woman, aged 49, under Mr. Teale's care, in the Leeds Infirmary, on account of an irreducible inversion of the uterus. A ligature was applied, and the mass sloughed away on the eleventh day. Recovered.

REMOVAL OF MALIGNANT TUMOURS.

Number of cases, 14; recovered, 14.

Case 1.—A man, aged 42, under the care of Mr. Halton, in the Liverpool Royal Infirmary, on account of a fungoid tumour, the size of an orange, growing from the outer side of the thigh. It had been excised before admission, but had soon returned again, and had grown rapidly. The patient's general health had been much affected. The operation consisted in dissecting it away from the fascia and cellular tissue to which it was attached. The chloride of zinc was afterwards applied to the exposed surface. The wound healed quickly, and as yet there has been no return of the disease. *Case* 2.—A man, aged 58, under Mr. Halton's care in the Liverpool Royal Infirmary, on account of epithelial cancer of the lip. Excision. He left before the wound was quite healed. *Case* 3.—A man, aged 58, in tolerable health, under the care of Mr. Smith, in the Leeds Infirmary, on account of a fungoid tumour of considerable size growing from the inner side of the thigh. A similar growth had been excised from the same part (by Mr. Smith) on three several occasions with intervals on the first of two, on the second of two, and on the last, of four years. Excision was again practised, and the wound soon healed. *Cases* 4, 5, 6.—Men of the respective ages of

62, 76, and 65, under the care of Mr. Smith, in the Leeds Infirmary, on account of epithelial cancers of the lower lip. In all excision was performed, and was followed by speedy cicatrization. One of the patients had had a similar growth removed from the opposite side of the lip many years, the scar of which operation remained quite sound. *Case* 7.—A man, aged 57, under the care of Mr. Teale, in the Leeds Infirmary, on account of epithelial cancer of the lip. Excision. Recovery. *Case* 8.—A woman, aged 42, under the care of Mr. Teale, in the Leeds Infirmary, on account of a fungoid tumour in the front wall of the abdomen. A similar growth had been excised by Mr. Teale twenty-four years ago from the same part, after which the part healed, and for a long time remained sound. Excision was again performed. The muscles were so much implicated that at one part the transversalis was exposed. The patient made an excellent recovery. *Case* 9.—A man, aged 60, under the care of Mr. Craven, in the Hull Infirmary, on account of a large epithelial cancer, involving the whole length of the lower lip, but not extending into the mouth. The whole was excised, and the skin and mucous membrane brought together by sutures. The parts healed well. *Case* 10.—A man, aged 60, under the care of Mr. Waddell, in the Staffordshire General Hospital, on account of epithelial cancer of the lower lip, of six months' duration. Excision. Recovery. *Case* 11.—A man, aged 74, under the care of Mr. Hey, in the York County Hospital, on account of an epithelial cancer of the lower lip. The diseased part was excised, and rapidly healed. A tumour under the angle of the lower jaw, which existed at the time of the operation, subsequently ulcerated and discharged a quantity of glairy fluid, with great diminution of bulk. He remains under treatment as an out-patient. *Case* 12.—A man, aged 54, under care in the Coventry Hospital, on account of epithelial cancer of the lip. Excision. Recovery. *Case* 13.—A pale, emaciated man, aged 60, under the care of Mr. Sandford, in the South Staffordshire Hospital, on account of two growths of soft cancer in the back. Each tumour was about the size of an apple; they had existed about six months. Considerable hæmorrhage attended their excision. The wounds healed slowly. Recovered. *Case* 14.—A man, aged 55, under care in Addenbrooke's Hospital, on account of a growth of epithelial cancer, the size of half-a-crown, on the back of the head. It had commenced as an ordinary wart. Excision. The wound healed quickly.

(See also "Amputations," *Cases* 2, 8, 15, 16, 18, and 59; "Excision of the Testis," "Removal of Breast.")

TREATMENT OF ANEURISM BY COMPRESSION.

Case 1.—A collier, aged 26, in good health, was admitted, under the care of Mr. M'Munn, into the North Staffordshire Hospital, on account of a popliteal aneurism, the size of a turkey's egg. It had existed for three months. Treatment by pressure was at once commenced, and was carried on without interruption for three weeks, at the end of which time, the tumour had ceased to pulsate, and had become solid. The man was subsequently discharged, quite recovered. *Case* 2.—A robust and healthy man, aged 29, under the care of Dr. Bennett, in the Bradford Hospital. An aneurism, the size of an egg, existed in the left popliteal space, and had probably been present for about three weeks, as the man stated he had felt pain in the part during that time. It pulsated forcibly, and was increasing rapidly in size; there was some œdema of the leg. Firm pressure on the femoral completely controlled its pulsations. Compression treatment by Cartes' apparatus was commenced on the 26th of June, and was steadily continued through July and August. The man was patient, and bore the pressure well, both night and day. It was, in a general way, kept up quite efficiently,—*i. e.*, so as to prevent all pulsation in the tumour;—at times, however, a feeble flow of blood would be permitted. The man had been allowed good meat diet, without restriction as to fluids. A free, daily action of the bowels had been secured by the sulphate of magnesia, and for a week or two digitalis had been given; but the latter, causing intermittent pulse, was not continued. In spite, however, of these measures, the aneurism got much larger during the trial of compression; at times it would appear to be solidifying in parts, but, on the whole, the pulsations continued as forcible as ever. The compression was laid aside on September 1, and the man was then allowed to get up. The tumour, however, increased still more while walking about, and on September 7, accordingly, he was again ordered to confine himself to bed. On September 14, the femoral artery was tied. At this time, the tumour filled the whole popliteal space, pushing aside the hamstring tendons; there was, also, considerable œdema of the leg. The ligature succeeded well. During the succeeding night, the temperature of the foot fell considerably, but, on the application of a hot bottle, its heat was soon restored. The ligature came away on the 13th day, and on the same day the pulsation was detected in the anterior tibial. The tumour has already decreased much in size, and become solid in most parts. Under treatment. *Case* 3.—A florid, healthy-looking man, aged 29, was admitted into the Durham Hospital, under the care of Mr. Shaw, on account of an aneurism in the right popliteal space. For the past two years he had worked as a "navvy," having been dismissed from service in the army on account of disease of the heart. There was a loud diastolic bellows' murmur audible over the base of the heart. Mr. Shaw determined to employ the compression treatment, and a Weiss's screw tourniquet was accordingly applied; it was not, however, found to suit, as it frequently slipped. The man himself next devised a method, which was found to answer very well. It consisted in placing a piece of deal board, well padded, under the thigh, on its outer side, and a second, perforated by two holes, over the course of the artery. These were strapped in position with moderate tightness, and over them two common tourniquets were placed, so that their screws, padded at the ends, might dip into the holes in the board over the artery. These kept well in place, and by one or other screw, alternately, the artery was efficiently controlled. On the evening of the third day, an attack of excruciating pain occurred in the tumour and down the leg as far as the foot. On the fourth day, the tumour was found to be solid and quite pulseless. The tumour has since been gradually getting smaller. *Case* 4.—A man, aged 34, is under Mr. Teale's care in the Leeds Infirmary, on account of a large popliteal aneurism. Compression treatment was tried for thirty days, and, having failed, the artery was ligatured. (See "Ligature of Arteries," *Case* 4.)

EXCISION OF THE TESTIS.

The patient mentioned in last quarter's statistics, in case 1st, whose testis had been removed by Mr. Green, in the Durham Hospital, on account of medullary cancer, came under observation again three months after the operation. The cicatrix of the wound was then found of a gristly hardness, and there was also a tumour in the abdomen, about the region of the umbilicus. He suffered much from pain and sickness, and there could be little doubt but that a reproduction of the disease in the lumbar glands had taken place, and would before long cause death.

CÆSARIAN SECTION (*after death*).

An Irishwoman, aged 28, previously to the accident in excellent health, and in daily expectation of her confinement, was admitted, under Mr. Coleman's care, into the South Staffordshire Hospital, in consequence of a severe burn from an explosion of naphtha. As soon as life was extinct, the fœtus was removed from the uterus by Cæsarian section, but it showed no signs of vitality.

TREPHINING OF THE SKULL.

An Irishman, aged 35, was admitted into the South Staffordshire Hospital, under the care of Mr. Coleman, on account of a compound fracture, with depression of the left parietal bone. The injury had been occasioned by a brick falling upon the head. There were no symptoms of compression at the time, but subsequently hemiplegia of the right half of the body came on. The operation was performed three weeks after the accident, and consisted in trephining over the sound bone, and then removing the depressed portions. The dura-mater was uninjured. Considerable hæmorrhage followed the operation, apparently proceeding from a branch of the middle meningeal artery. To arrest it a pledget of lint was introduced between the calvaria and the dura-mater. Five hours after the operation an attack of convulsions occurred, which lasted for ten minutes, and, having passed off, did not recur. It was not until a week after the operation that any signs of improvement were shown, but it has since progressed steadily. The man has now regained the use of his limbs, and is able to walk about the ward. The wound is nearly closed.

LIGATURE OF ARTERIES.

Case 1.—A man, aged 29, under the care of Dr. Bennett, in the Bradford Infirmary. After an unsuccessful trial of com-

pression, ligature of the femoral artery was practised on account of a popliteal aneurism. The ligature came away on the thirteenth day, and the man did uninterruptedly well. (See "Compression Treatment of Aneurism.") *Case* 2.—A lad, aged 18, admitted, under the care of Mr. Shillitoe, into the Hitchin Infirmary, on account of a severe wound of the wrist occasioned by a scythe falling on it. The radial artery was cut across and the scaphoid bone injured. Ligatures were applied to both ends of the artery. Under treatment. *Case* 3.—A boy, aged 17, was brought to the Coventry Hospital, with the account that he had had profuse hæmorrhage from an incised wound just above the wrist. The part had been bound up by a druggist, and, as the bleeding had ceased, it was not examined. The wound was nearly healed in a week. A fortnight after the accident the boy was again admitted, under the care of Mr. Troughton, on account of a false aneurism at the injured part of the vessel. A ligature was placed on the trunk of the ulnar artery, and the case resulted in complete recovery. *Case* 4.—A man, aged 34, under the care of Mr. Teale, in the Leeds Infirmary, on account of a large popliteal aneurism. A month's trial of compression treatment having failed to benefit it it was determined to put a ligature on the femoral. This was done, with immediate relief to the man's sufferings. The ligature came away in the fifth week.

PLASTIC OPERATIONS.

Hare-lip.—Case 1.—A boy, aged 8, under Mr. Troughton's care, in the Coventry Hospital. Double hare-lip. Usual operation. Perfect recovery. *Case* 2.—A boy, aged 3, who had been twice operated on unsuccessfully, was admitted under the care of Dr. Eves into the Cheltenham Hospital, on account of single hare-lip. The usual operation was performed. The pins were removed on the second day, and the child, in a violent fit of crying, tore the parts asunder. They were immediately re-adjusted by means of needles and twisted sutures as before, and an excellent union ultimately resulted. *Cases* 3, 4, 5.—Single hare-lips, under the care of Messrs. Teale and Hey, in the Leeds Infirmary. All operated on with perfect success. *Case* 6.—A child, aged 5, under Dr. Masfen's care, in the Staffordshire General Hospital, on account of single hare-lip and cleft palate. The hare-lip was operated on in the usual way, and with complete success. For *Cicatrices after Burns.*—In eight cases, several of them very severe ones, under care in different Hospitals, plastic operations have been performed in order to lessen the deformities caused by the cicatrices of burns. In none of them did any ill consequences ensue, and in all more or less benefit was obtained.

OPERATIONS FOR THE CURE OF NÆVUS.

Case 1.—An infant, aged 14 months, under Mr. Maurice's care, in the Reading Hospital, on account of a nævus, the size of a shilling, on the forehead. It was treated by injection of the solution of perchloride of iron. Some sloughing followed, but the whole of the vascular structure was destroyed, and the sore afterwards healed kindly. *Cases* 3, 4, 5.—In these nævi were treated with success, by the ordinary plan of ligature.

REMOVAL OF EXOSTOSIS.

A man, aged 25, under the care of Mr. Tapp, in the Dorset County Hospital, had noticed, for about year, a small swelling, near the inner side of one knee. It was not tender, but, in walking, gave him great pain, in consequence of which he now sought advice. It was found to be a small exostosis, growing from the line leading from the linea aspera, to the inner condyle. It was easily removed, and the wound healed well.

TRACHEOTOMY.

In the case of a woman, aged 57, under care in Addenbrooke's Hospital, on account of idiopathic tetanus, the trachea was opened, in order to relieve the alarming symptoms caused by spasm of the glottis. For a week previously, the spasms had especially affected the muscles of the glottis. Much relief was afforded by the operation, but the disease continued, and death took place two days afterwards.

OPERATIONS FOR URETHRAL STRICTURE.

Case 1.—A man, aged 48, under care in Addenbrooke's Hospital, on account of a troublesome stricture of the urethra, of ten years' standing. Perineal section was performed in the usual way, and the usual after-treatment pursued. The urine flowed by the wound for upwards of five weeks, after which the latter healed. At the end of seven weeks from the operation he was discharged well, and able to pass a large-sized catheter, which he was directed to employ occasionally. *Case* 2.—A labourer, aged 49, was admitted into Addenbrooke's Hospital, on account of abscess in the perinæum, and retention of urine, of twenty-four hours' duration. A tight, gristly stricture, in the membranous urethra was found, the result of a contusion of the perinæum twenty years ago. A staff having been introduced, as a guide, the stricture was divided by perineal section. A large quantity of thick mucus followed the removal of the staff. The wound took five weeks to heal. When discharged, seven weeks after the operation, he was ordered to continue the occasional introduction of a full-sized catheter.

DIVISION OF STRICTURE OF THE RECTUM.

The patient, in the case reported last quarter, in which a stricture of the rectum had been divided, may now be considered well. She is able to retain her motions, and to pass them comfortably.

OPERATION FOR LOOSE CARTILAGE IN JOINT.

A lad, aged 20, of strumous aspect, under care in the Kent and Canterbury Hospital. His left knee was much larger than the other, and had a soft, pulpy feel on each side the patella. It had been painful for about three years. He had recently, on two occasions, fallen down suddenly, from a feeling as if something had suddenly slipped into the joint. Both on the inner and outer side could be felt a small body, easily displaced by pressure, and feeling like a loose cartilage. Under these circumstances, an incision was made into the joint, on its outer side. No distinct cartilage was found, but a small body was removed from attachment to the synovial membrane, which looked like one in an early stage of formation. Some inflammation of the joint followed the operation, but it was subdued by leeches, etc. The case remains under treatment.

PUNCTURE OF THE BLADDER.

A man, aged 38, was admitted, under the care of Mr. Maurice, into the Reading Hospital, on account of impassable stricture. He had suffered from stricture for two years, in consequence of a blow on the perinæum from being thrown forwards on to the pummel of his saddle. The stream of water had been noticed to diminish within two months of the accident, and the impediment had continued to increase, until of late he had only been able to pass it guttatim, and had almost constant desire to do so. His health had become much worn down. Repeated attempts were made, but not even the smallest catgut bougies could be passed through the stricture. Warm baths and constitutional treatment were employed, and with some benefit, as the bladder became rather less irritable. Two weeks after admission, however, complete retention occurred for the first time; and, as the bladder had for months remained as full as it well could be, the symptoms soon became urgent. After only 12 hours' retention, the bladder could be felt rising high into the abdomen, and the man suffered extremely. A consultation was held, and the propriety of attempting perineal section having been discussed, it was decided to prefer puncture by the rectum. This was at once performed, and several pints of highly ammoniacal urine removed. The canula remained in two weeks, when it was removed, on account of irritation of the bladder, and a bougie passed into the wound. As no urine could, however, be passed by the urethra, it was necessary, on the following day, to re-introduce the canula. At the end of another fortnight, the man had become able to pass very small quantities by the urethra, though rarely doing so more than once a day. Complaining of much irritation from it, the canula was now laid aside, the wound in the rectum, however, remaining fistulous, and allowing the urine to escape. The most persevering efforts have been made, both by metal and catgut bougies, to dilate the stricture, but without, as yet, any result. It is now nearly four months since the operation, and the man, who has regained his health, and has left the Hospital, continues to pass his urine almost solely by the rectum. It gives him, however, no inconvenience; he has perfect control over his bladder, and only requires to evacuate it three or four times daily. The urethra, at the strictured part, may be felt externally as hard as cartilage, and whenever urine does escape, it is only guttatim, and in the smallest quantities.

REMOVAL OF NECROSED BONE.

Case 1.—A delicate lad, aged 12, under care in Addenbrooke's Hospital, on account of necrosis of the lower part of the right tibia. The dead portion, which ended at the junction of the epiphysis was removed, and the wound has since done well. *Case* 2.—A man, aged 27, under Mr. Waddell's care, in the Staffordshire General Hospital, on account of necrosis of part of the femur, consequent on a compound fracture. The dead portion was removed and the parts healed soundly. *Case* 3.—A man under Dr. Lunn's care, in the Hull Hospital, on account of necrosis of the tibia. A fragment, five or six inches long, was removed, and the wound healed soundly.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 40.—Chlorosis in Males.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—Can you or any of your Correspondents inform me where I can find any published remarks on the occurrence of chlorosis in males? I have recently had a well-marked case under my care, and believe that such occasionally come under the observation of most in active practice, but I am at a loss where to find any printed information respecting them.

Hull, Oct. 1. I am, etc. L. A. C.

No. 41.—Homœopathic Cocoa.

Sir,—Is homœopathic cocoa so called from its being prescribed by the Homœopaths, or from its containing what is vulgarly called "a homœopathic dose" of theobroma cacao?

From the evidences of the immaculate honesty of British traders in these sort of wares, I suspect the latter to be the reason.

Possibly this query may in some sort satisfy the mind of "M. B." (Sept. 25, 1855). The reason why it appears in the advertising sheet of the *Lancet*, I suppose, is easily solved—It is paid for.

I am, etc. G. H. R., M.D.

No. 42.—Extra Mankaz.

Sir,—Having had one of the books put into my box I was induced to look over it. If their notion of hygiene is equal to their spelling of the word, the clique ought to reside in Belle-Isle; also, among their certificates are several of men long since departed, therefore, I suspect, forgeries.

I am, etc. J. X. B.

No. 43.—Creosote in Sea-sickness.

Sir,—I am a martyr to sea-sickness. If any one is sick on board, I usually am. During a recent visit to the Continent, I found the benefit of creosote, having, on former occasions, failed with it, with brandy, with sal volatile, an elastic bandage, a good dinner or breakfast, and an empty stomach. It is not pleasant to drop creosote on sugar, or drink off creosote draughts, on board a steamer, hence my previous failures; this time I procured some lozenges, with mj of creosote in each. Two taken before going on deck, and one or two afterwards, procured me a pleasant voyage while others were ill. I am, etc.

York, Oct. 8, 1855. O. A. M.

ANSWERS.

To Query No. 10.—Incontinence of Urine.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—The author of the query which stands No. 10 in your Journal for July 14 has waited two months without an answer, from, I suspect, the circumstance that his question is not put explicitly. He asks, "Is there any mechanical contrivance by which the exit of the urine in incontinence can be conveniently and safely prevented?" Now, in order to give an answer, we must know which sex and what form of incontinence the querist refers to. I will, however, though much in the dark as to what information is wanted, volunteer such as I possess on the subject. If incontinence in women is meant, I know of no mechanical contrivance for that object excepting the placing of an elastic pad beneath the urethra. A case of this kind I have been informed occurred in the Middlesex Hospital under Mr. Shaw's care, in which, after the removal of a calculus, incontinence followed, and an elastic bottle placed in the vagina was found very efficient in mitigating the inconvenience.

A little instrument is kept by, I believe, all instrument makers, called the jugum penis, the intention of which is to compress the urethra; but I never knew it used. In boys subject to nocturnal incontinence, the use of an ordinary ring of India rubber, just strong enough to compress the penis slightly, is very efficient. I have repeatedly ordered its use. Its effect is to prevent the escape of urine until the patient is awoke by the effort. I am, etc.

London, Oct, 2, 1855. A Hospital Surgeon.

Additional to Query 34.

"Bashi Bazouk" will find a very good account of the early English Military Surgeons, and their published works, by Dr. James Irving, now of the H.E.I.C.S., in the *Edinburgh Medical and Surgical Journal*, No. 163, and three subsequent numbers. I am, etc. B.

Medical Times & Gazette.

SATURDAY, OCTOBER 13.

THE ASSISTANT-SURGEONS IN THE ARMY.

The Assistant-Surgeons in the Crimea, emboldened by the example of the Surgeons, who lately forwarded a Petition of Rights to the Home Government, have memorialized Lord Panmure for a redress of their grievances. The document, which we publish at page 280, is fairly and temperately written, and we need not state that we sympathise most heartily in the spirit of its prayer, and we deeply regret that it has not received from the authorities to whom it is addressed the consideration which it undoubtedly deserves.

The claims of the Medical Service of the Army to the respect and gratitude of the nation are so well understood by all intelligent persons who take the trouble to consider the subject, that we are almost ashamed of repeating the oft-reiterated tale; but as the continual dropping of water makes at last an impression upon the hard and unyielding stone, so do we cherish the hope that in the case of the Army Surgeons, reason may at last prevail over prejudice, and that this valuable section of our fraternity may speedily receive the rewards which have been unjustly withheld.

The grievances which are represented in the Memorial of the Assistant-Surgeons are of a miscellaneous character, but they may be distributed under the respective heads of those which relate to their rank and pay, and those which are connected with their chances of promotion and their aspirations to military distinction.

Whatever may be the opinions of those who hold the reins of management at the Horse-Guards, there are very few persons, we imagine, who would maintain that the education of a Physician or a Surgeon is not of a nature to justify admittance into the most polished society; and if any military martinet thinks that the Army Surgeon is inferior to himself in social position, we pity his want of discernment, while we condemn his arrogance. But if it be argued that the Medical officer does not belong to the fighting branch of the Service, and is therefore placed in an inferior position, we should promptly reply, that the history of the present war has shown most abundantly that the Medical Department of the Service has borne a most ample part in the glories as well as the disasters of the campaign. Not only have our Medical officers assiduously laboured to restrain the ravages of disease which have accompanied the march of our armies, but in every

engagement the Surgeons have boldly gone forward with the troops,—without the excitement of the contest, have skilfully performed their duties of mercy amidst the din of war, and while themselves encompassed with the shadow of death, have struggled to stay the ebbing tide of life in their wounded comrades.

We should pursue this topic further, were we not aware that, although such services have been ignored by the pride, and we may add, the ignorance which preside over our Military administration; yet the columns of the Press, both Medical and general, have teemed with instances showing the noble self-devotion of our Professional brethren in the Army, whether exhibited in the harassing operations of the trenches, in the pestilential atmosphere of the camp-hospital, or amid the actual carnage of the battle-field.

The Assistant-Surgeons complain, as we think most justly, that, with regard to rank and pay, they are placed in a condition of inferiority to their brother officers; that their pay is quite inadequate to support their position, and that their rank is inconsistent with their education, and the importance of their services. They urge most forcibly, that the Assistant-Surgeon, who at the age of twenty-one must have already undergone an expensive course of Professional study, is placed in a subaltern rank for a long period, while the Executive officer who enters the Army at a very early age, may, without any special education or any extraordinary effort, attain in two years to a rank to which a Medical officer becomes eligible only after many years of service.

The persistence of such unfair regulations must, it is obvious, impair most materially the efficiency of the Medical Department of the Army; for the more highly-educated members of our Profession will seek, in the walks of civil life, an adequate remuneration for their talents, rather than devote themselves to a military career, which, though surrounded with perils and loaded with grave responsibilities, conducts them neither to honour nor to emolument.

We have carefully perused the memorial of the Assistant-Surgeons without discovering in its composition any remarks or statements calculated to give offence in any quarter; and we are grieved to find that it has not been deemed worthy of attention at the Horse Guards, and that, in fact, it has been sent back to the Crimea. It was originally forwarded to Dr. Hall and to General Simpson, and by them transmitted to Lord Panmure, to whom it was addressed; but whether from mis-direction, or from some other cause which we are unable to explain, it appears that that nobleman has never received it at all, for Dr. Andrew Smith sends it back to Dr. Hall, with a letter, in which the former Physician declines to present the document to the War Minister.

We cannot believe that Dr. Andrew Smith has willingly put this affront upon our brethren serving in the East; and, although we have no positive information on the subject, we cannot but surmise that the Director-General of the Army and Ordnance Medical Department has been compelled to act thus, in obedience to military authority; and that Lord Panmure has shifted off from himself to Dr. Andrew Smith the onus of a very ungraceful and inexcusable proceeding.

The *Times*, in a leading article on this subject, takes occasion to renew its ancient rancour against Dr. Andrew Smith, apparently forgetting that its former accusations against that officer have been shown to be unfounded, and that it has itself admitted the fulness of the exculpation of Dr. Smith from most of the charges of negligence and inattention which were once loudly alleged. In other parts of the same article, the author does justice to the services and the claims of the Assistant-Surgeons: and with the eloquence and the force so plentifully exercised by the writers in the leading political journal, he points out the magnanimous, though unrewarded, heroism displayed by the Medical officers during the present war. Our Profession would, indeed, have reason to be grateful, if the pages of the *Times* were more frequently devoted to the advocacy of the rights of our ill-used Profession, both at home and abroad; but, in supporting the claims of the Assistant-Surgeons in the Crimea, and in holding up their conduct to public admiration, we cannot but suspect that on this isolated occasion, our powerful contemporary is rather actuated by a desire to show, by contrast, the supposed shortcomings of Dr. Andrew Smith, than to support the dignity, or improve the position, of the Practitioners of Medicine.

THE ISLINGTON NUISANCES.

As the Belle-Isle Nuisances will now, we believe, speedily be extinguished, it may not be unamusing or uninstructive to trace briefly the progress of the sanitary movement in Islington, and the opposition it has encountered. The existence of the nuisances having long been known and universally admitted, the question to be determined was merely to ascertain who were the parties responsible for their continuance, or capable of effecting their removal. The answer of course is, that the Trustees of Islington have ample powers to prosecute persons who, in any way, interfere with the comfort or deteriorate the health of the inhabitants of the parish.

But those who recollect the remarks made in our columns upon the energetic struggle of these Trustees to defend the insalubrious condition of their Workhouse, where it was proved that the unfortunate paupers were treated worse than felons, could not reasonably expect any sanitary aid from such a quarter; and we accordingly find that for a long period all remonstrances addressed to these parties on the subject were wholly ineffectual. The humane Guardians of the poor, who saw nothing remarkable in the gloomy list of deaths from Typhus Fever generated in their own Workhouse, could of course see no cause for interference in a region where Typhus and Cholera, in their aggravated epidemic forms, had not yet been proved to exist. But it unluckily happened that the parties afflicted in the last case instead of being helpless paupers, were the respectable inhabitants of a great portion of the parish; and it also happened that the grievances, instead of being confined within the walls of a workhouse, were spread over an extensive and populous area. Had the question been that some score or two of paupers had languished and died of preventible disease, the Trustees might, and probably would, have concealed the facts, and the public in general would never have asked any questions: but the reeking odours of Belle-Isle were patent to every one; and thus thousands had a direct personal interest in raising an outcry for their removal.

As attempts at concealment and suppression of evidence, therefore, were quite out of the question in the Belle-Isle case, the Trustees hit upon another ingenious, and, under the circumstances, very happy expedient, namely, to put forward their chief Medical adviser, to declare that the odours emanating from the cauldrons of decomposing garbage were totally free from any noxious quality; and that, in fact, the whole of the district was eminently salubrious. A clerical writer, on the same side, who seems to have been unwittingly led into the controversy, even went further, and declared that invalids actually came from a distance to recover their health amid the savoury fumes of the manure manufactories!

Mr. Ede, the Medical adviser in question, appears to have performed his allotted task in rather a clumsy manner, for his first letter, published in the *Times*, called forth upon his head such a tempest of indignation, that he wrote a second, which he began by urging the abolition of the nuisances, and concluded by bringing all the evidence he could in favour of

their continuance! Mr. Ede's *forte* is evidently not letter-writing; for the latter part of his epistle tended still further to infuriate the abolitionists, while the former portion, which was intended to conciliate the "clean" party, of course offended the Trustees. This sapient Board, therefore, finding that their cause derived more harm than good from Mr. Ede's advocacy, published a short and stinging letter in the *Times*, in which, in the most cruel manner, they fling overboard their own Medical officer, declaring that they had given him no authority or sanction whatever to write anything at all! This deadly blow to Mr. Ede's literary effusions will, no doubt, lead to that gentleman's resignation; because it cannot for a moment be doubted, whether he received legal instructions or not from his "dirty" friends, that he advocated their cause with a zeal which bordered on indiscretion, and that their repudiation of his services is the most fatal cut which they could inflict upon him.

We apprehend that little sympathy will be felt for Mr. Ede under these annoyances; for the very discreditable circumstances by which the vacancy which he now fills was originally caused, had excited the universal indignation of the Profession, and the contemptuous treatment which he has just received at the hands of his patrons, will be regarded as a just reward for his subserviency to a party who have already shown their utter disregard to our Profession, as well as their inhumanity to their own sick poor.

However, the Trustees of Islington have been at last compelled to yield to the voice of public opinion; and, at the eleventh hour, they have come forward and instituted proceedings before the Police Magistrates. Although no final decision has yet been obtained, an application is to be immediately made to the Secretary of State, who will, no doubt, order stringent measures to be at once adopted. Mr. Ede was not brought forward by the Trustees at the preliminary proceedings, and, perhaps, in withholding his evidence, they displayed an amount of discretion which we should hardly have anticipated at their hands. His services are probably secured by the nuisance-mongers themselves for the day of trial; or, on the strength of his last ambiguous letter, he may be held in reserve on both sides, to be used by either as circumstances may suggest.

THE WEEK.

We are glad to be able to congratulate the City of London on having secured the services of so good a Medical Adviser as Dr. Letheby. The previous pursuits of that gentleman, his accomplishments as a Chemist, and his well-known habits of indefatigable industry, are such as peculiarly fit him for the post he has obtained. The contest, as will be seen by reference to the list, given in another part of the Journal, has been a very close one; and the positions attained by Drs. Odling and Greenhow respectively, have been, as they well deserved to be, only just short of success, The absurd proposition, on which we commented last week, that Mr. Simon should be requested to retain the post, in addition to his new one, has, of course, obtained no consideration whatever from the Commissioners.

The death of M. Majendie, from disease of the heart, is just announced by the French journals. He had long been known to be the subject of the disease which has at length proved fatal. To the time of his death he held the post of Physician to the Hôtel Dieu. Our Profession owes much to this ingenious physiologist. Endowed with excellent mental powers, he devoted them to experimental research regarding the processes of life, and their alterations under the influence of the causes of disease, with an energy and zeal rarely surpassed. His refusal to admit the so-called vital principle as an operative agency in those processes, however, and his determination to interpret them solely by reference to physical laws, very greatly interfered with the usefulness of his labours, and led him into the expenditure of much fruitless ingenuity. Science, however, occasionally benefits somewhat by the one-sidedness of its cultivators, and such was doubtless true respecting some of the developments of M. Majendie's career. Although he never became a celebrated teacher of medicine, yet he has bequeathed to the physiologist an invaluable series of facts and established principles, such as no one but a man who had faith alone in that one direction of inquiry would have had the industry to obtain. His name will long be held in high honour.

A question of some importance is suggested by the accounts of an inquest recently held in Hertford. It appears that a woman named Morgan, who died in the Hertford Infirmary, from the effects of a blow on the head, had been allowed to remain for seven hours without treatment, in the belief that her insensibility resulted only from intoxication. The Medical evidence went to assert, that this error in diagnosis was not of importance to the result. Such a conclusion is, to a looker-on, certainly somewhat extraordinary; and though we have little doubt but that a satisfactory reason may be forthcoming, yet we would suggest to the Surgeons whose names were mentioned, that they owe it to their Professional brethren to give some explanation of the circumstances.

We are informed that the prophylactic employment of quinine has been largely resorted to in some ships engaged off unhealthy parts of the Turkey coast. The results are stated to have been in every way successful; but they are not recorded with sufficiency of detail and explicitness to make them worthy of publication. As, however, there is no kind of knowledge which extends more slowly, than that which concerns the *prevention* of disease, it may be well for us to attract attention to the large body of evidence by which the efficiency of the treatment referred to has been proved. The excellent papers by Dr. Bryson on this subject, published some months ago in our columns, have made the conclusion one of the most reliable in the whole domain of therapeutics.

Dr. Hall's reports of the health of the troops since the termination of their arduous siege occupations are in every respect satisfactory. There had, indeed, throughout the summer and spring, been nothing in regard to their general condition but what, under the circumstances, might reasonably have been expected to have been much worse, and the condition of the camp had long been in a high degree creditable to those who were responsible for its sanitary direction. It might be expected, however, that yet further improvement would ensue when the labours of the year terminated, not only from the exhilarating influence of a great success, but from the exemption from fatigue, and the great addition to physical comforts of all descriptions.

REVIEWS.

General Board of Health.—Medical Council.—Report of the Committee for Scientific Inquiries in Relation to the Cholera Epidemic of 1854. Pp. 129.

[SECOND NOTICE.]

SECOND SECTION.—*Ætiology.*—A. *Atmospheric causes.*—There is under this head, first, a report from Mr. Glaisher, of the Greenwich Observatory, relating to the *meteorology of London* during the visitation:—

1. The *atmospheric pressure*, toward the end of August, rose much above its normal amount, and during the worst period of the epidemic was more continuously great than at any

other time; the mean reading of the barometer, during the months of August and September, exceeded the corresponding amount in any year of Mr. Glaisher's series, a fact the more remarkable in that less than the usual effect was due to watery vapour.

2. The *temperature*, during the few days succeeding July 19, suddenly rose, the 25th of July being the hottest day of the year: its temperature rising nearly to 90°, and exceeding the normal by 11°. Three weeks of cooler weather followed; but from August 19 to October 11 (within which time were the worst ravages of the disease), there was an average excess of heat of 2·6°, and during the week ending September 2 of 6¼°. After the week ending October 14, the temperature was below the average till December.

3. The *extremes of daily temperature*.—The mean diurnal range for the thirteen years ending 1853 was 14·6°, that of 1854 was 18·1°, being 3½° above the average. In the central parts of London, however, Mr. Glaisher found the daily range to be less than in the outlying parts, on account of the great excess of night-temperature amounting to the weekly mean of 7°, 8°, 9°, and 10°; and as, between particular stations, to 15° and 20°; this extreme difference having extended during twelve nights, from August 26 to September 4.

4. *Vaporosity of the atmosphere*.—During the prevalence of cholera, the atmosphere was less full than usual of aqueous vapour.

5.—In every month, except January and December, the *density of the atmosphere* was in excess, the mean weight of a cubic foot of air being 2 grs. above the average.

6. The *movements of the atmosphere* were much under the average. Of the 123 fatal days, from July 1 to October 31, there were 65 on which calm more or less prevailed, and in the low-lying districts the air was at all times in much less motion than in those of higher level, and quite stagnant in the former when it was a calm in the latter.

7. *Electrical state*.—No great electrical disturbance took place from July, as long as the disease continued, and but few thunder-storms all the year. When the disease was at its height, the electricity of the atmosphere was positive, but weak.

8. At the low elevations, the amount of ozone was trifling, and in many places near the river not a trace was detected throughout the epidemic period. It was nearly always shown, however, in places at high elevations, increasing from the lower to the higher ground.

9. *Haze*, *fog*, and *mist*, were singly or together prevalent on 5 days of July, and 8 days of August. In the second week of September (when the disease was still at its height), there was a thick atmosphere of fog, which continued till the end of the month, and the same kind of weather was continued in October.

10. The whole year's amount of rain was one quarter below the average, and during the 136 days following July 1, there were 93 on which none fell, and 25 with but very trifling rain. The meteorological character of 1832 and 1849 were very similar. The general tendency of all these characters was to render the season defective in those atmospheric changes which renew the purity of the air; they are, in their kind, too, such as to prevail with greatly increased development in those low levels of London where all visitations of cholera have most cruelly pressed.

Special examinations of the atmosphere, both chemical and microscopical, were made by Dr. Thomson and Mr. Rainey, at St. Thomas's Hospital. In the atmosphere of a ward filled with cholera patients they discovered mycelia of fungi apparently in a state of active vegetation, and abundance of *vibrionia* of the form called *baeterium;* and the air gave very evident chemical signs of containing organic matter. The presence of fungi and their sporules, however, seems to have had no connexion with the proximity of cholera patients, inasmuch as they were found in the ward when vacated by all inmates and in the exterior air, including that of a sewer, when cholera had long ceased to be epidemic in the metropolis. Neither do the Committee regard the presence of vibriones as important, although they vanished on the removal of the patients, since their development is intimately related to animal decomposition, and they were found in the sewer-gas when cholera was no longer present. They consider that their presence simply indicated that at the time the air was profusely charged with animal exhalation.

Information as to local atmospheres is afforded by the sanitary inspectors employed to visit the localities most severely affected. They all agree in stating that where cholera had become localized, they found it connected with removable causes calculated to load the air with the miasma of decomposing organic matter, and Dr. Sutherland refers to the condition of certain spots which enjoyed a disproportionate immunity from the disease apparently as the result of sanitary melioration. The City of London, with its 130,000 inhabitants, suffered 71 per cent. less mortality than in 1849, probably in consequence of the sanitary improvements it has undergone.

B.—*The water-supply of London*.—We need not enter at length into the details given in the Report on this subject. The impurities of the various supplies of water to the metropolis have frequently been discussed in this journal. The greatest importance is attached by the Committee to the fact, that nearly all the waters consumed in London show a remarkable aptitude to develope low forms of animal and vegetable life; but this importance clearly belongs not to any direct influence exerted by such organisms on our own, but to the indications which their development affords that the water in which they grow are fraught with dead organic impurities. In conclusion, the Committee accept the doctrine that the exciting cause of cholera is something which acts in the manner of a *ferment*, that it, therefore, takes effect only amid congenial circumstances, and that the stuff out of which it brews poison must be air or water abounding with organic impurity.

Supplementary to this Section are appended some remarks on the notorious outbreak of cholera in Soho. It appears that extreme local uncleanliness prevailed throughout the suffering district, but this neither explains the remarkable suddenness of the eruption, nor yet why it should have suffered disproportionably to many other districts equally impure. As respects Dr. Snow's suggestion, that the real cause lay in the general use of one particular well, whose waters were contaminated with the rice-water evacuations of cholera patients, the Committee say that, after careful inquiry, they see no reason to adopt this belief. And even admitting that the water of the well did, in a remarkable instance which has been adduced, really act as a vehicle of choleraic infection, it does not follow that the infection depended on the specific material alleged.

Third Section.—*Practical Pathology*.—This section is drawn up from the replies furnished to the forms circulated among the members of the Profession.

1. The first question was—*Through what channel does the exterior cause or poison of cholera first enter or affect the human body? Is it through the lungs? or through the stomach and intestines? or otherwise?* 1st. The facts established by Mr. Glaisher accord well with the view that the poison of cholera enters the body through the lungs, but the researches of Dr. Thomson and Mr. Rainey have failed to discover any ingredient which can be considered special to the prevailing disease. 2ndly. Mr. Rainey, examining the windpipes of eleven persons soon after death by cholera, could detect nothing like spores, or mycelia of fungi, or any vibriones in them. Dr. Hassall found vibriones in the mucus of the bronchial tubes, but, probably, as the result of incipient putrefaction. 3rdly. Nothing special to the epidemic time, or the infected localities, has been identified in the water. 4thly. In the intestinal discharges Dr. Hassall discovered no peculiar body, but vibriones, which, however, are extraordinarily abundant in the matters discharged from the body; but as they exist in other morbid intestinal discharges, their extraordinary number here merely shows a great proneness to decomposition.

2. *Has the disease a period of incubation?* If so, how long? and on what is it contingent? No direct reply to this question was obtained.

3. As regards *the communication of the disease from person to person*, little evidence has been received, either of a positive or negative tendency.

4. *Does cholera begin as a morbid process of the gastro-intestinal mucous membrane, or is this preceded by some state of general poisoning, which requires the gastro-intestinal membrane to act as an emunctory?* To this no direct answer was received. There is a further question—*Is the state of collapse determined by the gastro-intestinal flux, and in proportion to it, or can it arise independently of such flux?* The number of cases of collapse reported is 1798, and in all but six cases the collapse was preceded by one or more of the earlier stages of the dis-

ease, which are attended by intestinal discharges. It is to be remarked, that the flux may take place, and yet not be discharged.

5. The eighth group of questions related to the *consecutive fever, its dependence upon the previous occurrence of profuse discharges, or on the completeness of collapse.* 874 cases of consecutive fever are reported, 249 fatal and 625 recovered from. In all the cases, the fever stage was preceded by cholera; but the absence or presence of collapse is mentioned in only 808 cases, and in 223, or 27·6 per cent., of these the cholera had not passed into collapse. It appears, then, here that the occurrence of consecutive fever is not closely dependent on preceding collapse. But, on examining 225 fatal cases, the result is different. Of these 199 were preceded by collapse, and only 26, or about 11·15 per cent., by cholera without collapse; so that the severer forms of fever are mostly succeeded by collapse. These deductions are quite consistent with the results obtained at the Middlesex Hospital, as stated in their Report. As to the *dependence of the stupor of the fever on uræmia*, it is stated in the Middlesex Hospital Report, that of the cases which died in a state of coma, with one exception, all had suppression of urine, and in the exceptional case the quantity of urine was diminished.

6. As to the question *whether the diarrhœa and cholera prevailing together are, with difference of degrees, the same disease*, the Committee are of opinion that the answer must be in the affirmative, and that the diarrhœa is to be regarded as a slight degree of the same action that in a higher degree becomes cholera. If so, the question arises, in what did the 4000 cases of death from diarrhœa differ from the 11,661 from cholera? They were, first, cases that ran a slow course, and, next, children and old persons above the age of 65, furnished a large majority of them, and in these lividity and cramps may be either absent or little marked. Again, in the higher districts the mortality from diarrhœa being greater in proportion to those from cholera than on the lower levels, may be explained by assuming that, where the epidemic cause was not generally in strong action, the fatal cases would often be less intense in character and less rapid in their course. Lastly, it may be that in private practice there was a disposition to give the less formidable name of diarrhœa; while in Hospitals all fatal cases were, from a more strictly pathological view being taken, denominated deaths by cholera. It cannot be disputed, say the Committee, that the cases also where "premonitory diarrhœa" is absent are very rare.

7. No new chemical analysis of the blood in cholera has been communicated.

The remainder of the book is made up of an elaborate and most valuable series of Tables, which have been the basis of the conclusions of the Committee.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON THE EFFECTS OF LIGHTNING IN FRANCE.

By M. BOUDIN.

M. Boudin has recently published some elaborate statistical papers upon this subject, from which we may glean some interesting observations.

In 1851 there were 105 fires caused in 80 departments; 72 persons have been killed annually upon the spot. The unequal distribution of this mortality is seen from the fact, that while in the department of the Eure 2 were killed in the years 1835-52, there were 44 deaths in the Haute-Loire, and 48 in the Puy de Dôme. Not a single person was killed in those years in the chief town of any of the departments, large towns being much spared. Fewer women than men were struck. Among the accidents produced, the author insists particularly on the images observed on the bodies of a large number of the victims, and to which he gives the name of *Keraunographic.*

M. Boudin observes that lightning is especially remarkable from its presenting such contrasting and Proteiform effects. In one instance it kills, and in another it cures. Here it induces the loss of sight, hearing, or the power of motion; while there it cures the paralytic, the blind, or the deaf. It may destroy all the clothing while it respects the body, or it may destroy the body, leaving the clothes uninjured. At one time the victim is killed on the spot, remaining in the position when struck, whether standing upright or on horseback, while at another he may be projected more than 20 metres, and found among the branches of a clump of trees. Sometimes the anatomical changes produced are terrible, rupture of the heart and crushing the bones being among these, while at others the most attentive examination can detect no apparent lesion Here we may have flaccidity of limbs, collapse of the lungs, and fluidity of the blood; while there we have dilatation of the lungs, coagulated blood, rigidity of the limbs, and closure of the jaws. Sometimes the laws of decomposition seem defied, and at others the most rapid and horrible putrefaction sets in. By the side of a body burnt to ashes you may have death from congelation. The lightning that breaks the tree or a wall rarely induces mutilation of the human body. But of 5 instances of mutilation, resulting from the analysis of more than 1000 observations, in 4 there was partial or complete tearing out of the tongue.—*Annales d'Hygiène*, April, 1855. P. 289; and *Bulletin de l'Acad.* T. xx. 899.

ON WINES IN RELATION TO THE AMOUNT OF PHOSPHORUS THEY CONTAIN.

By Dr. KLETZINSKY.

Dr. Kletzinsky, as the result of an extensive comparative analysis of different wines, draws the following conclusions as to their phosphatic contents:—1. Phosphate of magnesia is a constant constituent part of wine, independently of locality, goodness, or age. 2. The quantity of phosphoric salts undergoes considerable variations. 3. These hold a very direct and certain relation to the goodness of the wine; so that their quantitative determination is, perhaps, a better measure of this than is that of the alcohol or extractive. The therapeutical employment of wines has hitherto been guided by the amount of extractive, alcohol, and free acid, they contain: but this additional element, owing to the agency of phosphorus in the reparation of the nervous, muscular, and osseous structures, is of no less importance in the direction of our choice. Reconvalescence in typhus, or exhausting exudative processes, the so-called adynamiæ, and the crowd of chronic affections that, chemically speaking, depend upon a poverty of phosphorus, exhibiting themselves, sooner or later, in the form of rickets, scrofula, or neuralgia, indicate the employment of wines containing a large proportion of phosphorus. In vain do we endeavour to relieve diseases characterized by an excessive consumption of phosphorus, (*Phosphoro-phthisis,*) by the administration of calcined oyster-shells, bone-ash, the osteolithes, and phosphorites of the mineralogists, or any other combination of inorganic phosphorus with lime. They pass through the alimentary canal, unabsorbed and unassimilated, the possibility of assimilation depending upon organic combinations.

The author gives a tabular view of the results of his analyses of the several wines, exhibiting their per-centage of alcohol, extractive, and phosphates. As far as the last are concerned, we find that Tokay contains 5 per 1000, Menes and Malaga, 4; Madeira and Sherry, $3\frac{3}{4}$; Santorino, $3\frac{1}{3}$; Cyprus, $3\frac{1}{4}$; Cape, $2\frac{1}{6}$; Château-Lafitte, 2; Rhenish Wines, $1\frac{1}{2}$; Champagne, $1\frac{1}{4}$.—*Wien Wochenschrift.* No. XX.

EXCERPTA MINORA.

Aconite in Ephidrosis.—M. Imbert-Gourbeyne relates an interesting case of idiopathic general sweating, which, after continuing a long period, was immediately relieved by a few spoonfuls of syrup of aconite, which he gave from recollection of the great benefit Dupont stated he had derived from this drug in a similar case. In another instance, he found the same remedy efficient in the sweating of phthisis, when given for a coincident neuralgia.—*Gazette Médicale.* Nos. 21 and 22.

Turning by External Manipulation of the Abdomen.—M. Mattei, a Corsican Professor of Midwifery, draws attention to the feasibility of this procedure in rectifying the position of the child. By its means, he says he has frequently, in pelvic presentation, been enabled to raise the pelvis, and press down the head into its proper position, repeated attempts to do this causing no ill consequences. The diagnosis of the position of the child by palpation of the abdomen and auscultation is easy, and the performance of the operation at the latter end of pregnancy is not difficult, if attempted before the child is

engaged within the pelvis. During the 8th, or at the commencement of the 9th month, is the preferable period.

Gazette Médicale. No. 23.

[This mode of turning has frequently been resorted to in Germany (a).]

Natural Course of Disease.—Dr. Tholozan observes, that the necessities of war furnish us with the opportunity of studying disease when left to Nature. If the Surgeon pay to this study a sufficient attention, science and art will be gainers; for it will often occur to him to see diseases that are supposed to require the most active treatment, cured, under the most unfavourable circumstances, by the sole efforts of Nature. This arises from even the severest affections having their slight cases; and if, on the one hand, we may observe in the soldier disease in its most intense form, the multiplication of cases of the same kind, on the other hand, allows us to observe the diseases of armies in every shade of intensity.

Gazette Médicale. No. 23.

Tincture of Iodine in Bubo.—M. Joliclerc states, as the result of much observation, that tincture of iodine is the best application in bubo, preventing or dissipating fluctuation, and facilitating healing if the bubo be already open. He applies it by gentle friction, so as to avoid vesication.

Gaz. des Hôp. No. 17.

Rapid Detection of Sugar.—M. Botte has several times employed the method suggested by Liebig of quickly detecting sugar. A small quantity of ox-gall is dissolved in the suspected fluid in a test-glass, and a quantity of concentrated sulpuric acid equal in amount to that of the fluid in the glass is rapidly added, care being taken to pour it along the side of he glass. If sugar is present a beautiful purpurine is immediately produced.—*Rev. Médicale*, June, p. 685.

Blistering Plaister prepared with Chloroform.—Dr. Landerer, of Athens, recommends, as an improved mode of making blistering plaister, the preliminary digestion of the powdered cantharides for several days, at a gentle heat, in a sufficiency of chloroform to moisten it. The mass is then to be added to the plaister half cold, taking care to avoid inhaling the chloroform, which becomes volatilized.—*Gaz. des Hôp.* No. 69.

A Vseful Hæmostatic.—M. Morel, a military Pharmacien, has prepared the following fluid, which has often been found highly useful:—Tannic acid $\frac{1}{20}$, alum 1, rose-water 40 parts.

Ibid.

Test for Purity of Cod-Liver Oil.—M. Berthé, as the result of numerous researches, states that when we let a drop of concentrated sulphuric acid fall on some drops of pure cod-liver oil contained in a glass plate, placed on a sheet of white paper, an aureola of the most beautiful violet is formed, which soon passes into a crimson. After a few minutes the mixture becomes brown.—*Bulletin de l'Acad.* T. XX. 877.

Cold Irrigations in Convulsions of Children.—On the strength of three cases in which its employment was attended with remarkable success, M. Lalesque strongly recommends to notice the practice of irrigating the head in convulsions, with a continuous stream of water, the size of the little finger. He employs about two quarts of water.—*Rev. Méd.* 1855. P. 264. M. Schützenberger, of Strasbourg, also relates two well-marked cases (*Bull. de Thérapeut.* T. 48. p. 512.) of hydrocephalus, in which recovery was attributed to repeated affusion performed by a watering-pot.

Local Use of Iodine.—Dr. Mikschik states, that he has derived great advantage from the tincture of iodine, as an emmenagogue, applying it externally to the os uteri. Cases which had long resisted all other means, have yielded to the application after the third day. He has not found the advantages that Boinet says attends its use in vaginal catarrh, and from the temporary irritation it produces, it should be avoided in pregnancy, and when the uterus is inflamed. As a means of dispersing organic exudations he much prefers lotions (iod. potass. ʒj., iodin. gr. x., aquæ ℔j.) to ointments. They should be applied on compresses which are to be covered by a cataplasm.—*Wien Wochenschrift.* 1855. No. XXII.

Caution in searching for Poisons.—Dr. Buchner observes that in the search for arsenic, while mere traces, only distinguishable by the most delicate tests, may be discoverable in the stomach and upper part of the intestinal canal, the poison may be often easily detected in the lower part of the canal, and that in proportion as the rectum is approached, as also in the liver.—*Repertorium für Pharm.* 1855. No III.

(a) *Vide* British and Foreign Medical and Chirurgical Review, IV., page 296.

FOREIGN CORRESPONDENCE.

FRANCE.

Paris, October 7, 1855.

Sir,—I shall divide this letter, and the following ones, into three parts, under these titles:—1stly. Learned Societies; 2ndly. Hospitals (clinical lectures, reports of cases and operations); 3rdly. Discoveries, news, etc.

1. *Learned Societies.*—An important paper was read at the Académie des Sciences, on the 24th of September last, by Professor Claude Bernard, upon the mode of the formation of sugar in the liver. According to our ideas of the nature of secretions, these organic actions are either a mere filtration or a kind of catalysis. A third mode of secretion must be admitted as taking place in the liver for glucose, and likely, also, in the lungs for pneumic acid. The following experiment of Professor Bernard shows that glucose is not formed by the liver from certain substances contained in the blood, as Lehmann and Frerichs have stated; but that it is produced in consequence of a chemical transformation of substances already existing in the liver. A strong, healthy dog was killed seven hours after having eaten much meat, and its liver was taken out of the body. The vena portæ was adapted to a gutta percha tube, connected with the stop-cock of a fountain, from which water was coming with a considerable force. At first, all the blood, and afterwards all the sugar, contained in the liver, were washed away, and so completely, that there was no trace whatever of glucose remaining in the tissue of the gland. Then the liver was put aside for about 24 hours, after which time a large amount of sugar was found in its tissue, and also in a liquid contained in its blood-vessels. From this experiment, and some others, Professor Bernard concludes that the formation of sugar in the liver is a mere chemical change taking place in a substance previously existing in the tissue of this gland.

A third paper, on some points of the physiology of the spinal cord, was read at the Académie des Sciences, on the 24th of September last, by Dr. Brown-Séquard. The conclusions arrived at by the author are as follow:—

1. The nerve-fibres of the posterior roots of the spinal nerves are distributed partly in the grey matter, partly in the posterior columns, and, probably also for a small part, in the lateral columns of the spinal cord.

2. The fibres of the posterior roots, which are distributed in the posterior and in the lateral columns, seem to go partly towards the encephalon, partly in the opposite direction; so that some are ascending, some are descending.

3. The ascending fibres, either in the posterior or in the lateral columns, seem to be less numerous than the descending.

4. The ascending and the descending fibres merely pass in the posterior and lateral columns, soon leaving them to enter the grey matter; and, therefore, the sensitive impressions have only a momentary channel in these columns, and are not finally transmitted to the encephalon by them, but by the grey matter.

Dr. Stilling, of Cassel, who was in Paris last week, has exhibited here many beautiful plates, not yet published, relative to the structure of the spinal cord. In many important points, the results of the anatomical researches of Dr. Stilling agree with the conclusions at which Dr. Brown-Séquard has arrived, mostly from experiments and pathological cases.

Dr. Charles Robin read, at the Académie des Sciences, a note on the chemical analysis of the large calculus of hæmatoïdin, spoken of in my first letter. Dr. Robin maintains, in opposition to almost all the micrographers, that hæmatosin, the colouring principle of the blood, is not crystallizable, and that hæmatoïdin, which is a crystal formed from hæmatosin, differs from it chemically. Hæmatoidïn, according to Dr. Robin, is hæmatosin having lost all its iron, and taken one equivalent of water.

Dr. Ménière read a paper at the Académie de Médecine, in which he tries to show that necrosis of the osseous part of the auditive apparatus is not so dangerous as is generally admitted. Spontaneous cures frequently take place in these cases, by the regular elimination of the dead portion of the diseased bone.

II. *Hospitals.* (*Clinical lectures, reports of cases and opera-*

tions.) Scurvy is disappearing from the military hospitals of Paris. Dr. Tholozan, in a lecture on this disease, has pointed out the following facts:—Since last May many soldiers have been attacked with scurvy, characterized by symptoms more or less known, or quite unknown. Among the former are, the state of the gums, which were swollen and fungous; hæmorrhage; a petechial eruption in some parts of the skin; swelling of the legs, with blood effusions beneath the skin or between the muscles; paleness of the face, etc. Among the unknown, or at least hardly known symptoms, are an œdematous swelling of the face, the neck, the thorax, and the abdomen; an increase of the swelling of the legs after a walk; pain in the legs, the thighs, the arms, the forearms, the trunk, and the head; pain, either neuralgic and intermittent, or fixed in certain muscles, joints, and bones; loss, or diminution of sensibility to touch, to pain, to cold and warmth, or to electricity—one of these kinds of sensation missing when the others are still perceived; prostration, vertigo, tinnitus aurium, etc. Already, in August last, the number of cases of scurvy had much diminished, but even now the influence of this disease is still manifest, and particularly in the union of some of its symptoms with those of typhoid fever which is now prevalent.

Dr. Paul Broca and Dr. Follin are attracting almost all the few Students now in Paris, to their clinical lectures at the Hôpital de la Faculté and the Hôtel Dieu. Not having room in this letter, I must postpone until the next, the details of many interesting cases now under the cure of these Surgeons.

Dr. Broca has performed some important operations, one of which was for a tumour in the maxillary sinus. The tumour had perforated the external wall of the nasal cavity, and divided this cavity and the pharynx. The patient, a man 32 years old, is now (fifteen days after the ablation of the superior maxillary bone) doing well. The tumour is one of that newly-discovered kind which has been described by Drs. Rouget, Charles Robin, Verneuil, and Broca, and which they call pseudo-glandular, on account of its resemblance to glands. Dr. Follin has shown me two patients cured in a few days, of a severe keratitis, by means of the application of a drop of a concentrated solution of perchloride of iron on the cornea. This method of treatment of keratitis, recently discovered by Dr. Follin, has proved successful, until now, in all the cases in which it has been employed.

III. *News, Inventions, etc.*—Charrière, jun., has shown at the Académie de Médecine, three new specimens of lithotomy and a new craniotome. I hear that it will be no longer permitted to private teachers to have pupils, and to teach practical anatomy in the dissecting rooms of the Faculté de Médecine of Paris. This will prove very unfortunate both to a great many Students, and to some men of talent who have devoted a part of their life to that object.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, October 5, 1855.

The great event of the week has been the

ELECTION OF DR. ALISON'S SUCCESSOR,

which took place on Tuesday. I mentioned to you in my last that, on my return from my attendance at the meeting of the British Association in Glasgow, I found the whole of Edinburgh convulsed on the subject, and stories in circulation, many of which I could not believe, and none of which I would care to repeat. The candidates originally in the field were—Drs. Bennet, Craigie, Alexander Wood, Andrew Halliday Douglas, William Tennant Gairdner, from Edinburgh; Dr. Laycock, from York; Dr. M'Cormac, from Belfast. Of these, all withdrew before the election, except Drs. Bennet, Wood, and Laycock. The election is in the hands of the Common Council, a body composed of thirty-three individuals. At an early period of the canvass, and throughout its entire duration, the Professors, especially Christison, Syme, and Goodsir, interfered most strenuously in favour of Bennet. Professor Simpson also professed to do the same, though his movements were somewhat hampered by the fact of Dr. Laycock having offered himself as a candidate at his (Dr. Simpson's) urgent request, and by his residing in Dr. Simpson's house during the entire canvass. Another complication, too, arose from the fact, that the majority of Dr. Bennet's supporters made no secret of their wish for his success being stimulated, less from a conviction of his suitableness for the Chair, than from a desire to cause a vacancy in the Chair of Physiology, with a view to secure the transference of Dr. Sharpey to it from University College, London, that gentleman having, it is understood, intimated a wish for a change.

I have already said that I think it better not to put on record all the current stories of the election. If even any considerable part of them be true, they would disgrace the scenes once enacted in Old Sarum, and throw into the shades the celebrated exploits of W. B.

Dr. Bennet has truly reason to say, "Save me from my friends:" the position which he occupied at the bottom of the list on Tuesday having been caused by the injudicious zeal of some and the singular inconstancy of others. How pledged voters passed over from one candidate to another it is not for us to explain.

Against all these influences, and many others of a hostile character, Dr. Wood had to contend. He fought well; and to have occupied the second place, only by one vote, is no disparagement in such a struggle. Certainly neither he nor Gairdner had fair play, and no means were spared to affect their canvass injuriously.

Of all those mixed up in the struggle, no doubt Dr. Laycock has the most cause to wonder at the issue. Whether the appointment may be as valuable to him as he expects is doubtful. Deficient in University training, and accustomed to the quiet routine of a country home, and with such opponents as Wood and Gairdner arrayed against him, he will have a hard struggle to maintain his position. Though the election has left many bitter feelings, engendered by the fraud and double-dealing which it evoked, we believe that none of these are directed against himself, and that his position here depends very much on what manner of man he shows himself to be.

Certain it is, that many years hence, when the secret influences which moved this election have been forgotten, it will be cited as a singular fact, that the chair of Cullen, and Gregory, and Alison was filled, not by a man reared in that celebrated University, to which they gave a lustre, nor even by one possessing a British University degree, but by a gentleman who, however respectable as a writer, was chiefly distinguished as a Practitioner in a provincial city.

IRELAND.

Dublin, October 9, 1855.

It is generally understood that the labours of the "Commissioners for inquiring into the condition and regulation of Dublin Hospitals" (Lord Talbot de Malahide, Dr. South, and Mr. Stephenson), who have been for some time sitting, are now drawing to a close. Deputations from three of the Hospitals which do not receive grants have waited on the Commissioners, the Hospitals have all been revisited, and the final result is looked for with much anxiety. There is a strong feeling within and without the Profession that the grant ought not to be withdrawn from the Lock Hospital, but that this institution should be continued in its integrity; also that the order of Government, issued in the year 1821, by which Students should be excluded from attending, should be rescinded, and that pupils of a certain standing ought, under proper restrictions and regulations, to be admitted.

The schools opened for dissections on the 1st instant, but the lectures do not commence until the usual period, the last week in this month. There is a general expectation of large classes, and already the practical anatomy rooms are fully as well filled as they were at this time last year.

The annual examinations for degrees in the Queen's University have terminated; the number of graduates in arts is this year but 19, while last year it was 37; the number of graduates in medicine is 9, against 4 in 1854; several of the Students have passed their preliminary examination, and thus been advanced a stage. The degrees will be conferred in St. Patrick's Hall, Dublin Castle, on Thursday, October 11.

Doctor Law having completed his second term of seven years as King's Professor of the Institutes of Medicine in the School of Physic in Ireland, a vacancy has been declared,

according to the clause in the Act of Parliament xl. George III., and the election is to be held on the 12th of this month. It is generally understood that he will be re-elected without opposition to the chair he has so long and ably filled.

On the resignation of Dr. Neligan, as Senior Physician to Jervis-street Hospital, which office he had filled for the last thirteen years, the pupils of the institution presented him with a piece of plate, and a complimentary address. It is gratifying to record such manifestations of esteem and good feeling, creditable alike to the donors and the recipient, as indicative of a faithful discharge of duty on the one hand, and of appreciation of able instruction on the other.

The present autumn has been in Dublin a more than usually healthy season, and it has been particularly characterized by a great diminution in the number of the cases of derangement of the digestive organs, which are generally so prevalent at this season of the year. The same is, probably, true of most other parts of Ireland. The following is the testimony of the Medical attendant of an extensive dispensing district in the south:—

"From all I can learn of this and the adjoining counties, the inhabitants generally are very free from epidemic or other diseases; the number of fever patients is unusually small, and the cases are, generally speaking, not as severe as in former years. There have been very few cases of diarrhœa during the summer and autumn. I should attribute the healthiness of the lower classes, in some measure, to the thinning of their numbers, caused by continued emigration, and to the consequently increased house-room, as well as to the effect of better wages, in improving their diet, and augmenting the number of their comforts. I should also include the influence exercised upon the climate by extensive drainage works, which have been effected throughout the country, and lastly, the beneficial effects of the long-continued hard frost of the winter of 1854-5."

GENERAL CORRESPONDENCE.

PYÆMIA FOLLOWING WOUNDS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read, with much satisfaction, the able letter of Mr. Thomas Underhill, in your periodical of last week. I should have imagined the case reported by him could not, for one moment, be doubted; yet I find, from this last paragraph, an adverse opinion had been expressed by the gentleman who attended the poor man during his last illness. I could, from my own note-book, collect similar instances of pyæmia following operations, some length of time having elapsed after the operative procedure. The post-mortem examination showing purulent deposit in the liver and lung, I think fully settles the matter, and clearly bears out the opinion formed by Mr. Underhill, that this was a secondary symptom, following amputation of the finger. I make no doubt this fact could be so readily substantiated, that the "Trades' Union" would be compelled to pay over to the poor man's family the money due to them. I am, etc.

W. Philpot Brookes, F.R.C.S.,
Surgeon Cheltenham Hospital and Dispensary.

October 7th, 1855.

THE ABENDBERG HOSPITAL FOR CRETINS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having had my attention called to a letter which appeared in your Journal of the 4th of July, from Mr. Jonathan Hutchinson, describing a visit paid to the Abendberg Hospital, and having been late master in that Institution, and being therefore well acquainted with the system on which it is conducted, I feel it my duty to correct certain errors into which Mr. Hutchinson has been led.

1. The bath, which Mr. Hutchinson states was medicated by an infusion of aromatic and astringent herbs, and which, he was told, was given to the children every day, is only given during the summer months, when there are frequent visitors. Neither this nor any other kind of bath is given to the children during winter, and I may add that, during a period of six months, under my own observation, the children were never once bathed.

2. Of the sixteen children, mentioned by Mr. Hutchinson as employed in the school-room in reading and writing, two of them are the children of the cook; they are neither idiots nor Crétins, nor ever were so, but whom Dr. Guggenbühl tells visiters had been in a very bad state, but were now cured.

3. The lad Fritz Meier has been in the establishment upwards of twelve years, and not eight, as told to Mr. Hutchinson; and, although Dr. Guggenbühl said that this lad's case "had many parallels," yet he cannot produce any testimonials, or bring forward any witnesses, to prove that such is the case.

4. I left the Abendberg on Tuesday, July 17, and there were then only twenty-three children in the establishment (not all patients), and was at Interlaken on Saturday the 21st, the day on which Mr. Hutchinson visited the Abendberg, and I am quite certain that no fresh children arrived in the establishment up to that period. Mr. Hutchinson had, therefore, been led into a great mistake when he stated that there were between thirty and forty patients in the establishment.

In conclusion, I beg, Sir, that you will do me the favour of inserting this, that the public may know somewhat of the system of deception carried on in the Institution of the Abendberg. I am, etc.,

September, 1855. William James Fuller.

THE BELLE-ISLE NUISANCES.

[To the Editor of the Medical Times and Gazette.]

Sir,—Mr. Ede, in his last letter to the Editor of the *Times*, has called upon me to bring before the Trustees my proofs of the increase of diarrhœa in this parish, and generously promises thereon the removal of the Belle-Isle nuisances. It would appear, however, from their public disavowal, that Mr. Ede has not the authority of the Trustees for his challenge. But I will refer him for his own information to the Returns of the Registrar from which I quoted in my letter to the *Times* of the 28th ult., and will also take leave to remind him that Mr. May, the Registrar of the western division of the parish, has made a similar statement, founded upon the registrations of deaths since 1832. (See *Medical Times and Gazette*, Sept. 15.)

Mr. Ede charges me with unfairness in having criticised his opinions without having gone into Belle-Isle to examine the factories myself. This charge falls to the ground when I state that I have known Belle-Isle in years past—I believe before even Mr. Ede was in practice.

It was, moreover, not necessary for me to go into such "abominations," in order that I might be able to testify to their effects beyond the region whence they emanate. The universal complaints of indisposition from this cause with which Medical men here are familiar, without hunting for them in the very focus of these effluvia, together with the Registrar's statistics above quoted, sufficiently prove injury.

A close inspection of the various factories, and inquiries among the residents, have not led me to modify or retract in any degree my opinion upon the dangerous nature of the processes there carried on. This inspection I made, in company with Mr. Ede—on a subsequent occasion visiting, with Mr. N. H. Clifton, the adjoining cottages, in order to ascertain the state of health of their inmates.

We proceeded, in the first place, through lanes of black mud, sufficiently unhealthy of themselves, to the so-called "Patent Nitro-phosphate Manure Company's" premises; the proximity to which was soon made evident to our olfactory organs. I will endeavour, in as few words as may be, to describe what we saw and smelt in the manufacture of this manure. I should state that we received only politeness from the foreman of the works, who readily showed us what he assured us constituted the entire process.

Large quantities of blood are brought in casks from slaughterhouses daily. This blood is fresh—at least, the casks which I examined were all free from odour of putrefaction. This blood is poured into a trough, and receives the addition of a large quantity of sulphuric acid, by which it and any solid animal matters, such as portions of intestine that may be mixed with the blood, are decomposed and charred.

Human ordure has been mentioned as one of the ingredients of this patent manure. I did not see any, and was informed by the foreman that no materials but what I saw

were employed in the manufacture. Certainly I believe that, if used, no filth of any kind could have augmented the intensity or odiousness of the stench.

The mixture of blood and oil of vitriol having been kept stirred by machinery for a certain time was discharged into a larger trough below, and mixed with powdered calcareous phosphates and carbonates, consisting, I was informed, of ground coprolites and fossil bones. Having been thoroughly incorporated, the mass is then dried upon an extensive surface heated by stoves. Here the remaining watery vapour, and sulphurous acid gas, etc., are driven off. The residue constitutes the "Patent Nitro-phosphate Manure."

This chemical process is attended with the copious disengagement of the fumes of sulphurous acid gas, watery vapour, and other volatile but indefinite compounds of phosphorus, carbon, hydrogen, and nitrogen, to which the stench is owing—a stench, indeed, indescribable by me, when experienced in its concentrated intensity at its first source. So pungent were the fumes that my eyes watered, and my nose, throat, and chest were sore for hours afterwards. Over and above this the smell was nauseous, sickening, and followed by headache for eight and forty hours. The effluvia also adhered to my clothes for many hours after my visit.

I doubt not that, as was suggested to me by a manufacturing chemist at the time, there is more noxious air eliminated from the decaying or decomposed animal matters on these premises alone than is disengaged from all the graveyards in the metropolis.

The Patent Manure Factory, however, is not the only source, although it is thence that by far the most potent stenches emanate. In its immediate vicinity we visited filthy, stinking premises, wherein kitchen stuff is boiled down with sulphuric acid. In one of these places I found, also, that the meat condemned as bad by the Inspectors of markets is boiled down with the kitchen stuff, and sulphuric acid, to make "greaves," a food for dogs. This substance, consisting not only of the shreds of flesh, and the residue of bones and tendons, but also of the paper, bits of rag, etc., in which the "kitchen stuff" is sold to the rag and bottle shops, having been boiled with the sulphuric acid, forms a sediment at the bottom of the open boilers, and is thence transmitted to the "greaves" makers.

The fatty matters floating above this sediment are run off into casks, for the purposes of soap makers.

The odour of putrefaction here was oppressive, but the occupants of the premises altogether ignored its existence, and considered the place to be "perfectly sweet."

In close proximity to the preceding are the sheds and boilers of tallow-melters, the odour of whose operations is, probably, well known to those who have had occasion to pass through Paternoster-row, any time these thirty or forty years. Varnish works, asphalte works, gut-cleaners, chemical works, tile kilns, and brick burning, and pigsties, also contribute their respective fragrances.

The extensive premises occupied as a knacker's yard, by Mr. Atcherley, have generally been looked upon as the copious source of the bad smells experienced in this neighbourhood. These premises were, however, perfectly free from offensive odour, and were cleaner than most butchers' slaughter-houses that I have seen. Horses were standing waiting their turn to go the way of horse-flesh, freshly-killed horses were hanging in carcase entire, and limbs of horses were ready to be consigned to the boilers, to be sold the next morning to cats' and dogs' meat men. There was nothing putrid to be seen; the blood was washed away as soon as spilt.

Attention was particularly given to the condition of the men employed in the works. With several exceptions, they are pale, unhealthy-looking persons. A most marked exception is the foreman of the "Patent Nitro-phosphate Manure Works." This man, who states that he has, for eight years, here and elsewhere, superintended all its processes, is a handsome, remarkably healthy-looking individual. One workman, who had been about four years in the same employment, was tolerably healthy looking. Another man has, for four years, slept in the stove-room; but this man, who is of the age of fifty, looked seventy years old. We saw other men, who presented nothing very particular as to health.

On the occasion of my second visit, we more particularly confined our investigations to the state of the health of the inhabitants of the adjoining cottages. I admit, that we could not discover any cases of illness, but that does not, in this instance, prove salubrity.

We could scarcely meet with a person who was even conscious of the existence of any unpleasant odour. It is thus evident that the sense of smell has become blunted by the pungency of the effluvia, or else is in abeyance from *some other cause*. That the latter is the fact, I am disposed to think, from the eagerness with which the cottagers volunteered their assertions of good health. In short, they proved too much, since some even declared that they never had good health until they resided near the factories; my own reminiscences of Belle-Isle, when I was Surgeon to the Holloway Dispensary, being that of frequent attendances.

Mr. Ede triumphantly asks, If absence of detected illness does not prove salubrity, "what does it prove?" And, resting upon this (at the least) suspicious evidence, he misunderstands entirely the fact, that hundreds of persons beyond the precincts of this favoured region are suffering indisposition from the effluvia it disperses around. Mr. Ede explains the alleged salubrity of Belle-Isle, by assuming the existence there of certain disinfecting gases. But how, it may be asked, is it that the antidote, thus provided for the locality, is not also wafted with the bane to the surrounding districts? The locality of Belle-Isle, in all probability, on Mr. Ede's hypothesis, has an elective affinity towards disinfectants, and a discriminating diffusive power over noxious gases, judiciously dispersing them around!

Surely, it was beyond the legitimate limits of scientific caution, or within the limits of unscientific perverseness, that Mr. Ede should have shut his eyes to the effects of these effluvia upon the health of his neighbours; his own nose he could not close, and he consequently admits the abomination. Is it right that others should wait the coming pestilence, while he is apathetically quibbling over obsolete statistics, and the suspicious statements of interested parties?

I am, etc. W. B. Kesteven.

Manor-road, Upper Holloway,
October 8, 1855.

THE ARMY SURGEONS' MEMORIAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—There is one point which deserves more consideration than it has yet received in the Memorial from the forty-nine Army Surgeons serving in the Crimea, published in your number of September 15, which we have just received. If Lord Panmure were to comply with their request, service in the Crimea would count for three times more than service in the Hospitals on the Bosphorus. This appears very unfair; for of the whole body of Medical officers a large number must be attached to the General Hospitals, and they have, consequently, no choice in the matter. It would be far better to keep a roster, and allow, or rather insist on, regular relief; so that all should have, as equally as possible, an even share of Field and Hospital work; thus preventing such jealousies and divisions in our ranks as are the bane of the Profession in civil life. I am, etc.

A Staff-Surgeon.

Scutari, September 27, 1855.

MEDICINE AND LOGIC.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last number, under the heading of "Notes and Queries," I observe a letter in which the writer advocates the study of Logic, especially that of Mill, and then alludes to the London University as the only Medical Institution which requires this especial branch of culture.

I am sorry to inform your correspondent that the London University and Mill's Logic do not at all coincide, judging from the sentiments of the Examiners and the works prescribed for the M.D. Examination. Mill essentially follows Locke in his opinions with regard to the constitution of the human mind, the acquisition of knowledge, etc., and this latter author all candidates for the M.D. degree are taught to condemn in the necessity which obliges them to read the analysis of his works by Cousin—a man who mystifies our great countryman, or is quite unable to understand him. Candidates, be it remembered, are not required to read Locke,

but simply "Cousin's Analysis;" and, as it often happens that students do not get up more than is asked of them, Locke goes unread, while his commentator is learned by heart, and all his criticisms given in answer to questions put by Examiners. This is not fair, and has a very bad practical bearing; for I know more than one M.D. who is opposed to Locke, Mill, and the "positive philosophy" generally, because antagonistic doctrines were thrust into him at the University of London.

I am, etc.

Oct. 10, 1855. M.D. Londin.

SECONDARY ABSCESSES FOLLOWING TRAUMATIC LESIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—As illustrative of the case recorded in your last number, by Mr. Underhill, and in accordance with his invitation, permit me to state a case which lately occurred in my own practice, and in which a similar question was raised as to the origin of the disease.

C. P., aged five years, broke the lower part of his left ulna in a struggle with his nurse on Monday, May 7th, 1855. The nature of the accident was not known at the time, and fomentations merely were applied to allay the pain.

Saturday, 12th.—He was taken to a Surgeon, who at once detected the fracture and treated it accordingly, but the child removed the splints in the night and used the arm a good deal. The applications were replaced on the following day, but it was found impossible to keep the arm at rest.

Monday, 13th.—The child was observed to be feverish, excited, and unmanageable through the day, with heaviness and prostration in the evening, when his father required him to repeat a hymn, but found him listlesss and inattentive, and thinking this arose from sleepiness sent him to walk three times up and down the hall; the boy did as he was desired without any complaint, finished his lesson, and went to bed. The next morning he complained of great pain in his left ankle-joint and heel, and cried nearly all through the night from it.

Tuesday, 15th.—He could not put his foot to the ground, but lay all day on the sofa, the ankle became red and swollen, presenting the appearance of acute rheumatic inflammation. For several days there was great fever with delirium, and an abscess burst over the inner ankle, discharging a large quantity of foul pus and slough. Two days after, another abscess threatened to point over the outer ankle, but subsided on the escape of matter from the opening which existed on the inner side. His strength was supported by means of good diet, wine, bark, and opiates. A witlow formed at this time on one finger, and an abscess in the cellular tissue of the inner part of the right leg.

Wednesday, 30th.—I saw the patient in consultation. On examining the ankle, which presented a large sloughing opening on its inner side, we found that a finger could be passed completely into the joint, and that it also came in contact with a large portion of the astragalus and calcis. The fracture of the ulna had united, and some enlargement of the bone could be felt in the situation of the injury, but at the bend of the elbow and along the inner side of the arm, in the course of the brachial artery, was a hard cord-like swelling, painful on slight pressure.

The state of the limb clearly demanding amputation, and the strength of the patient admitting of it, I removed it the same day, and all went on favourably. The swelling in the arm remained for a long time, and, indeed, has not yet entirely disappeared. Suppuration threatened several times within the first six weeks after the operation, but no abscess has formed, though it was encouraged by the application of poultices and fomentations.

In the foregoing case the diseased ankle was ascribed by the patient and his friends to an injury. He had hurt his foot, they said, some time before, by jumping from a wall; and it was not easy at first to convince them that the diseased joint was connected with the fractured forearm. It is clear, however, that on the 13th he could walk without pain, and it was the following morning, without any accident intervening, that he first complained of pain in his ankle. The fractured ulna was for days under circumstances very favourable to the production of inflammation in the veins of its structure: pus doubtless was formed in them and carried into the circulation; hence the witlow, the abscess in the leg, and the diseased joint; and hence also the cordlike swelling in the course of the brachial artery, caused by pus mixing with the blood and coagulating it. This swelling could not be felt near the seat of fracture, nor till the bend of the elbow, nor in the cephalic, basilic, or other superficial veins: a circumstance which is easily explained by considering the venous circulation of the arms, when it will be seen that pus entering the veins of the bones would most readily be carried into the venæ comite of the brachial artery; and it was the coagulated blood in these which caused the cord-like swellings along the inner side of the biceps muscle; at least this is the conclusion which irresistibly forced itself on my mind, a conclusion which would have been less satisfactory but for the fortunate preservation of two or three obviously important incidents in the history of the case. Taken in its integrity I imagine you will not hesitate to place it in the same category with that related by Mr. Underhill, namely, pyæmia, causing secondary deposit, and that the fractured ulna and the diseased ankle-joint stood to each other in the relation of cause and effect.

I am, etc. A. G. Field, F.R.C.S.E.

7, Manchester-square, October 10, 1855.

SMOKE NUISANCE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In reply to the Editorial remark at the foot of my letter, I consider it would be a dereliction of every feeling of propriety on my part were I to withhold for a moment from you and the public any required explanation coming within the pale of possibility to afford.

The grate now under notice differs little in external appearance from ordinary grates in daily use. Its philosophical and geometrical principles (although extremely simple) could not be accurately specified without reference to diagrams and explanatory notes far too elaborate for your columns, and quite uninteresting to a great portion of your readers. The public, however, are already in possession of all these particulars, they being comprised in part the second of the printed Aeronomic Report of 1852:—"The proportions suitable to the area of rooms must depend (as in all ordinary cases) upon the judgment of the architect, if, upon inspection, he considers the original model grate of unsuitable proportion. The size of the original model grate has hitherto been found to suit wherever it has been adopted, it being so contrived as to fit fireplaces of various dimensions both in height and width." For your satisfaction, and that of the public, I will here mention a particular instance of its efficacy. Last winter a grate of the ordinary size (the receptacle for fire being 12 in. wide in front by 7 in., and 6 in. deep) was fixed in a room which had been found difficult to warm and ventilate, owing (it was supposed) to the disproportionate dimensions of the room, it being 15 ft. in height 14 ft. long and 10 ft. wide. The following communication was some time after received:—"The grate has given perfect satisfaction; it holds sufficient fuel, sends out sufficient heat, can be readily adjusted, and the adjustment is easy of action; the room is now free from smoke."

I am, etc.

October, 1855. Octoginta Quatuor.

ACTS OF PARLIAMENT
BEARING UPON, OR OF INTEREST TO, THE PROFESSION.

WILLIAM IV.

2nd and 3rd. Cap. x. and xi. For the prevention of cholera, or spasmodic or Indian cholera.

Ditto. Cap. xxvii. Amendment of the above.

Ditto. Cap. cvii. For the care and treatment of insane persons in England.

Ditto. Cap. lxxv. For regulating Schools of Anatomy. "Whereas a knowledge of the causes and nature of sundry diseases which affect the body, and of the best methods of treating and curing such diseases, and of healing and repairing divers wounds and injuries to which the human frame is liable, cannot be acquired without the aid of anatomical examination; and whereas the legal supply of human bodies for such examination is insufficient."—Secretary of State to grant licences to practise Anatomy to any person lawfully qualified to practise. Secretary of State to appoint Inspectors of Schools of Anatomy; Inspectors to make returns of subjects removed for anatomical examination, and to inspect places where Anatomy is practised. Persons having lawful custody of bodies may permit them to undergo anatomical examination in certain cases.

Provision in case of persons directing anatomical examinations after their death. The body not to be removed from the place where such person may have died without a certificate. Professors, Surgeons, and others may receive bodies for anatomical examination. How bodies are to be removed for examination. Provision for interment. Persons described not to be liable for having possession of human bodies. Act not to prohibit post-mortem examination. Repeal of so much of George IV. cap. xxxi., as provides for the dissection of Murderers. Offences against Act, —penalty, three months' imprisonment, or penalty of £50.

Ditto. Cap lxxxiii. To authorize, for one year, the removal of Prisoners from the several Gaols in Ireland, in cases of Epidemic diseases.

Ditto. Cap. cvii. For the care and treatment of Insane Persons in England.

3rd and 4th. Cap. ix. Seaman's Hospital Society incorporated.

Ditto. Cap. xxii. To amend 23rd Henry VIII. cap. v., 3rd and 4th Edward VI. cap. viii., and 13th Eliz. cap. ix., relating to sewers.

Ditto. Cap. ciii. For regulating the labour of children in mills and factories.

Ditto. Cap. lxxv. To continue the above Acts relating to cholera in England and Scotland. (2nd and 3rd caps. x., xi., and xvi.)

Ditto. Cap. xcii. For explaining and amending 5th Geo. III. cap. xx., and 54 Geo. III. cap. lxii., for erecting and establishing Infirmaries, Hospitals, and Dispensaries in Ireland.

Ditto. Cap. xxxvi. To diminish the inconvenience and expense of Commissions de Lunatico Inquirendo, and for the better care and treatment of Idiots, Lunatics, etc.

Ditto. Cap. lxiv. To Amend 2nd and 3rd Will. IV. cap. cvii. Lunatics.

4th and 5th. Cap. i. Amending 3rd and 4th Will. IV. cap. ciii. Factory children.

Ditto. Cap. xlvi. Amending 58th Geo. III. cap. xlvii. Fever Hospitals in Ireland.

Ditto. Cap. xxvi. Hanging criminals in chains abelished.

Ditto. Cap. lxxvi. Amendment and better administration of laws relating to the Poor in England and Wales. § 45.—No Lunatic to be detained in a Workhouse more than fourteen days. § 48.—Parish Officers to be under order of Board, and removable by them. § 52.—Relief to Poor out of the Workhouse. Medicine given in cases of emergency against regulations not to be disallowed. § 54.—Justice may give order for Medical Relief in dangerous illness. § 95.—Penalties on Officers disobeying Guardians, not exceeding £5. § 93.—Salaries may be stopped, and applied to the payment of Penalties. § 109.—(Interpretation Clause)—the word "officer" shall be construed to extend to "any person *duly licensed* to practise as a Medical Man."

5th and 6th. Cap. liii. To repeal 9th Geo. IV. cap. xxi. Carriage of Passengers in merchant vessels to North America, and to make further provision. § 9.—Every ship, carrying 100 passengers, to have "some person duly authorized by law to practise as a Physician, Surgeon, or Apothecary;" in ships carrying a smaller number, Medicines of sufficient amount and kind to be carried. Penalty, not less than £5, nor more than £20.

Ditto. Cap. xxii. Continuing for three years, 2nd and 3rd Will. IV. cap. cvii., and 3rd and 4th Will. IV. cap. lxiv. Care and treatment of insane persons.

Ditto. Cap. xvii. Extending 1st Will. IV. cap. lxv. (Lunatics) to Ireland.

6th and 7th. Cap. lxxxvi. For registering Births, Deaths, and Marriages in England.

Ditto. Cap. lxxxix. To provide for the attendance and remuneration of Medical Witnesses at Coroner's Inquests. § 1.—Coroner to summon Medical Witnesses, and direct performance of a post-mortem. § 2.—Majority of Jury may require Coroner to summon additional Medical evidence, if the first be not satisfactory. § 3.—Fees to be paid out of Poor Rates. § 4.—No fee for Post-mortem made without order. § 5.—In case of Inquests held on deceased persons in Public Institutions, Medical Officer of such Institution not entitled to be paid as a Witness. § 6.—Penalty for non-attendance, when summoned, £5. § 7.—Act not to extend to Scotland. The Fees are as follow:—Giving evidence, without post-mortem, One Guinea; making post-mortem, with or without analysis, and giving evidence, Two Guineas.

7th. Cap i. To suspend the operation of 6th and 7th, cap. lxxxvi. for a limited time (from March to June, 1837).

VICTORIA.

1st. Cap. xxii. To amend 6th and 7th Will. IV. cap. lxxxv. (registering Births, Deaths, and Marriages.)

Ditto. Cap. xxiii. Abolishing the punishment of the pillory.

1st and 2nd. Cap. lxiii. Disembodied Militia. § 6.—Allowance to Surgeons, Mates, and Assistant-Surgeons, serving in the Militia when last disembodied, 2s. 6d. per diem. § 19.—Allowance for Medicines, the same as in § 20 of 11th Geo. IV. cap. lii.

Ditto. Cap. lxiv. Coroners of the County of Durham. By 6th and 7th Will. IV. cap. xix., Coroners were appointed by the Bishop of Durham. By the present Act (§ 1), the Coroner of each ward is to be chosen by the Freeholders, and receive same emoluments and fees as in other parts of England.

Ditto. Cap. lxviii. To provide for payment of the expenses of holding Coroner's Inquests. Parts of 6th and 7th Will. IV. cap. lxxxix. repealed. § 2.—Coroners to pay Medical Witnesses immediately after termination of inquiry. Act applicable to City of London and Borough of Southwark.

Ditto. Cap. lxxiii. To continue 2 and 3 Will. IV. cap. cvii., and 3 and 4 Will. IV. cap. lxiv. (Relating to the care and treatment of Lunatics.)

2nd and 3rd. Cap. xix. To amend 6 and 7 Will. IV. cap. cxvi. so as to enable the Grand Jury of Co. Waterford to make presentments on account of Fever Hospital of the county, although situate in the county of the city of Waterford.

Ditto. Cap. lvi. For the better ordering of Prisons. § 6. Order of Surgeon for admission of spirituous liquors or tobacco to be in writing, and to be entered in his journal. Surgeon to enter in the English language in journal the state of every sick prisoner, name of disease, and description of medicines, diet, and other treatment ordered.

3rd and 4th. Cap. xxi. Provisions of 5 and 6 Will. IV. cap. liii. as to carriage of passengers in merchant vessels, extended to the British Colonies in the West Indies and North America.

Ditto. Cap. xxix. To extend the practice of Vaccination. § 1. Poor-Law Guardians to contract with their Medical Officers, or other Medical Practitioners, for Vaccination. § 3. Medical Officers to report the number of persons vaccinated. § 4. Copies of contract to be sent to Commissioners. § 5. If contract be not annulled within fourteen days from the receipt thereof, such contract shall not be liable to be annulled by the Commissioners. § 8. Persons inoculating or otherwise producing small-pox to be subject to one month's imprisonment.

Ditto. Cap. xcix. For taking account of the population of Great Britain.

Ditto. Cap. c. For taking account of the population of Ireland.

4th. Cap. vii. To amend the above Acts for taking the Census.

4th and 5th. Cap. xxxii. To amend 3rd and 4th Vict. cap. xxix. (Vaccination.) § 1. Expenses of Vaccination to be defrayed out of poor-rates. § 2. Vaccination declared not to be parochial relief.

Ditto. Cap. lx. To amend certain Acts regulating Madhouses in Scotland, (55 Geo. III. cap. clxix.; 9 Geo. IV. cap. xxxiv.,) and to provide for the custody of dangerous lunatics.

5th. Cap. iv. To continue for three years 2 and 3 Will. IV. cap. cvii., and 3 and 4 Will. IV. cap. lxiv., relating to the care and treatment of lunatics.

Ditto. 9th. To provide for payment of persons taking the Census.

5th and 6th. Cap. lxxxiv. To alter and amend the proceedings under Commissions de Lunatico Inquirendo.

Ditto. Cap. lxxxvii. To amend and continue for three years the laws (2 and 3 Will. IV. cap. cvii., and 3 and 4 Will. IV. cap. lxiv.,) relating to houses licensed by the Metropolitan Commissioners and Justices of the Peace for the reception of insane persons, and for the inspection of county Asylums and public Hospitals. § 2. Increasing the number of Physicians and Barristers to be appointed. § 7. Licensed houses to be visited twice a-year by Commissioners. § 8. Metropolitan Commissioners to report as to the system of non-coercion in licensed houses; also as to classification, and as to effect of occupations and amusements, diet, condition when received. § 13. A patients' and visitors' book to be kept, and to be produced—penalty (§ 14) £20. § 16. Commissioners may make special visits, and may liberate a patient, subject to certain restrictions. § 20. Applications for licences to state whether for male or female patients, and if for both, the means of keeping them apart. § 22. On application for renewal of licence, list of patients then in house to be returned. § 27. Returns to be made of every patient escaping. § 30. Metropolitan Commissioners to visit county Asylums annually; § 32, and to report as to any system of non-coercion; § 33, as to classification of patients; § 34, as to out-door and in-door occupations, and their effect; and § 35, as to condition of pauper patients when received, and the dietary. § 40. Commissioners to be paid £1 an-hour for visiting within the Metropolitan district; § 41. and 5 guineas a-day while visiting beyond that district.

Ditto. Cap. cxxiii. Relating to private Lunatic Asylums in Ireland.

7th and 8th. Cap. lxxv. Same as 1st Vict. cap. lxiii. (Militia.)

Ditto. Cap. lxxxiv. Metropolis Buildings Act. § 55. Regulations respecting buildings near noxious businesses. § 56. Use of means to mitigate noxious businesses.

Ditto. Cap. xcii. To amend the law as to the office of County Coroner. (58 Geo. III. cap. xcv., repealed).

8th. Cap. xiv. To exempt ships carrying passengers to North America from the obligation of having on board a Physician, Surgeon, or Apothecary.

8th and 9th. Cap. xliii. To encourage the establishment of Museums in large towns.

Ditto. Cap. xliv. For the better protection of works of art, and scientific and literary collections.

Ditto. Cap. lxxxiii. Poor-Law Amendment (Scotland). § 66. Provision for Medical attendance in poor-houses. § 67. Parishes may subscribe to hospitals.

Ditto. Cap. c. For the regulation of the care and treatment of lunatics. Repeals 2 and 3 Wm. IV. cap. cvii., 3 and 4 Wm. IV. cap. lxiv., 5 and 6 Wm. IV. cap. xxii., 1 and 2 Vict. cap. lxxiii., 5 Vict. cap. iv., and 5 and 6 Vict. cap. lxxxvii. § 3. Names the Commissioners in Lunacy, among whom are Thomas Turner, Henry Herbert Southey, and John Robert Hume, Physicians—to receive, over and above their travelling and other expenses while employed in visiting, a salary of £1500 per annum. § 20. Every visiter being a Physician, Surgeon, or Apothecary remunerated. § 23. Persons interested in a licensed house, or being Medical attendant of a patient, disqualified to act. Penalty £10. § 25. No licence to include more than one house. § 43. Hospitals receiving lunatics to have their regulations printed, and a resident Medical attendant, and to be registered. § 44. No house to be kept for the reception of two or more lunatics without a licence. § 45. No person to be received without an order and Medical certificate. § 46. Certificate to specify facts upon which opinion formed. § 47. Under special circumstances, the certificate may bear only one signature. § 49. No person interested in a licensed house to sign certificate. § 50. Entry of admission to be made in a certain form. § 51. Form of disorder to be entered by Medical attendant. § 56. Abuse, ill-treatment, or neglect to be a misdemeanour. § 57. Houses having 100 patients to have a resident Medical attendant, and houses having less to be visited by a Medical attendant. § 59. A Medical visitation book to be kept. § 60. A Medical case book to be kept. § 90. No person (excepting a person deriving no profit, or a committee) to take charge of a single lunatic, except upon such order or Medical certificate as aforesaid, and under certain obligations. § 113. Commissioners to visit workhouses. § 114. (Interpretation clause)—"Lunatic" to mean every insane person, and every person being an idiot or lunatic, or of unsound mind.

Ditto. Cap. cvii. For the establishment of a central Asylum for insane persons charged with offences in Ireland, and for appropriating the Luatic Asylum in Cork for a District Lunatic Asylum.

Ditto. Cap. cxxii. To authorize an alteration of the annuities and premiums of the Naval Medical Supplemental Fund Society.

Ditto. Cap. cxxvi. To amend the laws (9 Geo. IV. cap. xl.) for the provision and regulation of Lunatic Asylnms for counties and boronghs, and for the maintenance and care of panper lunatics in England.

9th and 10th. Cap. vi. For the treatment of poor persons afflicted with fever in Ireland.

Ditto. Cap. xxxvii. To amend the laws relating to the office of Coroner and the expenses of inquests in Ireland.

Ditto. Cap. lxix. To authorize for a year the regulation of the annuities aud premiums of the Naval Medical Supplemental Fnnd Society.

Ditto. Cap. lxxix. To coutinue 5 and 6 Vict. cap. cxxiii. (Private Lunatic Asylums in Irelaud.)

Ditto. Cap. lxxxiv. To amend 8 aud 9 Vict. cap. cxxvi.

Ditto. Cap. xcvi. For the more speedy removal of certain unisances, and to enable Privy Council to make regulations for the prevention of contagious and epidemic diseases. § 1. Two Medical meu may complain of the existence of nuisances, and Justices to whom complaint is made to summon the parties.

Ditto. Cap. cxv. To amend the laws as to District Lunatic Asylums in Ireland, etc.

10th. Cap. xxii. To amend and continne 9 and 10 Vict. cap. vi., for making provision for the treatment of poor persons afflicted with fever in Ireland.

10th and 11th. Cap. xl. To continue 5 and 6 Vict. cap. cxxiii. (Private Lnnatic Asylums in Ireland).

Ditto. Cap. xliii. For the amendment of laws (8 and 9 Vict. cap. cxxvi.) for provision and regulation of Lunatic Asylums for counties and boronghs in England.

Ditto. Cap. xlv. To anthorize the removal of prisoners from gaols in Ireland in cases of epidemic diseases.

11th. Cap. vi. Carriage of passengers to North America. § 4. When a ship carries 100 or more passengers, there shall be on board a Surgeon dnly qnalified. § 6. Statement of qualification. § 7. Medicine chest to be inspected by Medical practitioner—remnneration of Medical practitioner for inspection, not exceeding 20s. for every 100 passengers. § 8. Persons affected with diseases may be re-landed.

HEALTH OF THE ARMY IN THE CRIMEA.

In forwarding the returns of the week ended 15th September, the Inspector-General of Hospitals writes—

I have much satisfaction in being able to state that the health of the Army continues to improve. During the period embraced by this return, the admissions from wounds, owing to the assaults on the Redan Battery, have been numerous, and the number of deaths, I am sorry to say, is very considerable; but the cases that remain are for the most part doing well, a large number of them are of a slight nature, and many of the men will soon be restored to the ranks.

Cholera continues to decrease, and may now be said to have almost disappeared, and during the present week there has been a diminution of every other form of disease, as will be seen by the following abstract, in which it will be observed that gunshot accidents alone are in excess over the previous week:—

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	349	15	396	20
Diarrhœa	498	4	561	7
Cholera	21	11	25	20
Dysentery	139	7	169	4
Wounds	1965	150	702	56
Other diseases	628	7	481	5
	3600	194	2334	112

The admissions to strength this week have been 7·22 per cent. Last week they were 4·91 per cent. The deaths to strength this week have been 0·40 per cent. Last week they were 0·23 per cent.

The sick to well this week is 12·0 per cent. Last week it was 10·96 per cent.

In forwarding the returns for the week ended 22nd September, the Inspector-General of Hospitals remarks:

I have much satisfaction in stating that the sanitary condition of the army is satisfactory, and were the casualties of war deducted from the list, it would be very favourable indeed. As it is, the admissions to strength during the present week have only been 2·98 per cent.

The drafts to strength have been 0·20 per cent., and the sick to well is 10·02 per cent. Last week these proportions were 7·22, 0·40, and 12·00 per cent. respectively.

Deducting the casualties of war, the proportion of sick to well this week would be 6·26 per cent., and that of deaths to strength 0·05 per cent.

The following abstract shows the near approximation of disease and death between this and the preceding week:—

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	356	15	349	15
Diarrhœa	446	4	498	4
Cholera	7	3	21	11
Dysentery	146	5	139	7
Wounds	(a)84	76	1965	150
Other Diseases	528	3	528	7
	1567	106	3500	194

The only head under which there is a remarkable and decided decrease in the admissions is wounds, and 2 out of the 84 of these were transfers to the General Hospital at Balaklava. The number of deaths from wounds is, I regret to say, considerable, but a great many men were shot through the upper part of the chest in the assault on the Redan, and wounds of that nature are always serious; but a large proportion of the wounds were slight, as is evinced by the discharges, this and the preceding week amounting to about 1000 men, deducting those tranferred to the General Hospital.

Cholera has nearly disappeared, and there has been no increase in the other forms of bowel complaints, and the health of all the divisions is reported by the different superintending Medical officers to be highly satisfactory. In the 3rd division no deaths occurred during the week, and in the 4th only 1 from an injury of the skull.

During the week we have had strong equinoctial gales with heavy rain, which has reduced the temperature considerably, and rendered the weather delightful.

The men are employed on fatigue duties in making roads and preparing for their own comforts during the winter, but the night duty is light, their rations are good and abundant, and everything is favourable to health.

DR. ANDREW SMITH AND THE ASSISTANT-SURGEONS IN THE CRIMEA.

"To the Right Hon. Lord Panmure, Secretary of State for the War Department.

"The Memorial of the Assistant-Surgeons of Her Majesty's Army serving in the Crimea humbly showeth—

"That your Lordship's memoralists have seen, with much concern, during the progress of this campaign, that, while the exertions of Medical officers individually have been recognized as leaving nothing to be desired, the working of the Medical Department, as a whole, has not proved altogether satisfactory; and, understanding that, in consequence, a reorganization of the Medical Department of the Army is in contemplation, we take this occasion to represent for your Lordship's consideration,—

"That the present rank and emoluments of Assistant-Surgeons are not of a character, apart from other considerations, to retain in the department Medical men of talent and proficiency, to whom is open the prospect of higher remuneration as practitioners in civil life. Having, in a great majority of instances, no means beyond those afforded by the practice of their Profession, Medical men hesitate to enter a service in which, however honourable and desirable in many respects, the small remuneration allowed them is notoriously insufficient for maintaining their proper standing, or enabling them to associate on terms of equality with their brother officers.

"That while the Assistant-Surgeon, having first arrived at the age of 21, must have also undergone a long and expensive course of Professional study previous to assuming the subaltern rank allotted to him—one wholly unworthy of the dignity of the Profession to which he belongs—the Executive officer may, without any special preliminary education, join the army at a very early age, and, within the short period of two years, attain a rank for which a Medical officer can become eligible only after a lengthened period of service.

"That the much more rapid promotion of Executive than of Medical officers during time of war implies also an undeservedly low estimate of the exertions of the latter, who share the dangers of battle, privation, and climate, and are

(a) Two of this number were transfers to General Hospital.

exposed to additional risk of life from constant intercourse with the wounded and diseased; but, unlike their fellows reap from their services, however distinguished, neither advantage nor reward, in consequence of the long period of service enjoined by the 'regulations' before promotion.

"That promotion appears at the present time to be conducted on no definite plan, and is not regulated, as it should be, by considerations of merit, seniority, or services in the field.

"That the ill-defined nature of the duties of Assistant-Surgeons is not only open to objection, but their being required to combine the functions of dispenser, dresser, and clerk with those of Physician and Surgeon, is incompatible with, and unworthy of, their true position.

"That under ordinary circumstances Medical officers are denied the leave of absence desirable for Professional improvement and other purposes.

"That the period assigned for the retirement of Medical officers is unnecessarily prolonged, exceeding that of other officers actually by one-fourth, and virtually by one-half.

"That your Lordship's memorialists cannot fail to regret that the augmentation of the army should have failed to accelerate promotion in the Medical Department alone, in consequence of the introduction of civil practitioners to the posts of authority and emolument thus created, to fill which your Lordship's memorialists humbly consider the permanently appointed members of the department not only better entitled, but from their knowledge of the peculiarities of military practice even more competent; and believe the adjustment of the various causes of objection above detailed could not fail at all times to attract to the regular channel of the department a sufficiently large number of the most highly-gifted and accomplished of the Profession, to render in any future emergency all extraneous aid unnecessary.

"Your Lordship's memorialists, therefore, humbly pray—

"That the pay and rank of Assistant-Surgeons be increased.

"That five years be the *maximum*, instead of, at present, the *minimum* service required for promotion, and that the substantial recognition of service in the field, so liberally bestowed on military officers, be extended to Assistant-Surgeons, whose services are not less onerous or deserving.

"That the Professional experience gained in so wide a field of observation as that afforded to those who have served in this campaign, and which no length of home service could have supplied, be duly considered in the regulation of promotion.

"That Medical officers be relieved from the duties of dispenser, dresser, and clerk, and that competent persons be appointed to discharge those functions.

"That the leave of absence hitherto denied to Medical officers during time of peace, be allowed them on proper occasions.

"That the length of time occupied in preliminary education, amounting in most instances to not less than five years, be taken into account in regulating the period of service required of Medical officers previous to retirement.

"And your memorialists will ever pray, etc.

"The Assistant-Surgeons in the Army
before Sebastopol."

"Army and Ordnance Medical Department, Aug. 17.

"Sir,—I have the honour to acknowledge the receipt of your letter, dated the 31st ultimo, forwarding for my consideration and transmission to the Minister at War a memorial from certain Assistant-Surgeons of the army serving in the Crimea, praying for an amelioration of their condition, and certain advantages in point of merit and retirement.

"In returning the enclosure I regret to have to inform you that it is not in my power to forward it for the consideration of Lord Panmure, as it contains at least one statement which I do not admit to be correct. The statement is as follows:—

"'That promotion appears at the present time to be conducted on no definite plan, and is not regulated, as it should be, by considerations of merit, seniority, or service in the field.'"

"Independently of this reason, I also consider the document one I could not with propriety forward to Lord Panmure, as it purports to be suggestions for the improvement of the department simply by a body of Assistant-Surgeons, by far the majority of whom can scarcely be supposed yet to thoroughly know the working of the present system, or what would be the effects of what they propose.

"I have, etc.

"Andrew Smith, Director-General.

"Dr. Hall, Principal Medical Officer,
"British Army, Crimea."

THE INTERNATIONAL STATISTICAL CONGRESS.

The second International Statistical Congress assembled at Paris on the 10th of September, and was presided over by M. Rouher, the Minister of Agricultural Commerce, and Public Works. The Baron Dupin was named Vice-President, and M. Legoyt, Chief of the Statistical Department attached to the Ministry of Public Works, officiated as Secretary. Among the members of the Medical Profession who attended the Congress, and took an active share in its proceedings, may be mentioned, as representing France, MM. Rayer, Villermé, Bertillon, Boudin, Meding, Parchappe, Roubaud, and Tholozan. England:—W. Farr, Balfour, Barnes, Greenhill, and Johnson, formerly of Shrewsbury. Geneva:—Dr. Marc D'Espine. Sweden:—Dr. Berg. Italy:—Dr. Bertini. The meetings were held in the Chamber of the Legislative Body. After an eloquent introductory address by the President, reports were read by various members on the progress and present condition of statistical science in the different countries of which they were the official representatives. The Congress then formed itself into sections, to which the various questions to be brought under its consideration were referred. The first section, to which the questions relating to vital statistics were referred, unanimously chose M. Rayer for its President; and we are sure we express the sentiments of all the members in bearing testimony to the ability and urbanity with which he discharged the duties.

Among the subjects more particularly interesting to the members of our Profession, which were reported from the sections to the general Congress, may be mentioned the following:—On the statistics of accidents in mines, and on the public ways, canals, etc., those on railways excepted. Reporter, M. de Boureuille. On the statistics of accidents in manufactories, workshops, etc., reported by M. Achille Pénot. On the statistics of epidemics. Reporter, M. Tholozan. On a general nosological classification of the causes of death. Reporter, M. Marc D'Espine. On the statistics of mental alienation. Reporter, M. Parchappe. On the statistics of idiocy and Crétinism. Reporter, M. Boudin. On the statistics of large towns. Reporter, Baron Dupin. These reports, after having been discussed in the sections, were read at the general meetings of the Congress, and their conclusions adopted. When they are published, as it is intended they shall be, by the French Government, we hope to lay before our readers the principal matters contained in them. The Congress broke up on the 15th of September, having held five general meetings, and gone through all the subjects laid down in the programme.

By command of the Emperor, a place was reserved for the Congress at the celebration of the Te Deum in Notre Dame, on the occasion of the capture of Sebastopol, and on the Monday following the conclusion of its labours, His Majesty received the members at the Tuileries. They were likewise invited to a *réunion*, on the evening of the same day, at the hotel of their President, the Minister of Commerce.

We are not disposed to look for great practical results from these meetings, although they may, probably, exert considerable influence upon the various governments which sent representatives, by inducing them to undertake important statistical investigations, and to organize efficient statistical departments. But they cannot fail to prove useful, by bringing together the most active and enlightened statisticians of different nations, and affording them an opportunity of forming friendships, and establishing intercommunications, which must result in a wide extension of the knowledge of this important branch of science, and will, doubtless, produce an abundant harvest of individual labour.

MAJENDIE.

We have received the following from a correspondent:—

There are few Medical men in this time who have not from their Student-days been familiar with one name—Majendie. The name has become a "household word," and synonymous almost with the science of Rational Physiology. It will ever remain so, but now, alas! only as a name: its owner is no more. Throughout Europe the painful fact is echoed in the same words—"Majendie, the French Physiologist, died in Paris on Sunday, October the 7th."

Majendie lived to the ripe old age of 72 years. He lived to see many of the important results of a revolution in Medical science, which he by his own labours and genius mainly brought about.

The works of Majendie are the purest specimens of physiological argument and description. In this respect they read like Harvey's Disquisition on the Motion of the Heart and Blood. His mind was made only to appreciate and acknowledge physical facts. When mysticism and doubt came on the scene, Majendie retired or waited. It was not his business to dress up in mere words the unknown and invisible.

In all his experiments he looked at the essences of things. He knew that Nature "does not proclaim herself to the multitude, or by sound of trumpet, but that he must question her in solitude with the simplicity of a child, and look earnestly in her face for the reply." Thus looking, he saw facts which were on the surface, yet which none saw before, but which all could see plainly when he had described them.

In his struggles after truth there was no limit to his courage. He struck out boldly, watchfully, in each new pursuit; the problem of "life and its meaning" was ever before him, and he worked at its solution unflinchingly, hopefully, through a long lifetime. When the day comes, as it must, when this problem shall be solved, the labours of Majendie will stand out more prominently than even he himself foresaw.

Immortal Majendie! now thathe is gone from us his value is most felt. The philosophers of France fall fast before the stern reaper—Arago, Orfila, and now Majendie. Who shall fill their places?

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on Thursday, October 4, 1855:—

Armstrong, John, Manchester.
Arthur, Patrick, Manchester.
Buckley, Robert Greville, Army.
Clay, Thomas Frederick, Stratford, Essex.
Fergusson, William Edward Laing.
Harden, Henry, Army.
Jeans, Joseph Henry, Southampton.
Towers, George Augustus, Hertford.

DEATH.

Majendie.—October 9, at Paris, of disease of the heart, M. Majendie, late Physician at the Hôtel Dieu, etc.

Hunterian Society, Blomfield-street.—At the meeting on Wednesday, October 17th, Dr. Lever will relate some cases of attached placenta.

University of Cambridge.—The number of freshmen, 1855, entering the University of Cambridge is as follows: St. Peter's 7, Pembroke 8, Caius 49, Trinity Hall 15, Corpus 18, Queen's 9, St. Catherine Hall 9, Jesus 10, Christ's 25, St. John's 84, Magdalene 7, Trinity 158, Emmanuel 20, Sidney 5.

City Medical Officer of Health.—The election of an officer of health, in the room of Mr. Simon, who has been appointed Medical officer to the General Board of Health under its new constitution, took place on Wednesday. For the appointment, which is worth £400 a-year, the following gentlemen presented themselves as candidates:—Joseph Arthur, Esq., M.D.; John Challice, Esq., M.D.; Edward J. Chance, Esq.; R. A. Goolden, M.D.; E. H. Greenhow, M.D.; Arthur H. Hassall, Esq., M.D.; Henry Letheby, Esq., M.B.; Dr. Lloyd, Dr. James M'Intosh, William Odling, Esq., M.B.; Henry Stevens, Esq., M.B.; Edward Smith, Esq., M.B.; Dr. Slight; A. C. Tweedy, Esq.; Alexander Ure, Esq.; R. D. Walker, Esq., M.R.C.S. The show of hands was taken amidst much confusion, the result placing Dr. Letheby, M.B., and Dr. Odling, M.B., highest on the list. The votes of the commissioners were then separately taken for these two gentlemen, each member of the court, of course, stating aloud for whom he voted. At the close of the poll the numbers were as follow:—For Dr. Letheby, 38; for Dr. Odling, 26. Majority for Dr. Letheby, 12. Mr. Deputy Peacock declared Dr. Letheby duly elected.

York School of Medicine.—In accordance with an intimation made last winter, Mr. Moore will deliver a course of lectures on Aural Surgery during the present session, in connexion with the practice of the York Ear Institution.

Royal Medical Benevolent College Library.—We have pleasure in stating that the suggestion of the Council to form a library of light and useful reading has already been generously responded to by Roger Turner, Esq., of Petworth, Jabez Hogg, Esq., of Gower-street, and W. T. Iliff, Esq., of Kennington, who have presented several volumes of miscellaneous works for that purpose. The latter gentleman has, also, kindly offered one hundred specimens as a nucleus for a museum. The library, which is under the superintendence of the head master, is intended for the use of the pensioners and pupils in the College. Members of the Profession desirous of contributing books are requested to communicate with the treasurer.

The Experience of an Assistant-Surgeon of the 55th Regiment at the Taking of Sebastopol.—At parade General Codrington gave a short address, informing us that we were to act as supports to the storming party—an important duty which would, he doubted not, be well performed,—that we were to occupy the fourth parallel, moving gradually into the fifth, then to enter the Redan, and insure the possession of it to the stormers. So off we marched down the middle ravine. It was sharp work, for at twenty minutes past twelve our signal was up—a white flag—on the Mamelon. Colonel Cuddy saw it first, and rushed off to the head of his men; so we all shook hands and moved down the trench as fast as we could, for our attacking party had passed out of the sap, and we saw them rushing on the Redan. I kept up with my regiment as well as I could, for the wounded falling around me kept me back. I bound them up and then made a run after the regiment till arrested by others, and so on, till I got to the end of the sap which led to the opening. To go further was useless, already there was such a crowd of wounded around, so I took up my position there; grape and shot came bounding among us; two riflemen fell dead almost on the top of me; I had plenty to do, and time passed without my knowing how it flew—I was so busy. I was struck twice, once on the back, by, I think, a grapeshot, but I had no time to look, and once on the foot by a rifle ball, both "smarters," but that was all. I was too busy to observe anything that was going on, so, except the first rush, I saw nothing, I may say, of the attack. While I was hard at work the soldiers around cried out "Doctor, you must get out of the way, they are retreating!" so I looked up and saw our men rushing helter-skelter into and over the opening to the trenches in the rear of us. I did not exactly know what to do, so I drew my sword, and went on with my dressing till I had finished all about me, and then thought of moving off. I could not leave poor Richards, (a wounded captain,) as we all expected the Russians to be among us every minute, so there was nothing for it but to put him on my back and carry him, which I did till I got a stretcher, and raised some men of the reserve to carry him home. Then I went down to the trenches again, dressing any wounded I found on the way.

The Medical Officers in Camp have very much to undergo. The larger class of patients under their charge requires far greater watching than the uninitiated would suppose. The doctor has little or no rest. The private soldier calls for much more of his care than the officer. His life has generally been irregular, and his stamina being thus deteriorated, physic has not fair play. Morning, noon, and

night his doctor will be found at his bedside, and even in action also he will be seen, within range, dressing, amid the dying and the dead, the wound of one, amputating the shattered limb of another, applying those instant remedies which he alone can suggest, and which often save a valuable life from the very jaws of the grave; and then we find him breathing again in the fever wards that impure atmosphere which, in such a climate as the Crimea is, perhaps even more dangerous than the shot and shell of the enemy. Shall the man who preserves, not be rewarded in a Christian country equally with him who destroys? Has her Majesty no C.B.'s to bestow on her loyal and life-saving Army-Surgeons? Can her ministers find no honours for that class which has produced a Thompson to remain with the wounded Russians, when abandoned by their own countrymen to bleed to death on the battle-field? How is it that in France so many surgeons are among the *décorés?* Is the education of our doctors inferior to that of our other regimental officers?—*Morning Herald.*

The Turkish Contingent.—The following officers have resigned their appointments:—Assistant-Surgeon J. M'Alister, of the Bombay Medical Service; Assistant-Surgeon E. Campbell, of the Bengal Medical Service.

Sudden Death.—On the afternoon of Sunday, the 16th ult., while Dr. John Macnab, of Campbellton, was in the course of making his professional rounds at Dullintobar, and when in the act of stepping across from Captain Lacy's to visit a patient on the opposite side of the street, he suddenly dropped down at the threshold, and instantly expired.

Adulteration of Food.—The second report, with minutes of evidence, was issued on Wednesday. The committee have been, as yet, unable to complete the inquiry, and they recommend a renewal of the investigation in the ensuing Session.

Insufficient Remuneration of Poor-Law Medical Officers.—A case, illustrative of this crying evil, has just been brought forward in the Guildford Union, in which a member of the Profession, forgetting the *esprit de corps*, has thought proper to place himself in a somewhat unenviable position. The facts are these:—Mr. Gall, Surgeon, of Ripley, six miles from Guildford, has been for many years Medical officer for one of the districts of the Union; Mr. Eager, Surgeon, also of Ripley, being also Medical officer for a district. The salary of Mr. Gall's district (exclusive of the usual extras) is £50 a-year, a very small allowance, considering the extent of the district, the agricultural character and poverty of the population, and the expenses incident upon doing the duty properly. Although Mr. Gall has continued to hold office for many years, and to discharge his duties with eminent satisfaction to the poor and to the Guardians, still he felt himself underpaid; and he informed the Board in August last, that, unless an advance of £10 per year was allowed, he should resign the appointment at the end of the quarter, September 29th. The subject of an increased salary was discussed by the Guardians, who are nearly all farmers, and with the accustomed liberality of the class, they refused to allow it; indeed, it was intimated by some one from the neighbourhood, that Mr. Eager, the other Ripley Surgeon, was willing to take the district, in addition to his own, at the present salary. The resignation took place, and the appointment was duly advertised, and on Saturday, the only applicant was Mr. Eager. It was then found the office could not be given to that gentleman, as the two districts combined would give an area of 21,160 acres, whereas the Poor-Law Board have limited the district that any one Medical man shall take charge of to 16,000 acres, or 15,000 inhabitants. Here the population falls short of the limit, though the acreage exceeds it by 5160 acres. The Guardians were obliged to postpone the appointment until the case was referred to the Poor-Law Board, continuing Mr. Gall in office on his own terms, five shillings per day, and the usual extras, for one month. Mr. James Stedman, a member of the Profession, and a county magistrate, attended the Board, and pointed out the injustice of fixing salaries of Medical men at an unalterable standard, and stated that, even in the matter of horse-keep, the expenses of such an officer as Mr. Gall must be enhanced sixty per cent. within the last two years. He asked the Guardians to append to their present application to the Poor-Law Board a request that they would, at an early day, send down their Inspector, Mr. Grenville Pigot, to inquire into the whole subject of Medical salaries for the Union, all of which were insufficient and unequal to the duties demanded. If the Guardians did not make this request, he said he should himself memorialize the Board on the subject. The Guardians declined to interfere, and instructed their clerk to represent the circumstances of the Ripley district to the Poor-Law Board, asking permission to appoint Mr. Eager to the vacant office. Of course, the application of Mr. Eager, under such circumstances, has caused no small amount of animadversion in the Profession.

Sweet Whey in Pertussis.—Dr. Lowenthal states, as the result of numerous trials, that this substance given several times a day, in doses beginning with half-a-spoonful, cures the disease more rapidly and more pleasantly than any other means.

Sal Ammoniac in Chronic Bronchitis.—M. Delvaux speaks highly of the effects of 1 to 3 grammes of this substance, given in the twenty-four hours. It causes augmented transpiration, and an increase of urine. After some days it may induce slight febrile reaction, which subsides on suspending it. He gives it in pills or electuary.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	1	11	3	14	8
North	490,396	3	1	11	7	14	10
Central ..	393,256	4	4	13	9	4	12
East.....	485,522	7	..	9	8	12	13
South	616,635	5	2	19	7	7	11
Total..	2,362,236	20	8	63	34	51	54

Mortality Notabilia.—London is healthier than it was in September. No death from cholera has been registered in the week that ended on Saturday, October 6th; but the deaths from diarrhœa were 51. The deaths, 260 from zymotic diseases, 210 from cancer, consumption, and other constitutional diseases; 320 from diseases of the brain, lungs, and other organs; 113 from infantile diseases and old age.

Births.—715 males; 730 females: total, 1445; average, 1397.

Meteorology.—The barometer continued low during the whole week; and the reading was on an average 29·343 in. The mean temperature of the air was 56·2°; the mean dew-point was 52·1°; the mean temperature of the Thames was 59·9°. The temperature of the air was 3·4° above the average. Wind south-west, at velocities varying from 50 to 190 miles a-day. Rain 1·38 in. Electricity variable.

Health of London during the Quarter ending September.—13,042 persons died in London during the thirteen weeks that ended on September 29th, so that the deaths during the quarter were at the rate of 1003 a week. This presents a favourable contrast to the state of the public health in the corresponding quarter of last year, when 24,870 deaths, or 1913 weekly on an average, were registered in London. The decrease has been chiefly in the diseases of the zymotic class, which were fatal in 14,633 cases, including 9708 of cholera, 2069 of diarrhœa, in the 13 summer weeks of 1854; and in 3661 cases in the 13 summer weeks of the present year, when 106 deaths were by cholera, 1258 by diarrhœa. 196 persons, chiefly children, died of small-pox, 107 of measles, 524 of scarlatina, 389 of hooping-cough, 677 of typhus and other fevers. 192 deaths were referred to dropsy, 287 to cancer, 1645 to consumption. Among the diseases of particular organs are 300 deaths by apoplexy, 235 by paralysis, 88 by epilepsy, 54 by delirium tremens, 431 by convulsions, 475 by diseases of the heart and great blood-vessels, 491 by bronchitis, 492 by pneumonia, 141 by teething, and 122 by disease of liver. Of the deaths by violence in London, 16 were by poison, 33 by burns and scalds, 19 by hanging, 21 by suffocation, 101 by drowning, 158 by fractures and contusions, and 17 by wounds. 2224 deaths, or one in *six* of the total number, took place in public institutions; namely, 1191 in workhouses, 744 in civil hospitals, 73 in military and naval hospitals, 78 in military and naval asylums, 14 in hospitals and asylums for foreigners, 14 in lying-in hospitals (7 women, 7 children), 94 in lunatic asylums, and 16 in 14 prisons. 3069 of the persons who died in London were males of the

age of 20 and upwards; and of that number 83 were in government and local offices, 191 in the army or navy, 85 in or connected subordinately with the learned professions; 38 were engaged in literature, the fine arts, and the sciences; 363 were in the clothing, entertaining, and serving class; 167 were engaged in commerce, 343 in carrying, 75 in cultivating the land; 33 were occupied about animals; 523 on art and mechanic productions; 146 worked and dealt in animal substances, 393 in vegetable substances, 214 in minerals and metals; 215 were returned as labourers, without defining the branch of labour, 142 as persons of rank or property not in any office or profession.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending October 6 :—

	Males.	Females.	Total.
Workhouses	41	45	86
Prisons	3	2	5
Military and Naval Asylums ..	6	..	6
General Hospitals	27	14	41
Hospitals for Special Diseases ..	2	4	6
Lying-in Hospitals	..	2	2
Military and Naval Hospitals ..	4	..	4
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	5	..	5
Total	88	67	155

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, October* 6, 1855.

Causes of Death.	In the Week ending Saturday, October 6, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperatnre	56·2						53·5
All Causes	951	487	132	159	128	36	1113·1
Specified Causes	932	483	129	157	127	36	1106·5
Diseases:—							
1. Zymotic Class	260	201	28	17	9	5	355·2
2. Dropsy, Cancer, and others of uncertain seat	45	7	5	20	11	2	44·0
3. Tubercular Class	165	66	52	37	9	1	165·9
4. Of Brain, Nerves, etc. ..	90	38	11	20	16	5	116·0
5. Of Heart, etc.	30	6	1	14	9	..	36·2
6. Of Respiratory Organs ..	107	60	4	15	26	2	108·8
7. Of Digestive Organs ..	59	23	9	14	11	2	64·6
8. Of Kidneys, etc.	13	2	2	5	2	2	11·2
9. Of Uterus; viz. — Puerperal Disease, etc. ..	13	1	10	2	..	..	8·9
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	4	..	1	1	..	7·3
11. Of Skin, etc.	2	1	..	1	..	..	2·0
12. Malformations	5	5	..	..	..	..	4·0
13. Debility from Premature Birth, etc.	36	33	..	3	..	..	26·2
14. Atrophy	31	23	..	2	6	..	27·7
15. Age	41	..	..	..	24	17	38·4
16. Sudden	5	2	2	1	..	..	21·3
17. Violence, Privation, etc...	24	11	5	5	3	..	68·8
Causes not specified.. ..	19	4	3	2	1	..	6·6

BOOKS RECEIVED.

The British and Foreign Medico-Chirurgical Review. October, 1855.
Edinburgh Medical Journal. October, 1855.
Bird on Charcoal. London: Churchill. 1855.
The Journal of Psychological Medicine. October, 1855.
Appendix to Report of the Committee for Scientific Inquiries in relation to the Cholera. Epidemic of 1854. London: Eyre and Spottiswoode. 1855.
Living Streams; or, Illustrations of the Natural History and the Various Diseases of the Blood. By James Paxton, M.D. London: Churchill. 1855.
The Asylum Journal of Mental Science. Edited by Dr. Bucknill. October. 1855.
Edinburgh New Philosophical Journal. October, 1855.
Testimonials in Favour of Dr. Gairdner, Candidate for the Chair of Practice of Physic in the University of Edinburgh. September, 1855.
Transactions of the Pathological Society of London. Vol. VI.
On Caries of the Teeth. By Donaldson Mackenzie, Surgeon-Dentist. London: Churchill. 1855.
Report of the Cholera Outbreak in St. James's, Westminster, during the Autumn of 1854. London: Churchill. 1855.

TO CORRESPONDENTS.

Incognitus.—We regret that we have not space for the letter on Medical charges, which is lying at the Publisher's.

Medicus, Paris.—A good account of the Parisian Hospitals and Medical Lectures is contained in a work published in Paris, entitled "Paris Médical," by Meding.

Mr. F. C. Fairbank.—We have received the paper with the printed remarks of the *Doncaster Chronicle* upon an alleged instance of cruelty in the case of a boy, who met with a serious railway accident, and was conveyed to a Homœopathic Hospital. As we are unacquainted with the facts on which the remarks are founded, we must decline to lend our aid to censure gentlemen who may probably have a very sufficient answer to the charges made against them. As a general rule, the members of our profession are not justified in meeting Homœopaths in consultation.

Mediciner.—Under the circumstances described, we believe that you could present yourself for examination next August, but, to remove all doubt, we should advise you to write to Dr. Rothman, the Registrar to the London University, Marlborough House, London.

Medicus.—Apply to Dr. Andrew Smith, Army Medical and Ordnance Department, Whitehall-yard.

Dr. Rigby's paper on "Inflammation of the Os Uteri," and *Mr. Hunt's* on "Diseases of the Skin," will appear in our next number.

We regret to state that extreme pressure of professional engagements, supervening upon ill-health, has hitherto prevented Dr. Stoke's from concluding his series of lectures.

Dr. M'Loughlin.—We cannot find room for the long and querulous letter upon the Report of the Medical Committee of the Board of Health. We have failed to discover, in perusing that letter, any valid reason for the charges made against the Reporters, who appear to us to have performed their task with great impartiality, and to have drawn their conclusions very carefully. The voluminous and complicated nature o the evidence must have made the duties of the Reporters exceedingly onerous, and we cannot assist in stigmatizing a body of gentlemen, who, in our opinion, deserve great praise.

Bermondsey, Lambeth, and Islington.—A correspondent suggests that our attention should be directed to the nuisances in the two former localities as well as those of the latter. We shall be happy to publish any well-authenticated communications which we may receive upon the subject of a grievous nuisance like that of Belle-Isle; although we have learned that, at least in Bermondsey, many improvements have lately been effected.

Bristoliensis.—The paper on the "Preparation of Glycerine," to which we referred is by George F. Wilson, F.R.S., of the firm of Price and Co. His communication to the British Association is printed at length in the *Journal of the Society of Arts* for September 28. Heat and steam are the sole agents employed in the process.

COMMUNICATIONS have been received from—

Dr. Andrew Smith; Mr. Newnham; Dr. Thomas Williams; Dr. Rigby; Mr. Lacy, Poole; Mr. Cooper Forster; Mr. W. J. Anderson; Dr. W. D. Moore; W. F. J.; Dr. Handfield Jones; Mr. Haynes Walton; Dr. M'William; Mr. F. C. Fairbank; G. H. P.; M.D.; Dr. Cumming, Edinburgh; Mr. W. J. Square; J. D. W.; Mr. Oswald A. Moore; O. A. M.; Dr. W. P. Brookes; Mediciner; Mr. A. G. Field; Mr. N. Ward; M.D. Londini; Dr. Ramskill; Mr. E. K. Davis; Mr. Propert.

APPOINTMENTS FOR THE WEEK.

September.	Miscellaneous Register.
13. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
15. Monday.....	
16. Tuesday	Operations at Guy's, 1 p.m.
17. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
18. Thursday....	Operations at St. George's, 1 p.m.; Middlesex 12½ p.m.; Central London Ophthalmic, 1 p.m.
19. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-Place School, etc.

LECTURE II.

General pathology of the congenital and non-congenital forms of club-foot.—Deformities of the foot occur both as congenital, and non-congenital affections, the latter being by far the more numerous. The deviations in form may be so considerable, and the foot so altered in its relations to the leg, as scarcely to be recognized as a foot by the general observer, as in the severest form of congenital talipes varus in the adult. The foot is not only inverted, but extremely shortened, folded upon itself, as it were, both in the direction of its length and breadth, and the toes look almost directly backwards. The leg appears to terminate in a misshapen and somewhat club-like extremity. Or there may be only slight elevation of the heel from contraction of the tendo-Achillis, limiting the amount of motion in the ankle-joint, and producing lameness, but with little or no obvious deformity. This is a very common non-congenital affection; and, between the two extremes, the foot may be distorted in almost every conceivable direction.

Modern science has proved that all these affections, *i.e.*, the congenital and non-congenital distortions of the foot, are essentially and intimately allied. That the deformities occurring in intra-uterine life do not depend upon arrest of development or malformation of the bones, as formerly supposed; but, like the deformities we so frequently see in course of production after birth, they depend essentially upon alterations in the relative position of the bones, in consequence of irregular muscular action, position, pressure, etc. However difficult it may be to determine primary causes, and to say, in any given case, seen long after the production of the deformity, (for it must be remembered that many of the congenital cases occur in a very early period of uterine life,) which, of several possible causes, operated most in the production of the deformity; still, the existing conditions have been most satisfactorily determined by pathological investigations, and upon this knowledge we have been led to a scientific and successful treatment of those cases previously considered to be incurable.

So long as the older Surgeons were satisfied with the supposed cause of club-foot residing in arrest of development, or malformation, of the bones, they were deterred from venturing upon its cure. Partial success under mechanical treatment, empirically adopted, first threw doubt on the correctness of this theory; and subsequent dissection, especially by Scarpa, who, in 1803, published a very excellent, though not quite correct, account of the anatomy of club-foot, proved its inaccuracy. Practical Surgery then advanced, though very slowly, as I have shown you, towards the cure, and the success is now one of the greatest triumphs of modern science.

In accordance with the state of our knowledge above adverted to, it has been found convenient, for the sake of classification, to group all the deformities of the foot in four principal divisions, as so many varieties of one genus, to which the term Talipes was first applied by Dr. Little, who suggested its application as a generic expression. In a more limited sense it had been previously used by Wanzel (a) and subsequent writers.

We, therefore, have the four following varieties:—1st. Talipes Equinus, elevation of the heel; 2nd. Talipes Varus, inversion of the foot; 3rd. Talipes Valgus, eversion of the foot; 4th. Talipes Calcaneus, depression of the heel.

But the foot may also be contracted in several intermediate directions; and the resulting deformities have received compound names, such as, 1st. Equino-Varus, when the foot is somewhat inverted as well as extended; 2nd. Equino-Valgus, when it is everted as well as extended; 3rd. Calcaneo-Valgus, when the foot is everted with depression of the heel. The nomenclature of this subject might be improved, and, indeed, several attempts have been made; but they are all open to some objections, and, as the old nomenclature is now pretty generally in use, and well understood, I prefer retaining it.

Before describing the anatomical characters and details of treatment required in each of the above-mentioned varieties, I propose to bring before you some of the more practical points in the general pathology of these deformities. All the varieties of club-foot which I have enumerated occur, both as congenital and non-congenital affections, with one exception viz., Talipes Equinus; and, as we have no recorded instance of this form having been observed at birth at the Orthopædic Hospital, I hesitate to include it among the congenital forms This, as well as its compound variety, equino-varus, may occur as the result of convulsive affections very soon after birth; but strict inquiry into the reputed congenital cases at the Hospital, has always either disproved, or thrown great doubt upon, the congenital character. If talipes equinus does ever occur as a congenital deformity, and it is so described by several authorities, it is of extremely rare occurrence; and, as neither my colleagues nor myself have ever seen an undoubted case, I shall describe it as a non-congenital deformity. The same I would say of equino-varus, but as the difference between this variety and some slight cases of varus is ill-defined, there is more room for difference of opinion.

Etiology of Congenital Club-Foot.

The *etiology*, or cause, of the congenital deformities of the foot is, at the present day, a question rather of scientific interest than direct practical importance, since the pathological conditions existing at birth, the principles of treatment, and the results, have been satisfactorily determined. The limits of a Lecture would scarcely allow of a full discussion of this subject, and I therefore propose merely to lay before you the principal arguments for and against the theories entertained at the present day, and state my own opinion.

The theories of arrest of development and malformation having been satisfactorily disproved by dissection, the difference of opinion at present existing, has reference to the doctrine of spasmodic muscular action from cerebro-spinal irritation; and to malposition of the fœtus with pressure *in utero*.

Arguments in favour of the spasmodic origin:—

1st. The co-existence of club-foot, with other articular deformities in certain monstrosities, especially the anencephalic fœtuses, and also in fœtuses with spina bifida.

In these, spinal deformity; laxations of the chin, femur, knees, elbows, fingers, hands, and feet; club-hand and club-foot—in one word, displacements more or less complete in all the articular surfaces frequently co-exist. They have been especially described by M. Guérin (b), who also states that all these deformities are accompanied with considerable retraction of the muscles going to the displaced articulations, and taking place in the direction of the deformities.

2ndly. The possibility of maternal influence inducing spasm in the fœtus; supported by the fact of violent or convulsive movements of the child *in utero*, being induced by sudden and powerful emotion excited in the mind of the mother, and acting either directly, by influencing the fœtal circulation, or indirectly, by producing an abnormal condition of the fœtal secretions.

3rdly. The fact that mental emotion is assigned as a cause in a large number of congenital deformities.

4thly. Defective nutrition, said to be of frequent occurrence in children thus deformed; a condition favourable to spasmodic affections, and dependent upon general derangement of the health of the mother during pregnancy.

5thly. Analogy, said by some writers to amount to identity between congenital and non-congenital deformities, urged by M. Guérin and Dr. Little.

(a) "Dissertatio Inauguralis Medica de Talipedibus Varis: auctore D. M. Wanzel." Tubing., 1798.

(b) Mémoire sur l'Etiologie Générale des Pieds-Bots Congénitaux Paris, 1838.

6thly. Hereditary tendency, often observed through several generations, as in epilepsy, and other nervous affections.

7thly. Tendency to relapse after operation and mechanical treatment, from a disposition to tonic contraction in severe cases, and imperfect development of the muscles in the limbs affected during the subsequent growth of the children. Especially adduced by Dr. Little.

Arguments against the spasmodic origin:—

1. The absence of any evidence of a spasmodic affection of the muscles at the time of birth.

2. The healthy condition of all the muscles in the great majority of cases, and their perfect obedience to the will in all the movements of the leg and foot, after removal of the deformity. This is the reverse of what occurs in the non-congenital spasmodic cases, in which the muscles remain hard, tense, and prominent, for many years after the seizure, and frequently for the remainder of life, and are only partially under the controlling influence of the will.

3. In a large number of cases no cause assigned, such as mental emotion from fright, shock, etc., in the mind of the mother.

4. The children do not generally show any indications of defective nutrition, but, on the contrary, are robust, well nourished, and well formed, in the majority of instances.

Arguments in favour of malposition, and pressure in utero.

1st. Those above cited against the spasmodic origin.

2ndly. The natural tendency observed in the feet to turn inwards in the fœtus *in utero*, from the way in which the limbs are packed in the normal condition.

3rdly. Contractions from long-retained position, causing non-congenital deformities, especially urged by Mr. Tamplin.

Arguments against malposition, and pressure in utero, as a cause of congenital deformities of feet.

1st. Improbability, if not impossibility, of pressure from the uterine walls, producing these deformities in the early period of uterine life (and talipes varus has been seen as early as the third month of utero-gestation).

2ndly. Perfectly-formed infants have been frequently born in well-observed cases of deficient liquor amnii, and *vice versâ*.

3rdly. An objection has occurred to me which, so far as I am aware, has not been previously adduced, viz., that pressure would be very unlikely to produce the extreme elevation of the os calcis, which always exists, so that this bone has a nearly vertical direction, in severe cases of talipes varus.

4thly. Those above cited in favour of the spasmodic origin.

5thly. No tendency to the production of deformities from muscular contraction, shown in parts which are retained, in more or less perfect approximation, during uterine life, as in the bent thigh, bent knee, bent arm, stooping neck, flexed fingers, etc., all positions assumed by the fœtus in adaptation to the limited space it occupies.

If these congenital deformities do result from spasmodic affections of the muscles, then it is quite certain that they differ most materially from the non-congenital cases of similar origin, in the physiological conditions of the muscles, when seen a few months after the seizure. A possible explanation of this may be that, in the fœtus, the affection is purely functional, or attended with such a slight organic lesion, as, under this condition of life, is easily and completely recoverable; while, in the non-congenital cases, the organic lesion is usually more severe and irrecoverable in many instances. It is seldom, if ever, completely recovered from. If the spasmodic origin be admitted, then another very marked difference from the non-congenital spasmodic deformities will be found in the few muscles involved. In the latter class of affections, the implication of a large number of muscles, frequently all the muscles of the lower extremity, often of both lower extremities, and not infrequently those of the upper extremities also, is a marked and very prominent characteristic. Another remarkable fact is that, while talipes varus is by far the most frequent form of congenital club-foot, its occurrence, as a non-congenital affection of spasmodic origin, is extremely rare. I have never witnessed a complete and well-marked example. This deformity is nearly always of paralytic origin. Talipes equinus, and equino-varus, are the two varieties which very largely predominate in the spasmodic affections.

If difficulties arise in reconciling all the facts I have mentioned with the theory of spasmodic origin, it will be equally apparent that the arguments in support of malposition and pressure are exceedingly weak. On the whole, I am disposed to agree with the dynamic or spasmodic, rather than the mechanical theory, as applied to talipes varus. The weight of evidence appears to be in favour of this opinion. But I think that some deformities may, possibly, be caused by malposition and pressure, and concur with Mr. Lonsdale, who is an advocate for the mechanical theory generally, in assigning to this class more especially those examples of talipes calcaneus, and calcaneo-valgus, occasionally met with in cases of "breech presentations, with the legs extended upwards, the feet being doubled upwards, and pressed against the tibia in front;" but even in these cases there is a remarkable rigidity of the knee-joints, with contraction of the rectus, and other extensor muscles of the leg and foot, which induces me to speak with caution. It also appears to me as probable, that, if spasm should produce equino-varus about the fourth month of pregnancy, as we see it produce this deformity in the non-congenital cases, but the exciting cause subsides, the acquired position would be maintained by the general adaptation of parts existing in the fœtal life. Thus, we should have growth in the deformed position producing its effects on the bones, particularly the astragalus, without the persistence of the physiological defects in the muscular action characteristic of the non-congenital spasmodic deformities.

Etiology and Prognosis of Non-congenital Deformities.

A scientific inquiry into the causes of non-congenital deformities is of equal importance, and of more direct practical value, as from it alone we can hope to be able to give an accurate prognosis in these cases, not merely with respect to the results of treatment directed to the mechanical position of the parts, which may be gained empirically from the results of practice and experience; but, with respect to the more important conditions dependent upon the pathological changes which have been traced in the structures primarily involved, viz., the nervous centres, nerve trunks, and muscular tissue.

Nothing short of a most searching inquiry into the nature of the changes in these structures, and the conditions under which they occur, and evidence themselves as the immediate causes of the non-congenital deformities,—and an equally searching inquiry into the changes which may spontaneously occur in the affected structures, or may be induced by remedial measures, as curative, or tending towards cure,—can enable us to give a rational and scientific prognosis in these cases.

It is not enough to say, that lameness is caused by the foot being contracted in any given direction, in consequence of the structural shortening of certain muscles and tendons, and that it can be restored to its normal position by division of these contracted parts. After giving such an opinion, an intelligent patient would observe: Very well; I can understand that, by your operation of dividing these contracted tendons, etc., the foot can be brought into its natural position; but how shall I be able to use it afterwards? Shall I have free motion in these joints, and good power? Shall I be able to throw aside my crutches or sticks? and a variety of other questions, the answers to which will determine the patient in undergoing the treatment you recommend, but which can only be given by an accurate acquaintance with the pathological changes in the structures primarily and secondarily affected, and the alterations which may be expected to occur in them under the treatment you propose to adopt.

On the threshold of our inquiry, I desire particularly to impress upon you the importance of this branch of the subject. It includes a very wide and interesting field of inquiry, and though I need hardly state that the pathology of the nervous and muscular systems has engaged the attention of the most philosophic minds of the past and present members of our Profession, it must be admitted that many of these affections still rest in the greatest obscurity. Orthopædic surgery will bring you in contact with a vast number of affections dependent upon lesions of the nervous and muscular systems, especially paralytic and spasmodic affections of long duration, when a series of secondary phenomena have supervened, causing contractions in different joints.

The limits of these lectures will not allow of my discussing the pathology of those affections at any considerable length, in detail; but I propose to lay before you the more prominent characters of the different classes of affections which will most frequently present themselves to your notice, and to indicate the principles by which you may be guided in their prognosis and treatment.

Non-congenital deformities may depend upon a great variety

of causes, which, unlike the causes of congenital deformities, are easily recognized, though the precise nature of the primary changes may not readily be determined. Most frequently they depend upon *causes which indirectly affect the articulations* through the muscular system, such as structural or functional diseases of the nervous centres, or nerves supplying the parts affected, producing spasm or paralysis of certain muscles, or groups of muscles.

Wounds and abscesses in the muscles and neighbourhood are also frequent causes. I was consulted, a short time since, in the case of an officer, who had been shot through the back of the thigh, and severe contraction of the knee-joint resulted.

Scrofulous abscesses in the course of the great muscles, and in the neighbourhood of the joints, as in the cast I now show you, from a young lady who has suffered from scrofulous abscesses, mostly unconnected with bone, from infancy.

Diffuse inflammation of the cellular tissue; deep sloughs after low fevers; cicatrices from burns; contractions of fasciæ, as in the hand, foot, etc., sometimes from chronic inflammation, and, at others, without obvious cause; contraction of muscles and fasciæ from long-retained position, as seen after fevers, long illnesses, and also in some of the religious fanatics of India; debility, affecting both muscles and ligaments simultaneously, and most frequently seen in talipes valgus, or flat-foot from long standing.

All these operate as causes to produce contractions, without primarily and essentially interfering with the integrity of the joints.

Many cases resulting from these causes are of a very hopeful character; the deformity is frequently remediable without much difficulty, and, when removed, the limbs and joints are more useful than in many of the next class of cases.

There are, also, many *causes primarily affecting the joints*, producing structural changes, especially in the ligaments, such as chronic inflammation, generally of a scrofulous character; rheumatic and gouty inflammation; injuries to joints; and rickets, producing alterations in the form of the articular surfaces under superincumbent weight. As secondary phenomena in these cases, the muscles and fasciæ become contracted, and assist the ligaments in producing confirmed contractions or deformities. The ligaments, however, offer the greatest resistance, as, for example, in a contracted knee-joint of a woman, whose body I examined some time ago in St. Thomas's Hospital; contraction of the knee, at an acute angle, followed chronic inflammation of the joint a year before death. At the post-mortem examination, I found the ham-string tendons very tense and prominent, as usually seen during life. I divided the tendons subcutaneously, but very little effect was produced. I then reflected the integuments, and divided all the muscles down to the bone, immediately above and below the knee-joint, but the limb became very little straighter. Further dissection showed the principal obstacle to be in the posterior and external lateral ligaments of the knee-joint, which had undergone structural shortening. The preparation is in St. Thomas's Museum.

[To be concluded in our next.]

ORIGINAL COMMUNICATIONS.

INFLAMMATION OF THE OS AND CERVIX UTERI.

By DR. RIGBY.

Mrs. T., aged 31, married twelve years, four children, the youngest three years old.

June 15.—Pale; constant bearing down pain, increased by walking or standing; sensation of much pressure behind the symphisis pubis, with frequent desire to empty the bladder, which is unrelieved by doing so. Leucorrhœa of long standing; tongue clean; bowels confined; urine thick and red. Catamenia irregular; sometimes appearing only once in three or four months, at others every week or two, always profuse and with clots. Had a rheumatic fever at 16, and has been more or less rheumatic ever since.

Examination per vaginam.—Os uteri not low down; anterior lip much swollen and congested; anterior wall of uterus tender; uterine sound 2¾; uterus anteverted. Scarified the anterior lip, which bled freely. ℞ Plumbi diacetatis, extr. conii, āā gr. x.; pulv. acaciæ ʒss. M. Ft. supposit., ori uteri o. n. apponendum. ℞ Extr. taraxaci cochl. min. dimid. o. n. ex lacte sumend. ℞ Acidi sulph. dil. ʒi., confect. rosæ ʒi., decoct. cinchonæ ʒxij. M. Cola bene. Ft. mistura, sumat cochl. magna. ij. ter die.

22nd.—Looking and feeling much better; bowels confined; urine thick; less pain in front; less irritability of bladder; a slight bloody discharge continues. Rep. mist. ℞ Sodæ potassio-tart. primo mane. ℞ Extr. aloes aquosi ℈ij., extr. hyoscyami ℈iss., mastich. gr. xij. M. Ft. pil. xx.; sumat ij. h. s.

29th.—Improved in looks; is much better in every respect. Rep. mist. et pil. Rep. Suppositorium, p. r. n.

The particulars of this short case are worthy of attention.

A pale, feeble woman, of a rheumatic habit, with the ordinary concomitant derangements, suffering from uterine congestion and evident symptoms of pressure on the bladder. The size of the uterus, as shown by the sound and the swollen throbbing lip, sufficiently indicates the former condition, whereas an anteverted state of the uterus points out the cause of the latter. The scarification of the anterior lip gave instant relief, but it was evidently an omission on my part not to have ordered a mild laxative, for, although the constipation was in no extreme degree, it had, in her feeble state, a decided effect in producing the anteversion of the uterus, which, in its turn, tended not a little to keep up the congested state of the anterior lip. The continuance of a slight discharge from the scarification plainly showed that there was more or less obstruction to the returning circulation from the uterus, and that it was in a great measure caused by the confined state of bowels is proved by the immediate relief which followed the action of an aperient. The leucorrhœa was probably in part owing to the same cause, and partly also a result of the inflamed condition of the cervix; the scarification was valuable for the immediate relief it afforded, but its effects would have been soon lost had the constipated state of the bowels been allowed to continue.

Mrs. H., aged 32, mother of six children; four miscarriages.

June 1.—Blondine; pale; depressed. Constant pain across the lower part of the abdomen (with sensation of burning heat in pelvis), increased by sitting down suddenly on a hard seat, or by the passage of fæces. Much pain of the hip; occasional lancinating pain across the pelvis; albuminous leucorrhœa; pain of right hypochondrium, extending to right shoulder; cold extremities; clammy skin; very feeble pulse; pale, flabby, bilious tongue; much gastric derangement. Menstruated at 15, since which she has been occasionally subject to pains in the loins. Married at 21, since which these symptoms have increased, especially during the last four years; has observed clots in the catamenia for two years, and, at the last appearance, the discharge was more profuse than usual.

Examination per vaginam.—Uterus somewhat anteverted; os uteri forms a large transverse fissure; it is very tender, and throbs distinctly. On raising the uterus by the sound, the tenderness of the os disappeared, and the throbbing ceased. ℞ Pil. hydr. gr. iij., quinæ disulph. gr. ij., extr. lupuli, gr. v. M. Ft. ij., h. s. s. ℞ Acid. nitro-mur. ♏ xv., extr. taraxaci ʒj., ex infuso gentianæ comp. ter die.

June 4.—Feels better; appetite and strength improved, less pain. Rep. med.

11th.—The sense of burning pain, and other symptoms, also the leucorrhœa, are much diminished; bowels still dark and offensive; the catamenia ought to have appeared on the 8th. ℞ Pil. Hydr. extr. lupuli āā. gr. v., h.s.; sodæ potassio-tart. ʒj—ij., primo mane. Rep. mistura.

18th.—Catamenia appeared on the 13th without any clots; the discharge was of good colour, and she had not much pain. Extr. taraxaci ex decoct. sarzæ co. c. liq. calcis.

This case illustrates the importance of not attending to and treating merely that local symptom which happens to be most prominent, but of carefully investigating the precise state of the general health, and its various derangements, and of endeavouring, if possible, to ascertain how far this state, and these derangements, are implicated in causing the local affection.

That the symptoms of inflammation of the os and cervix were well marked, and formed a prominent local affection, is sufficiently shown by the sensation of burning heat in the pelvis, by the pain produced by suddenly sitting down on a hard seat, and by defecation, by the pain at the right hip, by the albuminous leucorrhœa, and by the vaginal examination. But surely the debility and depressed condition of the patient, and the deranged state of the digestive organs, demanded our immediate attention, before doing anything for the treatment of the local symptoms, not only from the well-known fact, that local affections become much more tractable when we have previously attended to the general health; but, because I am convinced that these local uterine affections are much more frequently produced by, and dependent upon, derangement of the general health than is commonly supposed. When we consider the almost infinite variety of affections which are capable of being produced by derangement of the chylopoietic functions, more especially the depression of the nervous system, and the unhealthy and imperfect circulation of the vascular system, and recollect, on the other hand, the peculiarities of the female generative organs, their position at the lower part of the trunk, and their periodic function, we shall find ample reason why they should be so remarkably under the influence of the abdominal viscera, which lie immediately above them. To assert that these local results of general derangement are primary affections, requiring only local treatment, is, in my opinion, not less unsound than mischievous.

Mrs. S, aged 26, married six years, widow two and a-half; one child; one miscarriage.

April 23, 1849.—Constant pain of lower part of pelvis, loins, and left groin, increased by sitting down suddenly, and by the passage of solid fæces. Leucorrhœa; constant frontal headache; bowels confined; urine turbid; is of an hæmorrhoidal habit. (N.B., has been under homœopathic treatment.) Pulse feeble: suffers much pain at the catamenial periods—the discharge consists entirely of clots and shreds. This dismenorrhœa has continued since her last confinement, which was severe.

Examination per vaginam.—Cervix short, os uteri jagged; much swollen, very tender, and of a deep red colour. I scarified it, but it did not bleed freely.

Hirud. iv. ano. ℞ Pil. hydr., extr. hyosc., extr. coloc. co. āā ℈i. M. Ft. pil. xij.; sumat. ij. alt. noctibus.

℞ Pulv. guaiaci, magnesiæ, āā gr. x. M. Ft. pulv. o. m. s., ex aquâ. ℞ Potassæ bicarb. ℈iv., potassæ nitrat. ℈ii., sp. ammon. arom. ʒss., aquæ destillatæ ʒvijss. M. Ft. mistura; sumat cochl. magna ij. ter die post cibum.

April 30.—Looks sallow, and is very weak, although she feels better. The leeches bled very freely; less pain of groin; urine clearer; bowels open; no leucorrhœa since; still she has pain when she sits down, and has a sensation of fulness about the anus from hæmorrhoidal congestion. Pulse stronger; tongue better. Rep. hirud. iv. ano.

℞ Ferri sulph. gr. xvj., acidi sulph. dil. ʒi., magnesiæ sulph. ʒi., syrupi rhœados ʒss., aquæ menthæ pip. ʒvijss. M. Ft. mistura, cujus sumat cochl. magna ij. primo mane.

Rep. mistura.

May 8.—Catamenia appeared shortly after the application of the leeches (which bled profusely, and died immediately on their coming off). She had no pain either before or during the discharge, which was moderate, dark, and without clots or shreds. Bowels confined; constant headache; bad taste in mouth; feels distended; urine thick.

℞ Pil. hydr. gr. iij., quinæ disulph. gr. ij., extr. coloc. co. gr. v. M. Ft. pil. ij., horâ somni sumendæ.

Rep. mist. ferri et magnesiæ sulph., o. m.

Rep. mist. potassæ bicarb. et nitrat. ter die.

The catamenia appeared May 26, without pain or clots, and more freely than usual, preceded by headache; but the liver was torpid, and the bowels disposed to be unhealthy. The uterine symptoms (pain and discharge) became worse, so that on

June 8 I examined with the speculum. There was a large patch of prominent granulation, to which I applied argenti nitras.

℞ Plummer's pill, gr. v., alt. noct. ℞ Acidi nitro-mur. c. taraxaco, ex infus. gentianæ co. ter die; liq. plumbi ex decoct. papav., pro lotione.

She experienced great relief from this treatment, and probably also from the perfect rest which I insisted upon. Her old symptoms, however, soon returned, the bowels were again confined, and upon examining with the speculum on

June 16, there was still an inflamed granular spot upon the os uteri to which I applied the argenti nitras very freely. This again produced relief for a few days. The os cervix became swollen and hard, so as to require scarification, and this was repeated on July 9, when the part bled very freely.

She returned to the morning mixture of sulphate of iron and magnesia, and to that of potassæ bicarb. and nitrat. ter die.

July 28.—Has been much better since the scarifying, although she still looks sallow and unhealthy.

August 27.—Has been at Brighton; still much bilious derangement, but no pain.

In October, 1851, I saw her again with similar symptoms, which were relieved by general treatment.

In November, 1853, she returned in a state bordering upon jaundice; the bowels confined; constant pain of right hypochondrium, etc., but no uterine symptoms. She was again put right by a course of blue pill, and the mistura ferri et magnesiæ sulphas, since which she has enjoyed good health, and has been able to take pretty active foot and horse exercise.

This is a fair specimen of one of those obstinate cases of chronic inflammation of the os and cervix uteri, of some standing, which are, for the most part, intimately connected with, and probably caused by, gastro-bilious derangement, the result, in this instance, of habitual neglect of the bowels. She had been long under homœopathic treatment, and, finding herself getting worse, had resolutely abjured it, in defiance of those around her.

I may, without injustice, safely attribute the congested state of the pelvic viscera to the continued obstruction to the returning abdominal circulation, arising from the pressure of the loaded bowels.

Besides the engorged and painful state of the os and cervix, the pain of the left groin, and the catamenia, consisting of clots and shreds, "and nothing else," showed plainly that the left ovary was in a similar condition; I determined, therefore, to relieve the uterus by immediate scarification, and rouse the liver and bowels to active and copious secretion; and not satisfied with the amount of blood I had obtained from the os uteri, I also ordered four leeches to the anus, which bled freely. In a case of this sort the Practitioner must not be discouraged by finding an unsatisfactory result from his first scarification or application of leeches, for I have constantly found that a second attempt succeeded copiously. In the present instance, after the action of the medicine, and the bleeding from the hæmorrhoidal vessels, she felt much better. The pulse rose; the leucorrhœa ceased; the ovary was nearly free from pain. A repetition of the leeches, the next week, was followed by a striking improvement in the next catamenial period. The "clots and shreds" had disappeared; but the bowels were still difficult to manage; and I suspect that her habit of paying no attention to them increased the difficulty not a little. The next period (May 26) was still more favourable. After this, she again lost ground. The liver became more torpid; the bowels more unhealthy; the uterine symptoms worse; a patch of granular excoriation showed itself upon the os uteri, and caustic was applied to it. For a few days it appeared to produce great relief, but again her former symptoms returned. The caustic was repeated very freely in rather more than a week, and again with temporary benefit. The os and cervix were gradually becoming more hard and swollen, and I scarified it. This was repeated in a fortnight, when a free discharge of blood was produced. During the whole time she was under a pretty active course of alterative and laxative medicines, and although the bowels were not entirely healthy, they seemed no longer to exert an injurious influence upon the circulation of the pelvic viscera, and, perhaps, I should have done better to have acted more powerfully upon them in the first instance. But, it must be remembered, that these cases seldom bear active treatment during our early management of them, more particularly as regards the mercurial or alterative part of it. The system is much depressed, the mucous membranes in an unhealthy and sometimes irritable state; and the Practitioner will find it of great importance to avoid even the smallest approach towards affecting the system with mercury. It is here where the taraxacum and nitro-muriatic acid are so valuable, and, when assisted by an occasional dose of blue-pill, exert the best effects.

ON THE MODERN TREATMENT OF CHRONIC DISEASES OF THE SKIN.

By THOMAS HUNT, F.R.C.S.,
Surgeon to the Western Dispensary for Diseases of the Skin.

No. II.

SYCOSIS.

Sycosis Menti, or *Mentagra*, than which there are few diseases of the skin less manageable, is at once an indication and a source of ill-health; and the general cachexia of which it is the symbol is most effectually removed by change of air. As this, however, is not within the reach of many who suffer from the disease, it is highly desirable to find a remedy. Writers on the skin make no difficulty in prescribing for it, but I have known three or four Medical Practitioners troubled with it for years together, which would scarcely have happened if it were easily cured. Occasionally, it is a symptom of dyspepsia, and is successfully treated by purgatives and alkaline remedies; adapting the local treatment to the state of the parts. More frequently, the patient complains only of lassitude, and often calls himself in excellent health. I have frequently known it yield to arsenic when the patient has been apparently healthy, but this has occasionally failed, and I have, therefore, of late, tried the cod-liver oil, with the following results:—

Case 8.—*Sycosis Menti.*—J. F., aged 38, had suffered for two years from a tubercular eruption affecting nearly the whole of the bearded portion of the face, and rendering it impossible for him to shave. His employment was within doors, and he looked pale and worn. He applied for relief at the Dispensary,

January 2 1855.—He is somewhat weak and wasted of late, and has a slight cough, but there are no physical signs of pulmonary disease. He reported that he had formerly taken arsenic, which cured the disease, but, as he imagines, injured his health, and reduced his strength. A teaspoonful of Dr. De Jongh's cod-liver oil was ordered to be taken thrice a-day after a meal, and no other medicine.

February 6.—Up to this time there has been a rapid improvement, but during the last few days there has been a relapse of the disease. The dose of the oil to be doubled, and 10 grains of the pil. rhei comp. to be taken every other night.

March 13.—Improving very fast. He can use his razor with comfort. The oil agrees with him, and he is rapidly gaining flesh and strength, and looks better. The dose of oil to be again doubled, and the pills continued.

April 14.—The original disease is well, but he is troubled with boils on the side of the face and elsewhere. The dose of oil to be reduced one-half, and a mild tonic substituted.

May 8.—Tubercular eruption returned. Bowels costive. Continue the oil, take some cathartic pills, and discontinue the tonic.

29th.—The disease varies. Continue the oil, and take 10 minims of the liq. arsen. chlorid. with each dose.

June 12.—Face nearly well; slight conjunctivitis. Reduce the dose of liq. chloridi to 7 minims.

July 3.—Eyes still weak; scarcely any disease remains. Reduce the dose to 5 minims. Continue the oil.

The patient has not attended since the last date, and there is little room to doubt that he continues quite well, and is mainly indebted to the cod-liver oil for his recovery. The following case is even more satisfactory:—

Case 9.—*Sycosis Menti.*—C. W., aged 21, had been troubled with sycosis one year, in circular patches round the chin.

June 29, 1855.—His health is good. Take a tea-spoonful of Dr. De Jongh's cod-liver oil three times a-day, after meals, and ten grains of comp. rhubarb pill every other night.

August 31.—He has persevered steadily for two months, and the disease has entirely disappeared.

Case 10.—*Sycosis Menti.*—W. S., aged 30, of pale, phlegmatic habit, and red hair. Both the upper and lower lip had been affected for eighteen months, and he has got no relief from medical treatment.

July 3, 1855.—Health tolerable, but weak and wasted. The cod-liver oil was prescribed in teaspoonful doses, with an aperient if required.

September 4.—His health, strength, and flesh are restored; but the disease is not much better. He was now ordered to desist from the oil, and to take Fowler's solution. The case is still under treatment.

Case 11.—*Sycosis Menti.*—S. H., aged 27. This case had existed three years and a-half, and in other respects was very similar in result to the last. It is still under treatment.

Case 12.—*Sycosis Menti.*—E. M., aged 38. In this case the disease had existed, "on and off," for fourteen years. The patient's health being good, he took the cod-liver oil alone for two months, with a very steady improvement. He then absented himself, probably cured.

Case 13.—*Sycosis Menti.*—T. T., aged 24, had the disease formerly for six months, and got a spontaneous recovery (as often occurs), by removing into the country. Since his return to town, the eruption has broken out afresh. Health good, but he is somewhat wasted. Took the oil for a month with decided benefit, and he was nearly well when he last applied.

Case 14.—*Sycosis Menti.*—J. C., aged 62. Upper lip affected for four years. Health good, but he has wasted of late, and has lost strength. Bowels costive. Took the oil for one month, with an occasional aperient, and is believed to have recovered.

These cases are, I presume, sufficiently satisfactory, as to the use of cod-liver oil in the disease. It does not act uniformly in every case, but always does great good.

VESICULAR DISEASES.—Eczema.

Eczema is so prone to recurrence, that it is difficult to say when it is cured. It depends upon a condition of the health into which the patient is very apt to relapse again and again, after being restored; and even this partial restoration to health is not always easily accomplished. The disease consists of active inflammation of minute portions of the dermis, generally of an asthenic type, and producing clusters of small vesications, which differ only from those of herpes in their persistence. The serum effused is generally acrid and corrosive, and some benefit is derived from an alkaline wash; but how to effect a healthy change in the blood, that is the question. The value of the cod-liver oil in these cases, like that of all other remedies, is limited; but the following notes may throw some light upon it.

Case 15.—*Eczema.*—F. G. S., aged 10, had suffered occasionally from the impetiginoid form of eczema from infancy.

May 29th, 1855.—The disease is now affecting the lips and cheeks. He has glandular swellings in the neck, is very much emaciated, but otherwise in good health. A teaspoonful of the cod-liver oil to be taken three times a-day, and an aperient if required.

June 19.—The lips and cheeks are nearly well, and the patient has gained flesh and strength.

Case 16.—*Eczema.*—A. W., aged 36, married, in good apparent condition, but "weak;" catamenia and bowels regular. Had been troubled for a year with acute eczema, in both legs and thighs. The discharge is very copious, and the veins varicose. She applied at the Dispensary in August, 1844, and has been under treatment more than a year. Purgatives, antimonials, diuretics, tonics, and alteratives were found of little, and only of temporary, service.

January 23, 1855.—The disease is worse than ever. Take a teaspoonful of cod-liver oil three times a day, with aperients when necessary.

March 27.—Health and strength much improved; skin no better. Continue the oil.

May 15.—Health good; skin much better. Continue.

September 4.—Ditto. Skin all but well; it has indeed been mending gradually for four months. The only external application has been an occasional tepid bath and alkaline lotion, which was of no service at first.

Case 17.—*Eczema.*—A. P., aged 46; married. This was one of those cases in which cutaneous disease breaks out in the system at the period of sexual decay. The catamenia had become irregular, and the disease appeared in the back of the hands, and on the feet, about two months since. It had likewise appeared, in a trifling form, twelve months previously.

July 10, 1855.—The patient is weak, and somewhat emaciated, and the bowels are constipated. A teaspoonful of Dr. De Jongh's cod-liver oil to be taken thrice a day, a dose of purgative pills every alternate night, and a weak alkaline lotion to be applied to the hands.

August 21.—She feels stronger, looks better, and the skin has been steadily improving up to this time.

September 4.—Toes quite well; health good; the eruption

on the hands not so well. As the oil appears to have effected its object, it was now discontinued, and a saline aperient, with a small dose of sulphate of iron, substituted, under which the hand has rapidly healed.

The benefit derived from the oil in these cases of eczema, induced me to try it in about twenty other cases, of which about two-thirds decidedly improved under its use; in the remaining third neither good nor harm ensued. The cases adapted to its use are chiefly those in which the patient, from any cause, has lost flesh. In badly-nourished infants, the oil is invaluable. The rapidity with which two or three drachms per diem will fatten a young child is astonishing. The weight gained is three times the weight of the oil swallowed, or more; and, as children generally like the taste of the oil, and when it is given them often cry for more, it appears as though there were some prospect of deliverance for the appalling multitude of half-starved or quite-starved children who figure in the weekly bills of mortality issued from the office of the Registrar-General.

SQUAMOSÆ.

In the scaly forms of cutaneous disease I have administered the cod-liver oil with varied success. In some cases no apparent good whatever appeared to result; in others more or less of benefit, and in a few the disease yielded to the oil alone in a few weeks, after various other remedies had failed.

Case 18.—*Lepra Vulgaris.*—E. C., aged 19, a pale, sickly-looking girl, had suffered severely for four years from an aggravated form of lepra, covering the extremities and nearly the whole body. She was formerly subject to diarrhœa, pains in the chest and cardiac region, headache, and general debility. She appeared to be a bad subject for arsenic, but of the numerous remedies for lepra this only remained for trial, others having failed; and for a long time arsenic also failed. She applied to the Dispensary,

January 6, 1854.—The legs, arms, and abdomen are nearly covered with large, irregularly-round scaly patches; the scales are white and glistening, and constantly exfoliating, and each patch is surrounded by an elevated red margin. The area of these spots is steadily increasing in breadth, and as the central parts become less severely affected, the circumference extends. The scaly parts are hotter than the sound skin, and itch intensely. Here and there the skin has separated into fissures, which are extremely sore, and sometimes bleed. The patient has a weak pulse, the tonsils are enlarged, and she complains of debility and headache. Bowels rather costive; catamenia regular. Here was acute local inflammation, in an asthenic or strumous habit, which always presents a difficulty in the treatment. The chloride of arsenic was tried, in conjunction with aperients. The course was soon interrupted by an attack of diarrhœa.

February 24, 1854.—The disease is slightly improved. The arsenic was ordered to be resumed, and was taken regularly for twelve months, in doses of 10 or 12 minims of the liq. arsen. chloridi three times a-day.

March 11, 1855.—The eruption is nearly well, except in the legs, but here it persists, and though it gives the patient no trouble, the scales being thin and few, yet she is anxious to get "cured." But the arsenic has begun to manifest its toxical effects. The health is failing, the patient has lost much flesh, there is a leaden hue, and heavy, listless look about her face, and the lower eyelids are puffed. She complains of palpitation of the heart, leucorrhœa, amenorrhœa, cough, lassitude, and restlessness; the throat shows some degree of granular inflammation, and the appetite is failing. Although much of this disordered condition is clearly attributable to the arsenic, yet the stomach and bowels are quite unaffected. Indeed I have very rarely found the chloride of arsenic given with or after meals in doses of 10 to 15 minims, to affect the bowels. This was a case, however, in which it would not have been prudent to have pushed the arsenic further; consequently it was discontinued, and no medicine whatever prescribed, except a teaspoonful of Dr. De Jongh's cod-liver oil three times a-day.

April 22.—She has taken the oil for six weeks. The skin has improved, her health is very much benefited, and her appearance much altered for the better. She has gained flesh, recovered her appetite and spirits, and lost the palpitation of the heart; but the catamenia still being absent, she was ordered to take 10 minims of the liq. ferri sesquichloridi, together with 10 minims of the liq. arsen. chlorid., ter in die. Under this treatment the catamenia were restored, and the disease in the skin gradually disappeared. I do not think the oil had any specific influence over the disease in this case, but it certainly enabled the patient both to recover from the arsenical cachexy, and to bear with impunity a lengthened after-course. She is now in excellent health.

Case 19.—*Lepra.*—A. B., aged 33. This was a case in which the disease had existed six years in a middle-aged woman of weak health, costive habit, and impaired appetite. She took the cod-liver oil for a fortnight, with a dose of compound rhubarb pill occasionally, with great benefit to her health, but without the slightest improvement in the skin. She was now put under a course of arsenic, and in two months the disease had almost vanished. It appears, therefore, that the cod-liver oil has no specific effect in lepra, but it is an important agent, both in preparing the patient, if needful, for a course of arsenic, and in restoring the health when it has suffered in a slight degree from this mineral.

Case 20.—*Pityriasis versicolor.*—A young man, aged 23, had suffered for six years from lichen and pityriasis in the arms, legs, and thighs. The disease proved particularly obstinate. De Valengin's, Donovan's, and Fowler's solutions were tried successively, with some damage to his health and little influence over the disease. After about ten months' treatment the patient had lost flesh and strength, and gained but little advantage.

March 6th, 1855.—Discontinue the arsenic; take a teaspoonful of cod-liver oil thrice a-day.

April 10th.—No improvement. The patient still wastes. Continue the oil.

May 1.—The skin is improving, as likewise the health, but there is no additional flesh.

June 26.—No change. Double the dose of the oil.

July 31.—Better. The patient gains flesh.

Aug. 28.—The disease is no better. The oil makes him sick. Discontinue for a time. This case is still under treatment.

Case 21.—*Pityriasis capitis.*—S. J., aged 6, the whole scalp had, for a year or more, been covered by a thick coating of fine scales. Her health is tolerably good, but she is wasted of late, and her mother thinks that when her head is better her health suffers. She took the cod-liver oil for a month, with benefit both to the general health and the scalp. The head then became worse, and the patient very irritable, and the oil was discontinued. The case is still under treatment.

Case 22.—*Pityriasis versicolor.*—J. S., aged 28, had perceived a dirty-looking eruption dispersed over the whole trunk of the body, for about two years and a-half. A branny, furfuraceous desquamation was thrown off, particularly at night, and the parts frequently itched a good deal. He was treated with arsenic for seven months. This cured the original disease, but substituted for it the arsenial pityriasis, which differs chiefly in the minuteness of its scales, and in its locality. The patient also complained of sickness, and the tongue was foul. This was remedied by saline aperients, but the skin remaining unimproved, and the patient losing flesh, he was ordered the cod-liver oil in the usual dose of a teaspoonful thrice a-day. In three weeks' time he was discharged cured.

Alfred-place, Bedford-square.

[To be continued.]

ON A NEW FORM OF ARTIFICIAL MEMBRANA TYMPANI.

By THOMAS WESTROPP, Bristol.

Any artificial contrivance which promises to supply the loss of any particular part of the human body demands attention, and its merits should be fairly tested: yet, though it should not fulfil all the functions of the original organization, as it could not reasonably be expected to do, or though it should not come up to the laudations of its too confident inventor, or the expectations of those requiring its aid; still, if it confer a certain amount of benefit without any great discomfort in its application, we may fairly say that science has advanced a step in lending her aid to alleviate the ills to which flesh is heir. I mean to call the attention of the Profession, and those engaged in Aural Surgery in particular, to a mechanical in-

vention which has occupied me for some years past, and has been tested in practice of late, though by no means so extensively as I should wish. I would premise that two varieties of artificial tympana are known and used by Aurists: the Medical Profession in general, unfortunately, do not strive to advance our limited acquaintance with ear disease; or, still more unfortunately, endeavour to carry out the treatment as recommended by the best authorities; the consequence is, Aural Surgery is rather in the background, and the sufferers fall daily into the hands of rapacious and lying quacks. The first contrivance we know of, is what is called the moist cotton plan. Mr. Yearsley, of London, has the credit of being the first to publish it, though I have reason to believe it was known previous to his account; however, I do not want to detract from his merits. This plan consists of the adjustment of a small bit of cotton wool, moistened with some unctuous fluid, in the position of the lost or perforated membrana tympani. It would take too long to enter into all particulars of the disease; it is described in various treatises on acoustic medicine. In certain cases of partial deafness, a great increase of hearing is the result; in others, even when we do not ascertain any special cause why it should not succeed, no benefit is derived. Of course a great deal could be, and has been, said on this subject; but I would merely remark, that we are most likely to be successful where the perforation in the membrane is small, and where chronic disease has not disorganized the other complicated structures of the ear or its appendages; still, in very apparently hopeless cases, the cotton membrana tympani, if properly placed in the site of the original, produces results more or less satisfactory. One of the advantages of this mode of treatment is, that the appliance is easily made by an intelligent patient, who may become more expert in hitting off the exact distance within the meatus than his Medical adviser; but it requires to be frequently renewed, as the cotton becomes displaced and soiled, so as to render necessary a constant supply of cotton wool, and oil or glycerine. I also think there is this disadvantage about the cotton, viz., that filling up more of the meatus than the original membrane, and, when moist, being more like a sponge than a vibrating membrane, its use, even when it promotes hearing, causes sounds to be heard muffled. However, this requires more investigation. Several years since, during my pupilage with a distinguished oculist and aurist, it struck me that some more permanent structure, and one more resembling the real membrana tympani, might be got up, and placed *in situ* instead of cotton. I was inclined to think that some material, having the property of readily vibrating, and also one resembling, in its structure, thickness, and appearance, Nature's contrivance, should, on principle, be best adapted for the purpose; never till of late years having an opportunity of testing such a contrivance, the idea remained dormant for a long time. In the interim, Mr. Toynbee, the eminent aurist, published his ideas, and an account of the peculiar contrivance he had invented. That the same investigation, and its ultimate results, may be the work of two or more individuals unknown to each other, is a well-known fact; for instance, some wonderful discoveries in the astronomical world have been brought to light by professors of different countries nearly at the same time, without either being aware of the other's labours. My first idea was to cut out a circular flat piece of some material, india-rubber, gutta percha, or such like, and press it down to the site of the lost membrana tympani. In order to make it as like as possible to the real one, I coated its edges repeatedly with gutta percha dissolved in chloroform, so as to form a ring very analogous to the fibrous ring met with in the dissection of the meatus and membrana tympani. Now, though this was a close imitation of Nature, I must confess, after patient and careful manipulation of it in the ears of patients, it did not equal my expectations; this was owing to two causes: first, if we recollect the anatomy of the meatus, we must perceive that it is narrowest in the centre, narrower than where the membrane is inserted within, or than the outer orifice of the meatus, which is rather dilated. Besides this impediment, there is another, specially intended by Nature to impede the entrance of foreign bodies, namely, its curvature, which is thus described by a recent author:—"The meatus is ovoid in calibre externally, but becoming circular towards its distal end, and leading from the concha externally, at first a little forwards and upwards, then backwards and inwards, and again turning downwards, forwards, and inwards to the membrana tympani, which separates it from the middle ear. (As these different curves are difficult to remember, it strikes me, to form the initials into a word, F U B I D F I, as I find Mr. Wilson, in his work on anatomy, thus facilitates the remembrance of the curves of the descending cornu of lateral ventricles of the brain, by desiring the student to recollect the word B O D F I.) Were it not for the narrowing at the centre, the curve could be easily overcome; but, as it is, they assist each other in rendering the proper insertion of a flat artificial membrane extremely difficult. I always found these flat bits of any material doubled up, extremely difficult to place at the natural angle *in situ;* in addition, the hearing was not satisfactorily improved. This I accounted for by the fact, that the intended septum between the meatus and the cavitas tympani was not complete, as the air freely passed around the crumpled membrane. Mr. Toynbee's contrivance is somewhat of an improvement on this, as he adds to a flat bit of india-rubber a small circular plate of some metal, or a ring, which prevents, in some measure, the crumpling; he intends that the india-rubber should extend beyond the metal and double up around. I must confess that I have had but little experience myself of his ingenious invention, but I have heard from Surgeons who have seen more of it than I have, that it did not give satisfaction to the wearer, and produced too much irritation; this might be owing to its being imperfectly fitted, for which certainly Mr. Toynbee is not to answer. Again, in his invention a wire stalk is attached to facilitate its introduction and withdrawal, which it certainly does, as it is almost impossible to do either with a simple flat artificial membrane. The end of the wire stalk protrudes a little from the meatus, and is therefore liable to be pushed in by an inadvertent poking of the ear by the patient. We know this movement of the hand is almost involuntary, but by making the wire stalk very short, this casualty may be avoided; still, on the whole, my objection to this membrane is, that it is by no means easily placed properly *in situ*, that vulcanized india-rubber does not readily vibrate, and last, not least, it does not form an air-tight septum between the meatus and cavitas tympani as it should do, as the natural membrane does, and as I hope to show my contrivance may be made to do.

In order to be easily understood I shall give but a brief description of my plan, leaving it for time, the Profession, and especially the Aurists, who have extended opportunities of testing it, to determine the relative merit of each. I do not want to decry former appliances. I believe there will be cases found suited to each, and that the simple remedy, the original moist cotton of Mr. Yearsley, will be borne by some ears, when nothing else will, at least for a time. In the first place, my contrivance is a tube, very thin in texture, very pliant and durable in material; it is thus made:—Having accurately inspected the meatus into which we desire to insert an artificial membrane, we must make a model of it in some hard timber. This should be as perfect almost as a cast, though not too tight; its end should be flat, cut obliquely, and the circular edge rounded off. This cast or model, previously oiled, should be repeatedly dipped into a solution of gutta percha, in chloroform, till a film of sufficient thickness is formed, to peel off in one unbroken piece. A slit with a knife may be made longitudinally without detriment, to aid its coming freely off, but the cut should not go within a quarter of an inch of the flat end; it sometimes is necessary to touch with some of the gutta percha solution any inequalities of the membrane. This tube, if the timber model has been properly made, will be found to fit the meatus comfortably, and, when oiled and coated with cerumen, to exclude the external air from the cavitas tympani; the tube should not be allowed to protrude, but should be cut obliquely, so as to lie entirely within the meatus; it easily adapts itself to the parts, the flat circular membranous end lies at the proper angle in the site of the lost membrane or its remains; when it becomes advisable to clean its surface, it can easily be taken out by the patient with a small pair of tweezers, washed in cold water, oiled, and re-inserted. If found to fit, two or three should be made and given to the patient, who should be taught their use. If there be a discharge from any part of the ear, polypi, obstructed Eustachian tubes, a nervous impairment, or any other aural affection, it should be appropriately treated. For functional nervous derangements of the ear, I am in the habit of using locally strychnia, dissolved either in water or glycerine, with the help of a little acid and spirit; I am inclined to think it often does good. Why

should it not stimulate the aural nerves as well as it does those of the eye, when dropped on the conjunctiva in functional amaurosis? The more we bring to bear on aural disease our more advanced knowledge of eye complaints, and follow out the analogy, the more we shall advance and increase our success. In conclusion, I beg to remark, that though my contrivance is simple, yet I do not expect every person who tries to make or adjust it will at first succeed; it requires much practice and patience; failures will be as often met with as success in the attempt to construct a perfect membrane, as it is a difficult matter to hit on the proper thickness of the tube; the solution of gutta percha should be rather thin, so as not to coat the timber model too thickly, and to allow of its spreading evenly over its surface; it should be kept in a very small bottle, to avoid excessive waste of chloroform; each coat or film should be allowed to dry perfectly; six or eight coats will be required to complete the necessary thickness, and this takes two or three days to accomplish. The tube should not be peeled off the model when too thin, else it will tear; or should not be made too thick, else it will be hard and tough, and irritate the ear; it should be about as thick as very fine sheet gutta percha, or oil silk; it is then pliable, soft to the ear, and will easily vibrate when adjusted. As might be expected, a great deal depends on the nicety of the model; the timber requires much carving, scraping, filing, and polishing; also the anatomy of each meatus must be strictly attended to. Without all these precautions, I do not promise that any material benefit (and even at best, artificial aids of any description are only very imperfect substitutes for the original) will be derived. I hope I shall not be understood to say that I have discovered any specific cure for deafness; and I equally hope that clumsy attempts of unskilled persons may not be reflected on a really useful invention.

A point that should always be borne in mind is, that a foreign body of any kind should not be allowed to cause or keep up otorrhœa. I do not say that an artificial membrane may not be worn when only a slight discharge exists, but it is better to get the ear into a healthy condition first; and even when everything is in as favourable a condition as could be expected, it should be remembered that Nature does not become used to adventitious aid all at once, and that all extraneous matters, whether wooden legs, ivory teeth, or glass eyes, do not feel comfortable to the wearers when first adopted. It is not my intention to detail cases at present. I would merely remark that I have tried my artificial membrane under two very opposite circumstances, the one as unfavourable a case as it could be tried on, the deafness and disorganization being extreme; the other being the reverse, and a favourable subject to experiment on, part of the membrana tympani remaining with, I believe, the ossicles; and neither the deafness nor condition of ear being very bad. In the former the artificial membrane, contrary to my expectation, increased in a slight though decided degree the power of hearing; in the latter considerable benefit is now being derived from it. I generally first try the moist cotton plan, to see whether the hearing is susceptible of improvement at all; if so, then my artificial membrane is almost sure to answer even better, and even though the cotton do not afford the usual result, the thin gutta percha membrane already described being worn for a few days, the patient may, as in a case under my care, announce unexpectedly that he hears better. The entire subject is still *sub judice*, and I hope it will be investigated without the prejudice and malevolence which too often disgrace Medical criticisms.

I shall be happy to afford further information to any inquirer.

14, Westbourne-place, Clifton.

Deaths in Public Institutions for the Week ending October 13:—

	Males.	Females.	Total.
Workhouses	39	29	68
Prisons	2	2	4
Military and Naval Asylums ..	3	..	3
General Hospitals	18	14	32
Hospitals for Special Diseases ..	7	2	9
Lying-in Hospitals	1	..	1
Military and Naval Hospitals ..	4	..	4
Hospitals for Foreigners, etc. ..	1	..	1
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THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SERIES OF CASES OF CYSTIC SARCOMA OF THE TESTIS.

ST. MARY'S HOSPITAL.

Case 1.—CYSTIC SARCOMA OF THE TESTICLE.—REMOVAL OF THE GLAND.—RECOVERY.

(Under the Care of Mr. COULSON.)

A remarkable example of the occurrence of cystic sarcoma of the testicle in a lad having recently occurred in the practice of St Mary's, we are induced to record it, and at the same time to take the opportunity of placing together such other cases illustrating this very rare disease as have occurred in the London Hospitals during the past few years. On these a few comments will naturally suggest themselves, which will, however, best find their place at the conclusion of the report. The following is the narrative of the case alluded to:—

J. W., aged 18, was admitted into St. Mary's Hospital, July 27, 1855.

The patient, a healthy looking young man, a labourer by occupation, is affected with an enlargement of the right testicle. He states that he has had no gonorrhœa or syphilis. The enlargement of the testicle has existed, he believes, for about two months, and during that time there has been occasional pain. Yesterday, in lifting a sack of corn, he strained himself, and since then has had considerable pain in the gland, and the swelling has, he thinks, increased. The history given is rather obscure and confused.

The right testicle is about the size and shape of a goose's egg. It is smooth, has a tight elastic feel, without fluctuation. The substance of the testicle, and not the tunica vaginalis, is evidently the seat of the disease. The tumour is firm, not transparent at any part, and gives to the feel the sensation of a thick, fleshy, tight mass. The cord above is unaffected. Pressure is painful, but not to any great degree. The scrotum is red and a little inflamed. The patient complains of pain situated in the testicle, but it is not so severe as it was yesterday after the strain, and he states that it is not so large as it was on the preceding day.

Six leeches were applied over the testicle, and tartarized antimony, with saline mixture, given every four hours. Also two grains of calomel, and ¼-grain of opium twice a-day.

August 6th.—The mouth being affected with the mercury, it was ordered to be discontinued. The testicle feels sore. It is a little reduced in size, but not much.

Ordered to use mercurial ointment.

11th.—Ordered 3 grains of iodide of potassium in infusion of quassia three times a-day.

15th.—Mr. Coulson having, with the concurrence of his colleagues, decided on removing the testicle, the operation of excision was performed. By measurements taken just before the operation, the testicle was found to be 3½ inches in vertical diameter, and 2 inches in its transverse. Its other characters have before been described. After removal, the mass measured 3 inches by 2. It was covered externally by the tunica vaginalis. The tunica albuginea was thickened to a slight extent, and enclosed a mass of fleshy consistence, made up of cysts and an interposed tissue of light rose-colour. The cysts varied in size from a pin's head to that of a small nut. They contained a glairy gelatinous fluid, and were for the most part of a rounded form. The portion of the glandular texture which was unaffected was spread over the upper part of the tumour in a thin layer a quarter of an inch thick. When cut into, the cut surfaces were observed to bulge outwards, and assume a convex form. The epididymis was not affected.

16th.—Ordered saline mixture three times a-day.

17th.—Felt a little sick last night. Tongue a little furred. Thirst present.

19th.—A bright red rash has appeared all over the upper part of the body. There is sore throat, and all the other indications of an attack of scarlet fever are present.

21st.—The patient is very low, and the fever accompanying the eruption of an adynamic character.

Ordered solution of acetate of ammonia and decoction of bark, three times a-day.

The attaek gradually subsided, and at the end of a fortnight from the appearance of the eruption, the patient was in a satisfactory eondition. Thewound produced by the operation did not appear to be much affected by the oceurrence of the exanthem except that it healed rather more slowly than would most likely have been the case had the disease not existed.

September 11th.—Patient doing well. Wound healed. He feels still weak. To be discharged in a few days.

October 17.—Has returned to his occupation, and is quite well up to the present time.

GUY'S HOSPITAL.

Case 2.—CYSTIC SARCOMA OF THE TESTIS COMPLICATED WITH HYDROCELE.—EXCISION.—RECOVERY.

(Under the Care of Mr. BIRKETT.)

In the following case the co-existence of effusion into the tunica vaginalis made the diagnosis as to the real nature of the disease extremely difficult. This complication is one which rarely attends cystic sarcoma, very much less frequently than it does medullary disease. Whatever the disease of the gland may be, the same deviation from the usual phenomena of hydrocele are observed. Although the serum may be quite clear, the quantity considerable, and the outer tissues not unduly thickened, yet the presence of a solid mass within of course prevents all, excepting the most superficial, transmission of light. In the same way, although fluctuation is probably quite apparent at parts, yet the vibrations are not communicated from side to side of the tumour, as in ordinary cases.

George Eleff, aged 33, was admitted on June 2nd, 1854. He was a farm labourer, residing at Croydon, and had the appearanee of being in but moderately good health, which he attributed to the circumstance that he had of late been underfed. In the right side of his scrotum was a tumour the size of a large fist, and presenting the characters of an hydrocele, excepting that it was not transparent, and only very slight vibration could be produced from side to side. The man's account of the disease was, that he had first noticed the increase in size about three months before, and that it had gradually enlarged since. He had once had a blow over the part, and from this he dated the mischief. There had been no pain in the gland itself, but a sensation of "scalding and pain in the loins" had attended its enlargement. He had been under the care of Mr. Bottomley, of Croydon, by whom, on two occasions, the troear had been used. On the first, a quarter of a pint of serum had been removed, and on the second a very small quantity. It was at the desire of Mr. Bottomley that he had now come to the Hospital.

The permission of the man having been obtained for the examination of the part by an incision, and the adoption of sueh measures as might then prove needful, he was, on June 6th, taken to the operating theatre, and placed under the influence of chloroform. Mr. Birkett had previously employed the trocar, and had removed about half an ounce of serum, after which the testis was felt to be greatly enlarged.

A free incision into the cavity of the tunica vaginalis having been made, the tunica albuginea was seen to be entire, but thinned out by expansion over the tumour. On dividing it, a layer of testis gland structure was exposed, and beneath it a tumour enclosed in a fibrous capsule, and apparently occupying the eentre of the gland. Removal of the whole was now resolved upon, and was effected in the usual way. The cord was quite healthy.

The incision in the scrotum had been purposely made rather more posteriorly than ordinary, in order to permit of the more easy escape of pus in the after process of healing. No drawback occurred during recovery, and the man left the Hospital in about a month, cicatrization being all but complete.

The examination of the specimen after removal showed a cystic tumour the size of a goose's egg, and of oval form, occupying the site of the rete testis, and having the tubuli seminiferi in an expanded layer over its surface. Between the exterior of the tumour and the opposed layer of gland structure, there were numerous cellular adhesions, but no organic continuity. The epididymis was not involved. The tumour itself, when cut across, displayed a congeries of small cysts, but few of them being larger than a horse bean, and the majority about the size of peas. The intervening fibro-cellular structure was of a pinkish colour in parts, and in others much congested and fleshy. In the lower part was a large clot of extravasated blood (a).

In this case, and also in Cases 1 and 3, we have examples of an acute form of cystic disease of the testis. In all of these the enlargement had been rapid, and in all the condition found after removal was such as usually characterizes an active growth. Instead of, as in Case 5, the intervening structure being dense and but sparingly vaseular, it was soft and cellular, well supplied with blood vessels, and in parts the seat of extravasations. The cysts also were of small size and very numerous. In Case 3, indeed, the intercystie parenchyma even partook, in parts, of the characters of soft cancer. In two of them the patients' ages were unusually young, being respectively but 18 and 25. There can be no question but that in this class of aeute cystic disease the prognosis as to non-liability of return must be given with much more caution than in the more chronic ones. They are cases which may, perhaps, be considered as connecting links between the purely cystic and the medullary forms of disease.

THE MARYLEBONE INFIRMARY.

Case 3.—CYSTIC SARCOMA OF THE TESTIS WITH MEDULLARY DISEASE — REMOVAL. — RECOVERY.—DEATH FROM CANCER OF INTERNAL ORGANS.

(Under the Care of Mr. HENRY THOMPSON.)

John Marsh, aged 25, was admitted under the care of Mr. Henry Thompson, into the Marylebone Infirmary, on the 25th of April, 1855. He was of spare habit, rather emaciated, but in moderate health. His ailment was an enlargement of the right testis, which he dated from a blow received on it, by slipping on to the edge of an iron bedstead, seven months previously. Previous to the accident, he was quite certain that the gland was not larger than its fellow. The blow occasioned at the time great pain, which, however, passed off completely, and it was not till two or three weeks afterwards that any increase in size was observed. From that time, the tumour had gone on increasing, until it had now acquired a bulk equal to that of a large fist. Excepting from the dragging sensations eaused by its weight, it did not appear to have caused any pain or inconvenience. The right side of the scrotum was found, on examination, occupied by a smooth-surfaced, but rather irregular, mass of ovoid outline. It felt tense, but gave to the finger the idea of unequal density in different parts, and in some spots there was a kind of doubtful fluctuation. There was no transparency, and the cord, though encroached upon, was not diseased.

On May 1, removal of the gland was performed. Nothing unusual occurred during the healing of the wound, which was complete in less than three weeks.

Examination of the tumour, after removal, showed the epididymis healthy, but almost the whole of the testis itself converted into cystic formation. Within the thinned tunica albuginea were two distinct rounded masses, each of them made up of a collection of nodules and small cysts. The cysts varied in size from a pea to a small walnut, some of them containing a colourless fluid, and others a yellow, glairy, almost gelatinous one. Interspersed among these cysts were many pearly-looking nodules, of small size, each invested by a distinct capsule, and containing in its interior a bluish-white laminated material. In the lower part of the tumour were some imperfectly-formed cysts, and also collections of extravasated blood, and behind it was an irregular mass of carti-

(a) The specimen together, with a series of coloured drawings illustrating it, are in the Museum of Guy's Hospital.

lage. In this part, also, were some elements which under the microscope resembled those of encephaloid cancer. Both the growths appeared to have originated in the rete testis (a).

October.—The subsequent progress has quite supported the opinion that in this case cancer complicated the cystic disease The man was discharged from the Hospital in improved health, and returned to his occupation. About two months subsequently, however, he again applied for admission. His health had now given way, and there were indications of cancer in the abdominal cavity. Death took place in September, and the autopsy showed most extensive developments of malignant disease throughout the body.

KING'S COLLEGE HOSPITAL.

Case 4.—CYSTIC SARCOMA OF THE TESTIS.—EXCISION.—RECOVERY.

(Under the Care of Mr. FERGUSSON.)

In March, 1854, a healthy-looking man, aged 32, came under the care of Mr. Fergusson, on account of an enlargement of the left testis. The disease was attributed to a blow, which had been inflicted upwards of eighteen months before. No pain had attended the increase in size, nor was there any affection of the cord.

The man recovered well after the operation of excision of the gland, which was performed in the usual way.

On examination of the specimen, it was found that the body of the testis had been pushed aside, by the growth of a cystic tumour within the tunica albuginea. The tumour was, however, quite distinct from the structure of the gland itself, and might have been enucleated from its connexions with it. The whole mass was about the size of a turkey's egg. The tumour contained innumerable cysts of various sizes, lined by smooth membrane, and separated by more or less dense fibrous bands.

ST. BARTHOLOMEW'S HOSPITAL.

Case 5.—CYSTIC SARCOMA OF THE TESTIS.—EXCISION.—RECOVERY.

(Under the Care of Mr. PAGET.)

The following case has already appeared at length in our Reports, (August 7, 1852, page 139,) but in connexion with the present subject it may be convenient here to repeat a brief summary of its points:—G. B., aged 58, in good health, came under care on account of great enlargement of the right testicle. He gave the history—of having twice suffered orchitis in the same gland; once, when aged 9, from a blow, and again, sixteen years ago, after gonorrhœa. The last attack left the gland enlarged, but it remained, without additional increase, until five years ago, since which it had been gradually enlarging. No pain had attended it, excepting that caused by the mere weight of the mass. The tumour was of a long oval shape, firm, inelastic, heavy, and nearly as large as two fists. The cord was not affected, but the scrotum was somewhat reddened, and its superficial veins enlarged.

The operation was performed in the usual way on July 17, 1852, and the man soon afterwards left the Hospital.

Examination of the tumour showed it a good example of cystic sarcoma, in an advanced stage. The proportion of fibrous structure to cysts, was much greater than is usually seen, and was very firm, and little vascular. The tunica albuginea was entire, and the structure of the testis, though scarcely recognizable, appeared to have been spread out over the surface of the cystic growth. The cysts varied in size from a horse-bean to a pigeon's egg, and contained a clear, serous fluid. The man is believed to be in good health up to the present time, but he has not been recently seen.

(a) We have been less minute in the description of this interesting specimen, because it has already been reported on by Mr. Curling and Dr. Andrew Clark, at great length, in the last Volume of the Transactions of the Pathological Society.

TABLE OF CASES.—GENERAL COMMENTS, ETC.

Cystic sarcoma of the testis, although a disease much talked about, is, in fact, a very rare one. That such is the case, is shown by the circumstance that, from the practice of all the London Hospitals, during a period of nearly three years, we have been able to collect but five examples of it. Sir Astley Cooper, in his work on the testis (published late in life) mentions only five; Mr. Curling, in his first edition (1843) does not bring forward any original one; and allusions to very few indeed are to be found in our systematic works. During a period of two years, no case has occurred in the practice of those provincial Hospitals (twenty-three in number) on our list for the Statistical Report of operations. The same period of time would probably supply five times as many examples of medullary cancer affecting the testis. Under these circumstances it has seemed best, in order to avoid the risk of drawing erroneous conclusions, to add to the number of original cases which we have cited by tabulating together with them some others of which the particulars have been elsewhere published. In so doing, however, we do not profess to have made anything approaching to a collection of all recorded cases (a)—a task which would have been beyond the scope of our present object. Although, however, professedly incomplete, the appended table will, we trust, be found of considerable value in pointing to reliable conclusions.

Pathology.—Two views as to the nature of this disease have been put forward:—1st. That of Sir Astley Cooper, who believed that the cysts were dilated gland tubes, and proposed for the affection the name of the "Tubular Disease." This opinion as to its nature has been supported by the observations of some microscopists recently, (Mr. Quekett, Mr. Curling, and Mr. Jabez Hogg,) who have demonstrated the termination of tubules in cystic expansions. The great objection to it has been, that in almost all cases, on examination, the gland itself is found either pushed on one side by the tumour, or expanded over it. Generally the tumour is, in most parts, separated from the tubuli seminiferi by a distinct fibrous capsule. This seemingly almost conclusive objection has been met by Mr. Curling by the plausible theory that the disease commences in *the tubes of the rete testis only*, and rarely spreads beyond them, generally displacing by its growth the rest of the gland. Most of the facts with which we are acquainted, tend to support this opinion. In almost all specimens the position of the cystic growth in relation to the gland, is either such as to make it certain that it was developed in the rete, or not improbable that it was so. No reason is, however, yet assigned why the tubes of the rete should be affected by preference.

The second opinion is that of Mr. Paget, who states:—"The specimens that I have seen of it make me think that it is essentially a fibrous, or fibrous and cartilaginous tumour in the testicle, with more or less of cyst formation in the tumour." In support of this is, of course, the fact just alluded to, that the gland structure is usually expanded around the new growth, and easily separable from it. That separability, however, as far as we have been able to ascertain, never extends all round the tumour, the latter always possessing a base of attachment, in which its structure is continuous with that of the gland. This attachment, as has been said, is generally in, or close to, the rete testis. An examination of the testis, in Case 4, by the late Mr. Ludlow, which is recorded in the Pathological Transactions, was deemed by that gentleman to oppose the tubular theory, but it does not show any conclusive fact in favour of the other. It is very possible that Mr. Paget's ingenious conjecture may hold good in certain cases, but after Mr. Quekett's demonstration referred to, it must be admitted that it does not do so in all, and other facts make it probable that it does not in the majority.

Whichever theory be accepted as the correct one, the practice of removing both gland and tumour will, probably, remain the same. Even granting that, in certain cases, the tumour may be, in all parts, separable from the gland, the attempt to excise it alone would, probably, be attended with such injury to the former as would be irreparable.

(a) Our search has included the works of Pott, Cooper, Samuel Cooper Wadd, Curling, Fletcher, and Chelius; the Medico-Chirurgical Review, the last three volumes of the Pathological Society's Transactions, the museums of the College of Surgeons, of St. Bartholomew's and Guy's Hospitals.

TABULAR REPORT OF SIXTEEN CASES OF CYSTIC SARCOMA OF THE TESTIS.

Number.	Reference.	Age.	Duration.	State of Health.	Supposed Cause.	Result.	Examination after Removal.			Remarks.
							Condition of Tumour.	Gland Structure of Testis.	Epididymis.	
1	Case 1 of preceding Series (Mr. Coulson), page 392.	18	Three months.	Good.	None known.	Recovered. Quite well two months after.	Cysts and fibro-cellular tissue.	Expanded over the upper part of the tumour.	Healthy.	Probably the earliest age recorded.
2	Case 2 of preceding Series (Mr. Birkett), page 393.	33	Three months.	Tolerably good.	A blow.	Recovered.	Small cysts in great numbers. Fibro-cellular septa. Extravasated blood.	Expanded around the tumour.	Healthy.	Complicated with hydrocele.
3	Case 3 of preceding Series (Mr. Thompson), page 393.	25	Seven months.	Slightly impaired.	A blow.	Recovered, but died of cancer afterwards.	Cysts with finid and gelatinous contents, fibro-cellular septa. Cartilage. Cancer. Cholesteatoma.	Destroyed in part, and partly expanded over the tumour.	Healthy.	The tumour measured 4 inches by 3.
4	Case 4 of preceding Series (Mr. Fergusson), page 394.	32	Eighteen mnths or more.	Good.	A blow.	Recovered.	Innumerable cysts with fibrous septa. Some cysts contained intracystic growths.	Compressed on the upper and posterior part of the tumour.	Healthy.	The tumour measured 4½ inches by 2½. Intracystic growths.
5	Case 5 of preceding Series (Mr. Paget), page 394.	58	Eleven years.	Good.	Many years before had gonorrhœal orchitis.	Recovered.	A firm fibrous mass with a few irregular cysts.	Appeared to have been expanded, but was hardly distinguishable.	Scarcely to be distinguished.	Disease in an advanced stage.
6	Reports of Pathological Society Vol. IV. (Mr. Hogg), page 180.	30	Eighteen muths.	Good.	A blow on the pommel of his saddle.	Recovered, and remained well.	A large fibro-cartilaginous mass, interspersed with cysts.	Not described.	Not described.	Operated on by Mr. Hancock.
7	Sir A. Cooper's Work, page 87.	49	Two years.	Not mentioned.	None mentioned At first the gland seemed to diminish.	Recovered from the operation.	Cysts of various sizes. Vascular; size of fist.	Involved in the disease.	One mass with the testis.	
8	Sir A. Cooper's Work, page 88.	20	One year.		None known.	Recovered.	Numerous cysts of various sizes.	"In one part the testis was very compact."	Not mentioned.	
9	Sir A. Cooper's Work, page 89.	30	Four or five months.	Not mentioned.	None known.	Recovered.	"Full of cysts of various sizes."	Not described.	The spermatic cord was varicose.	
10	Sir A. Cooper's Work, page 89.	26 (?)	Its increase had been very gradual.	Good.		Recovered.	Not described.	Not described.	Not described.	Mr. Guthrie was the operator.
11	Museum of the College of Surgeons, No. 2387.		No history of the patient given.				Large, oval, smooth, 5 inches by 4, consisting of tough walled cysts, and fibrous tissue.	Spread out in a layer over the tumour.		The specimen is Hunterian.
12	Museum of the College of Surgeons, No. 2389.	40 (?)	One year.	Not stated.	Not mentioned.	Recovered.	Large, oval, smooth, 5 inches by 3. Cysts and fibrous septa.	Lost in the tumour.	Slightly enlarged, but healthy.	The operation by Mr. Liston.
13	Museum of the College of Surgeons, No. 2390.	33	Had long existed, but latterly grown fast.	Not stated.	A blow.	No return took place.	Cysts and fibrous septa.	"Natural Structure of the organ not discernible."		Some of the cysts contained lobulated intracystic growths.
14	St. Bartholomew's Museum.	40 (?)	Had grown slowly.	Good.	Not mentioned.	In perfect health four years after.	Cysts and fibrous septa.	Expanded around the tumour, chiefly below it.	Healthy.	Some cysts contained intracystic growths.
15	Medico-Chirurgical Transactions, Vol. XXXVI. (Mr. Curling), page 450.	37	Six months.	Of pale and somewhat unhealthy aspect.	None mentioned.	Recovered, and in good health 6 months after.	Cysts and dense fibrous tissue. Developed from the rete testis.	Spread over a part of the tumour.	Not described.	
16	Guy's Museum (Mr. Cock).	40				Recovered.	Cysts associated with enchondroma, and strumous deposit.	The disease was confined to the body of the gland.	Healthy.	
Totals — Average		4	21 months.	Good in 6.	Blows in 5.	In all recovered from the operation.	Cysts in all.	Expanded over tmr. in 8.	Healthy in 6.	In no fewer than three cases the cysts had developed intracystic growths.
Totals — Extremes		18 & 58	3 ms. and 11 yrs. in 3 the disease had been of "long duration."	Somewhat impaired in 3. None mentioned in 7.	None known in 4. Not mentioned in 7.		Enchondroma in 3. Cancer in 1. Cholesteatoma in 1.	Lost in the tumour in 4. Not described in 4.	Involved in disease in 3. Not described in 6.	

Diagnosis.—Sir Astley Cooper remarks of cystic sarcoma, "This disease is often mistaken for hydrocele; and I do not believe that the most extended experience, or the nicest and most minute manipulation or inquiry, will entirely prevent mistakes." However meritorious in candour, this expression may certainly be deemed to err on the side of self-distrust. From common hydrocele, the diagnosis is most easy, since the tumour in the one fluctuates, gives tactile vibration, and transmits light, while, in the other, it is totally wanting in all these respects. From hæmatocele, and from hydrocele with thickened cyst, the distinction is less easily marked, but in both of these, also, by care, the existence of fluctuation in the tumour as a whole, and the transmission of a vibratory impulse from side to side when struck, may generally be made certain; no approach to either of which is possessed by the encysted tumour. In hæmatocele and hydrocele the tumour is pyriform in shape, while, in cystic disease, it is ovoid. In both the former it bears pressure well, until the posterior part is purposely singled out, when the sickening pain of a compressed testicle is caused; in cystic disease, on the contrary, that peculiar sensation is produced, in slight degree, in almost all parts. It may be freely admitted that, to distinguish before removal a soft and rapidly grown example of cystic disease from one of medullary cancer, is sometimes a matter of impossibility. Both are ovoid tumours, both are opaque; in each there is the same sort of pain on pressure, and both give the finger the indications of local fluctuation. Even here, however, there are certain very trustworthy differences. In medullary disease, the scrotum is usually much reddened, adherent to the testis, and coursed by numerous enlarged veins. The cord is very often thickened, and the patient is almost always in failing health, *i. e.*, he has lost flesh, and has a quickened pulse. In cystic disease, the scrotum is not much increased in vascularity, does not adhere, and has but few visible veins. The cord is never affected, and the health of the patient is almost invariably good in every respect.

If, in any case, on careful examination of all the objective phenomena just alluded to, doubt should still remain, recourse must be had to the "surgical stethescope." A grooved needle, or still better, a very small exploring trocar should be passed into that part in which fluctuation is most apparent. If the tumour be hydrocele, a large quantity of transparent fluid will be drawn off, and the swelling reduced to little more than the natural size of the gland; if hæmatocele, a like reduction will be effected, the fluid removed being sanguineous; if medullary disease, a free and continuous stream of pure blood will flow, without producing any diminution in bulk; but, if cystic disease, there will be only the escape of a small quantity of serum, probably not a teaspoonful, followed by the oozing of a little blood. In the case of malignant disease, the diagnosis might be made yet more certain by microscopic examination of the fluid remaining in the canula after withdrawal.

Prognosis.—Cystic sarcoma may be complicated by medullary cancer, and in all such cases the prognosis is of course very unfavourable, the probabilities being that sooner or later the patient will die with reproduction of the disease either in the lumbar glands or some of the abdominal viscera (a). One such case is given by Cruveilhier (liv. v. fol. 1, fig. 1 and 2), and several others have been mentioned by different English Surgeons (Mr. Cæsar Hawkins, Mr. Curling, etc.). In certain other cases also, as has already been remarked, when the disease developes with unusual rapidity, the patient being young, and more especially when any failure of general health is observed, the Surgeon should, perhaps, give his opinion with some little reserve. In all other cases a favourable prognosis may be given with confidence; and, indeed, even respecting the class alluded to, we must admit that we do not know of any recorded instance in which, after removal of an uncomplicated cystic testis, any secondary reproductions of the disease ensued. The danger connected with the operation itself is probably next to nothing.

(a) In the paper already referred to Mr. Curling speaks of a malignant and an innocent form of cystic sarcoma. It would, perhaps, be quite as correct to designate the malignant element, when it occurs, as *a complication* of the cystic. It is generally, we believe, limited to a certain part or parts of the tumour, being, in fact, a new growth subsequent to the cystic formation. Mr. Curling's paper is a very valuable one. The following are, in his own words, the conclusions he arrives at:—

1. Cystic disease of the testicle occurs in two forms, an innocent and a malignant.
2. Both forms are the result of morbid changes in the ducts of the rete testis; this part of the gland being the sole seat of the disease.
3. The innocent form of the cystic disease is characterized by the presence of tesselated epithelium in the cysts.
4. The malignant form is characterized by the presence of nucleated cancer cells in the cysts.
5. Enchondroma occurs in both forms of the cystic disease, and almost constantly in old cases of the innocent, the cartilage being developed within dilated tubes.—*Medico-Chirurgical Transactions.* Vol. XXXVI.

HOSPITAL FOR DISEASES OF THE SKIN.

TREATMENT OF LUPUS BY THE APPLICATION OF IODIDE OF MERCURY, ETC.

(Case under the care of Mr. M'WHINNIE.)

A few years ago M. Cazenave published, in the *Annales des Maladies de la Peau et de la Syphilide*, his experience of the effects of the red iodide of mercury in lupus. In obstinate cases of this disease, particularly of the non-ulcerated form, with or without hypertrophy, the most favourable results have been obtained at this Hospital from the local application of that remedy.

The following case treated by Mr. M'Whinnie is selected: R. H., aged 25, a dressmaker, of nervous temperament, but in otherwise good general health, and of healthy parents, was admitted in January last.

The back of the right hand and fingers were beset with lupus of the tubercular form, amid much swelling of these parts from hypertrophy of the surrounding skin and subjacent cellular tissue. The unsightly appearance was further increased by the desquamation of the surface of the tubercles and the livid colour of the integuments. The disease made its appearance about ten years ago upon the knuckles; it afterwards invaded the back of the hand; and she noticed that it happened to spread over points which were formerly occupied by warts. She experienced no relief from any of the remedies suggested by several Surgeons both in England and France, when in 1852 she became for a short period a patient of M. Cazenave himself, who commenced the plan of treatment which, with some modification, has since been attended with so much advantage.

The topical remedies have consisted chiefly in the application of red iodide of mercury ointment (according to the formula introduced into the Pharmacopœia of the Hospital by Mr. Startin) (a) at intervals of three or four weeks to the diseased surfaces; these were always blistered with the vesicating fluid on the day preceding the employment of the caustic. The consequent swelling and acute pain which followed, (the latter continuing sometimes for thirty-six hours,) being relieved by emollient hand-baths and poultices. After a few days, either the red precipitate ointment was applied, or the parts wrapped in bags wetted with dilute nitric-acid lotion, according to the convenience of the patient.

The reduction of the chronic hypertrophy is mainly attributable to the employment of well-sustained compression for a week preceding each application of the caustic ointment. The general health has been attended to, and cod-liver oil and mild mercurials administered. By steady adherence to this plan the improvement has been uninterrupted, and almost the only trace now left of this disease is the discoloration of the skin.

Equable and firm compression, patiently and perseveringly continued by means of strips of plaster and bandages, is a most valuable adjunct in the treatment of this form of lupus conjoined with hypertrophy, and is further assisted by the use of mucilaginous and vapour baths.

In this way the swelling and deformity of the limbs resembling elephantiasis, and the most hideous distortion of the features resulting from lupus, may be relieved. Such a case, Mr. M'Whinnie observed, he had witnessed in the wards of M. Brett at the Hôpital St. Louis. The whole head and face were swathed with bands and rollers as accurately as an Egyptian mummy; the occlusion of the nostrils, which may arise both from the hypertrophy and subsequent cicatrization, being guarded against by the introduction of tubes or of cylinders of prepared sponge.

(a) ℞ Hydrargyri biniodi ʒi., adipis ʒii., emplastri opii ʒvi. Misce.

NOTES AND QUERIES.

Ye that questioneth much shall learn much.—*Bacon.*

No. 44.—Royal Touch for Scrofula.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—In Wadd's entertaining Mems., Maxims, and Memoirs—would that we had more such books!—there is a chapter on the King's Evil, in which the author says—

"The cure of scrophula by the Royal touch is the most singular species of quackery in the history of superstition. Lord Bacon says, that imagination is next akin to miracle-working faith. There was seemingly some of both, and a little money to boot, to keep this remedy in fashion; and as each patient touched a bit of gold, we may suppose, in this, as in other complaints, that some were cured of the King's Evil, who never had any other *evil* than that of poverty, which brought more patients and more fame to these royal practitioners than they deserved.

"The cure of the King's Evil (says Aubrey) by the touch of the king, does much puzzle our philosophers; for, whether the kings were of the house of York or Lancaster, it did the cure, *i. e.* for the most part. 'Tis true, indeed, at the touching there are prayers read; but perhaps neither the king attends them nor his chaplains."

So far Wadd and Aubrey: but though the latter tells us that prayers were read, it is not mentioned that there was a regular form in our Common Prayer-book to be used on the occasion. As it is probable that few of your readers have seen this form, I copy it for insertion in your "Notes," from "The Book of Common Prayer, etc. London. Printed by John Baskett, Printer to the Queen's Most Excellent Majesty," etc. 1714.

"At the Healing.

"Prevent us, O Lord, in all our doings," etc.

"The Holy Gospel is written in the 16th Chapter of Saint Mark, beginning at the 14th verse. 'Jesus appeared,' etc. to the end of the chapter.

"Let us pray.

"Lord, have mercy upon us, etc. Our Father, etc.

"Then shall the infirm persons, one by one, be presented to the Queen upon their knees, and, as every one is presented, and while the Queen is laying her hands upon them, and putting the gold about their necks, the chaplain that officiates, turning himself to Her Majesty, shall say these words following:—

"God, give a blessing to this work, and grant that these sick persons, on whom the Queen lays her hands, may recover, through Jesus Christ our Lord.

* * * * * *

"Let us pray.

"O, Almighty God, who art the giver of all health, and the aid of them that seek to Thee for succour, we call upon Thee for Thy help and goodness mercifully to be shewed upon these Thy servants, that they, being healed of their infirmities, may give thanks unto Thee in Thy holy Church, through Jesus Christ, our Lord. Amen.

"Then the Chaplain, standing with his face towards them that come to be healed, shall say,

"The Almighty God, who is a most strong tower to all them that put their trust in him, to whom all things in heaven, in earth, and under the earth, do bow and obey, be now and evermore your defence, and make you know and feel that there is none other name under heaven given to man, in whom and through whom you may receive health and salvation, but only the name of our Lord Jesus Christ. Amen.

"The Grace of our Lord Jesus Christ, etc. Amen."

Queen Anne was the last of our sovereigns who practised the Royal touch, and Edward the Confessor is said to have been the first. Charles II., in the year of his restoration, touched 6725 persons. "The kings of Scotland did not pretend to this gift, but when their James VI. came to the throne of England, the virtue straight appeared in him."—Wadd, p. 135. I am, etc.

Oct. 9, 1855. M.D.

No. 45.—Employment of Time.

Sir,—*A propos* of the much excellent advice to students, which has just been given in our Introductories, I have thought that the following quotation might be worthy a place among your Notes. It is from the writings of Mr. Charles Butler, who, at the conclusion of a long and laborious life, said of himself—

"Very early rising, a systematic division of his time, abstinence from all company, and from all diversions not likely to amuse him highly; from reading, writing, or even thinking on modern party politics; and, above all, never permitting a scrap of time to be unemployed, have supplied him with an abundance of literary hours. His literary acquirements are principally owing to a rigid observance of four rules:—To direct his attention to one literary object only at a time; to read the best book upon it, consulting others as little as possible; where the subject was contentious, to read the best book on each side; to find out men of information, and when in their society, to listen, not to talk."

Oct. 12. I am, etc. B.

ANSWERS.

To Query No. 40.—Chlorosis in the Male.

[*To the Editor of the Medical Times and Gazette.*]

1. De la Chlorose chez l'Homme. Par le Docteur T. Uzai. Paris, chez Baillière.

2. And see an extract in the *Abeille Médicale*, October 5, 1853, page 271. I am, etc. H. S.

To Query No 40.—Chlorosis in Males.

Sir,—Your querist L. A. C. will find the subject of chlorosis, or chronic anæmia resembling chlorosis, in males, treated of in Dr. Wood's "Practice of Medicine," vol. II. p. 253. Some important observations concerning the connection of this symptom with organic disease of the suprarenal capsules may be found in Dr. Addison's recent work, as well as in some papers by him published some years ago in the *Medical Gazette*. I am, etc.

Manchester, October 16. L. L. L.

To Query No. 40.—Chlorosis in Males.

Sir,—The best observations on chlorosis in males, its causes, symptoms, etc., with which I am acquainted are made by William Shakespeare, and date more than two centuries and a-half back. In commending the "twofold operation of good sherris sack," Falstaff is made to say of its neglectors, "There's never any of these demure boys come to any proof; for their drink doth so overcool their blood, and making many fish meals, that they fall into a kind of *male green sickness*," etc., etc. The whole passage is too long for me to quote it here, but your correspondent may find it in the third scene of the second part of Henry IV. Without venturing to commend its teaching, I believe it contains some material philosophy which is well worth study, especially in relation to opinions now fashionable. I am, etc.,

London, Oct. 15, 1855. Avon.

Medical Times & Gazette.

SATURDAY, OCTOBER 20.

PUBLIC HEALTH ACTS AMENDMENT BILL.

At the close of the last Parliamentary Session, there was an issue of the Public Health Acts Amendment Bill with a view to its being considered during the recess, and in the expectation that there would be, from various quarters, such expressions of opinion as to the Amendments proposed as would assist the authors of the measure, in their future attempts to overcome the opposition by which they have recently been defeated.

Among the Medical Profession there may be found one or two rare instances of adherence to the uncleanly party who can discover nothing prejudicial to health in the abominable nuisances which it is the object of the Public Health Acts to

prevent; but we can with confidence speak in the name of the Profession generally, when we earnestly call for those improvements which have been proposed with a view to render the Public Health Acts as perfect and effective as legislation can make them.

We should the more cordially support the measure now submitted for consideration, if Sir Benjamin Hall, or any other person who may next introduce the Health Acts Amendment Bill, would place the standard of mortality at its proper level, so as to authorize the General Board of Health to compel its application whenever the rate of mortality exceeds 17 in a thousand. The recent failure of the Bill, which proposed several methods of increasing the efficiency of the present law, is much less to be regretted, as its authors were willing to submit to an absurd alteration in Committee, by which a bonus to disease was to be given by the addition of two lives to the number of 23 in a thousand—the too liberal allowance at present sanctioned by law. If, as has been shown, there need not be above 17 deaths in a thousand, we cannot rest satisfied with the power which suspends all compulsory action in favour of public health until the mortality rises to 23. Much less can we see the consistency of that kind of reform which gives to the pestilence a still larger amount of prey before its ravages are resisted.

If the public health is really of value, increased facilities should be given for its application. At present, it is impossible to secure for the inhabitants of a district the advantages of the Act, unless it be applied for by a tenth of the rated inhabitants. The object of the measure which has lately been defeated, is to secure for every part of the country the application of the Act, if there should be any obvious necessity, or any earnest wish among the inhabitants, to have it brought into operation. If no organized local authority, such as a Town Council or a Board of Health, be in existence, then it is proposed that a public meeting of the ratepayers be called, and the Act adopted by a majority of the meeting, or by a majority of the ratepayers whose votes are taken by a ballot. We are not convinced that there will be found throughout the country such a perception of the value of sanitary laws as would secure for such districts as are now contemplated the benefits to be secured by the application of the Act. It is, however, right to place in the power of all who are interested in the subject, the opportunity which is now withheld from them; and as the laws of health are being extensively propagated, this class may be expected rapidly to augment.

It has been found that the efficient working of the Public Health Acts has been considerably diminished in consequence of the expenses attendant on an application to Parliament in all cases in which it is necessary for the local boards to obtain additional land for their works.

The average cost of an application to Parliament, in these circumstances, is about £2000, which is frequently more than the value of the land required. It was the object of the Amendment Bill to avoid these expenses, by embodying Land Clauses Consolidation Act with the Public Health Act. This proposal, which must commend itself to the public, was one of the causes of the opposition, in consequence of which the Bill was lost. Perhaps it is contrary to experience to expect that the classes who live on the enormous fees which make up these large amounts, should be willing to forego them for the public benefit, or that they should surrender them without a vigorous resistance.

Parliamentary agents, well-fed barristers, engineers, and professional gentlemen of various kinds, have been extremely active in their opposition to the efforts which have been made in Parliament to bring these expenses within reasonable limits. For the present, they have been successful; and, as the result, we have a Public Health Act in name, and in little more than name. The difficulty, in all cases, of bringing it into operation is extremely great, and in some cases the public cannot avail themselves of its provisions. We must, for the present, be content with things as they are; but we hope that such steps will be taken as will prepare the way for success when a fresh attempt is made, as is promised early in the next session.

ELECTION OF A POOR-LAW MEDICAL OFFICER AT OXFORD.

A Meeting of the Guardians of the Oxford Union lately took place for the election of a Medical Officer to one of the districts. The meeting was of a highly respectable, and, we presume, intelligent character; for it comprised the Vice-Chancellor of the University, the Mayor of Oxford, the Rector of Exeter College, and a number of clergymen and aldermen; thus forming a remarkable contrast to the coarse and vulgar materials of which Boards of Poor-Law Guardians are too often composed. The proceedings are of some length, but we have thought it necessary, for their due comprehension, to extract them entire, and we accordingly publish them at page 404 of the present number.

Although the speakers were numerous, and the sentiments various, yet the pith of the whole matter lies within a very narrow compass. It seems that on the occasion of a vacancy in the office of a Medical Attendant in the Industrial School District, several Medical gentlemen offered themselves as candidates, most of whom possessed the necessary legal qualifications. One gentleman, however, who was the favourite candidate, was found, upon inquiry, to be without the grand requisite, in other words, without the necessary certificates to enable him to fill the office. Under these circumstances, we should imagine that in common justice and common fairness, the electors should have passed over the unqualified candidate, and appointed one who had complied with the requirements of the Law. But as the Guardians found the law against them, some of them attempted to break through it, and one of the Aldermen advised that "they should elect Mr. Hitchings under any circumstances, *and take the chance as to the result.*" But this advice was rather too strong, and we find that some of the more moderate members of the Board thought it better to propose, by way of compromise, that one of the other candidates should be elected, on the distinct understanding, that he was to vacate his place as soon as Mr. Hitchings had obtained his qualifications; and, if the report, as we have received it, is correct, we are informed that this candidate really accepted these degrading conditions. We are informed that Mr. Godfrey, the candidate in question, who possesses, according to the "Medical Directory," all the necessary legal qualifications, and who, we are assured by the Mayor of Oxford, has had thirty years' experience, and is beloved by the poor; this gentleman, we say, "undertakes to retire, whenever Mr. Hitchings presents himself as an eligible candidate." We could hardly believe that we were quoting correctly, were we not writing with the Report before us. What! Here is a gentleman, with thirty years' experience, possessed of all the legal qualifications to practise his Profession, and who is beloved by the poor and eulogized by the Mayor of Oxford, and who promises to vacate his office whenever a gentleman, who is legally disqualified, completes his studies so as to enable him to become a candidate! If this Poor-Law appointment is worth anything, then by all means let it be given to Mr. Godfrey, the qualified candidate; if it is worth nothing (and very few Poor-Law Medical appointments are worth much), then let the Guardians augment the salary and still present it to Mr. Godfrey, who is already

beloved, and whose services are appreciated by the unfortunate sick poor.

Of the merits of this case, beyond the facts which appear in the Report, we know nothing; of the candidates for the vacant office, we never, before, heard a single word; and, if the transaction had occurred in some vulgar parish coterie, we should have treated the whole affair with ridicule and contempt; but the highly respectable and distinguished persons who are strangely assembled together in this Board of Oxford Guardians, give so much importance to the proceedings, that we are induced to consider the matter in a more serious light than usual, and we are tempted to offer a few remarks upon the law and the justice of the whole proceeding.

The science of Medicine, although originally one and indivisible, is distributed into several branches, for the sake of convenience; and he who has acquired proficiency only in one branch is certainly not so competent to practise his Profession with success, as the man who has studied all the sciences, and mastered all the details, which constitute proficiency in the Medical art. Hence, Mr. Hitchings, the candidate for the Oxford appointment, who possesses only a diploma in Surgery, is not so competent to practise his Profession with success as Mr. Godfrey, who possesses a Diploma in Medicine as well as Surgery. If the Guardians were prepared to elect two Medical officers, one to perform the Surgical operations in the district, and the other to attend the Medical cases, then Mr. Hitchings would, undoubtedly, be eligible to fill the former appointment, and, *cæteris paribus*, might fairly be elected; but, inasmuch as the duties of the appointment comprise both Medical and Surgical attendance, then Mr. Hitchings is *not* eligible, because he possesses no Medical qualification, and has given no legal evidence that he has studied Medicine. Again, in a mere commercial point of view, it is very unfair that a man who has only *partially* studied his Profession, and has therefore expended a smaller amount, both of time and money in so doing, should be placed in a position of equal advantage with the man who has conscientiously, and often at great sacrifice, endeavoured to perfect himself in *all* branches, so as to become a competent and safe Practitioner.

In the Oxford case, now referred to, the Poor-Law Commissioners decided that Mr. Hitchings was not legally qualified, and if, in spite of this decision, the Guardians had elected him, the superior Board in London would, no doubt, have annulled the appointment. In thus acting, the Poor-Law Board not only deserve the thanks of the suffering poor, but they also deserve the gratitude of the Profession; for it is a very poor reward for a Medical man, after toiling through all the complicated studies which are to qualify him to practise Medicine and Surgery, or, in other words, to minister to the general sufferings of the community in localities where division of labour is impossible, to find himself placed upon an equal footing with a man who is only half-educated, but who happens to have local interest with the Guardians.

As logic is a favourite study at the University of Oxford, we trust that we have put the case in such a logical manner, that the worthy dignitaries of that ancient seat of learning may be convinced of the force of our reasoning, and select the best qualified candidate for the vacant Medical appointment in the Industrial School District.

THE WEEK.

A curious case has been decided by Sir Peter Laurie at the Mansion-House. It seems that the Royal Society for Preventing Cruelty to Animals have interfered with the Jews respecting their mode of slaughtering bullocks for food. According to the law of Moses, the eating of blood in any shape is prohibited; the blood of all animals intended for food must be freely poured out and thrown away, and all flesh is prohibited that has been slaughtered by strangulation, concussion, or any other way than by freely cutting the veins. The Jews, to this day, employ special officers to superintend the killing of oxen, and the animals are slaughtered by cutting their throats and letting them bleed to death; the common mode adopted of late years, among ordinary butchers, being to stun the creatures first by a blow with a poleaxe, then to destroy the medulla oblongata, and divide the large vessels afterwards. The Society for Preventing Cruelty to Animals allege that the Jewish mode is a cruel one, and appeal to the law to suppress it. It certainly appeared from the evidence that the beasts are rather longer in dying, but anything like cruelty was not proved, and the magistrate most judiciously dismissed the case. Our obstetric friends will agree with us, that death by hæmorrhage is not necessarily painful, and that the convulsions which precede death are more distressing to the spectators than to the victim. We certainly consider that the Society have not endeavoured to eradicate all cruelty from Christians before embarking in this crusade against the Jews. Why not render the killing of pigs more humane? They are bled to death, yet not by Jews. But is it possible that many piously-disposed persons, who would shrink from torturing an irrational beast, yet would have no objection to a quiet *dig* at a Jew in his tenderest point,—his attachment to his religious traditions?

Our letters from Renkioi this week express most encouraging opinions as to the prospects of Dr. Parkes's Hospital there. Two hundred and seventeen sick and wounded arrived on the 2nd of October from the Crimea, and the whole were landed in one hour and twenty-five minutes. Forty of the cases were wounds received in the assault on the Redan on the 8th of September. Mr. Spencer Wells, the Chief Surgeon, arrived from Smyrna on the following day, and commenced his duties as Superintendent of the Surgical Division. The two Chief Physicians, Dr. Goodeve and Dr. Robertson, are both at their posts, as are the remainder of the Medical and Surgical Staff, with the exception of a few who have volunteered for temporary service in the Crimea. One of these gentlemen, Mr. Maunder, tied the carotid artery, in a case of secondary hæmorrhage, the first night he was on duty in the camp. Further arrivals of sick are daily expected. Dr. Parkes has shown the utmost energy in making every necessary preparation for their reception.

Mr. Bracebridge, a gentleman who accompanied Miss Nightingale to Scutari, has been making a speech at Coventry containing some allusions to Medical matters, which deserve a short notice, more especially as they are endorsed by the *Times*, in a leading article. He tells his auditors:—

"As a proof of the obstinacy of the English Medical Department, he might mention, that they continued to pursue the old system of treatment, notwithstanding the advice of the French Physicians. From this cause alone, not taking into account the climate, many persons perished who might have been saved, had it not been for those prejudices."

This we may dismiss with the observation, that neither Mr. Bracebridge nor the *Times* can be accepted as judges in such a matter. What follows is more serious:—

"He had a word or two to say in dispraise of some of the Medical gentlemen. He would not mention names, but, though one of them was of superior rank, his deeds were far from being superior. He actually took the butter from the poor sick men, and threw it away. This butter had been given them by Miss Nightingale, ordered by the Medical men, or purchased by themselves. The excuse which he made for this heartless action was most frivolous. The men, he said,

ought not to have butter, as it was against Medical *etiquette;* if they had butter, they would be having cakes next, and from that, probably, they would have nuts, and afterwards, perhaps, take gin. He therefore took the butter from them, and threw it away. Another cruel act of this man was worthy of mention. At the head of each soldier's bed was a shelf, placed on purpose to hold any little things that the poor sick men might want. One poor fellow had three Bibles and three tracts on his shelf, and this Doctor, when visiting him, said, 'What is the meaning of this litter?' The man replied that two of them were Bibles, given him by his comrades as keepsakes, and that the other was his own. The answer was, 'You don't want three of one sort.' The Doctor then took two of them away, and placed the other on a table in the centre of a room, where the poor man could not get at it, having undergone two operations, and having had his feet amputated. The poor man, however, recovered, notwithstanding that a third operation was imminent, and he was now in England."

Mr. Bracebridge must recollect that, in an Hospital, the Medical officer must be supreme:—in questions of diet, recreation, and every other considerable point. There may be reasons, which we are unacquainted with, for this Medical officer's conduct; and Mr. Bracebridge's version of the affair may be, however unintentionally, perverted. But we are sure that the whole Profession will join us in condemning such acts of petty tyranny as those of which this man must be considered guilty, if Mr. Bracebridge's account of the affair is not exaggerated.

The first meeting of the Pathological Society for the coming winter took place on Tuesday, and was of unusual interest. Among the best proofs that could be given of the prosperity of the Society, and the value of its labours, is a circumstance which was then mentioned by the President. t appears that the permission of the Society had been sought by the printer of its Transactions, to republish the early volumes which are now out of print. The permission has, of course, been given, and the volumes will be reproduced accordingly, if, as there is no reason to doubt, a sufficient number of subscribers be obtained.

REVIEWS.

On the Disorders of Infantile Development and Rickets, preceded by Observations on the Nature, Peculiar Influence, and Modifying Agencies of Temperaments. By A. Schœpf Merei, M.D. London: J. Churchill. 1855.

The author of this work appears to be a Hungarian Physician, who, after having passed several years in some of the principal towns of Austria, Germany, and Italy, mainly in Hospital practice, established himself at Pesth, where he was Physician to a large Hospital: but, being involved in the political troubles of the year 1849, he travelled for some time on the Continent, and at last settled in Manchester, where he lectures on diseases of children, at the Chatham-street School of Medicine. The command which he seems to possess over the language of his adopted country is very remarkable, and very characteristic of the author's nationality.

The first part of the work is devoted to a comparison of the diet, climate, temperaments, and other circumstances which produce modifications of health and disease in various countries. The second part is devoted more especially to the subject of rickets, and the allied varieties of debility and deformity which arise when children are brought up under circumstances unfavourable to health. This part of the work bears the signs of considerable research, and of practical ability; the directions for treatment are judicious, and we fully concur with the author in the far greater importance which ought to be ascribed to pure air and bright light, than to mere quantity of food.

It is the first part of the work, however, which is the most curious and deserving of attention, and we purpose to present our readers with a few extracts, which may convey Dr. Merei's impressions of the differences between the English climate, diet, and mode of practice, from those of the Continent. It is fair to say, at starting, that the author does not profess to treat this part of his subject in a very rigid or systematic way, but rather "to furnish such facts and illustrations as he has been enabled to derive from a varied and wide-spread sphere of personal observation."

Regarding the much-abused English climate, our author remarks on the moderate coolness and humidity which prevail almost throughout the year, and which arise from the great gulf stream, that vast oceanic current which sets from the coast of Mexico to the shores of England. Changes of temperature are, no doubt, extremely frequent; but then they are not great in degree. For example, the average temperature of winter is 40° Fahrenheit; but of summer, 60°; the extremest changes comprised within a range of about 65°; whereas, in Germany and Hungary, the extremes of heat and of cold at their respective seasons are much greater, and the range of the thermometer at least 100°. Such extreme changes give great force to the development of particular temperaments on the Continent.

"The climate of this country differs from that of the others by less extremes of heat and cold; consequently it has an adequate milder and more equable influence on constitutions, blood, and nervous systems, which are the organic basis of temperaments." "Great Britain has the most unsteady weather through the whole year. There are few days without repeated changes, but these changes are of much less difference, just less in a day, in proportion to the lesser difference between the extreme seasons of the year."

The English light, too, partakes of the character of the weather:—

"In the evening the light fades slowly and imperceptibly; the horizon is tinged with a soft grey light, and the 'solemn stillness' of the air is delightfully tranquillizing. Thus, on the whole, amidst more frequent changes, the English temperature is more moderate and equable, therefore less exciting and trying for the organism, allowing the functions to work in a more steady way. This more quiet run of the life-process in the blood and nervous system seems to have its correspondent effect on the national temperament."

Our author we find next remarking on the deficiency of *bright* sunshine, which deficiency he believes to be the cause of the non-development of the sanguine temperament. He believes that the English voice is deficient in sweetness, force, and melody. Our green vegetables he admits to be luxuriant, but very defective in flavour. The same with our fruits and potherbs; large in size and specious to the eye, they are destitute of the aroma which can only be developed by an intenser heat and light. In consequence of the humidity of our atmosphere moderate degrees of heat are often accompanied with *closeness* and a feeling of languor. Our dress, like our climate, Dr. Merei finds not to be subject to extreme variations.

"Nowhere has he found so little distinction made by the *masses* of the people between winter and summer dress. Fur dresses are not required in winter, and the male sex entirely dispenses with them. Flannel, on the contrary, is much more constantly worn here than anywhere else. Remarkable is the circumstance that many females, particularly those who belong to the middle and lower classes, dress exactly alike in August as in January, and may be seen on the finest days of which this climate is capable, with a long fur wound round the neck." He then comments on our great use of fires; on the popular fears of *catching cold;* on the infrequency of great perspiration among the English, and their neglect of warm baths.

But it is in respect to the *diet* that our author's sentiments are the most strongly expressed.

"The *diet of the people of England,*" he says "differs widely from all those before mentioned, in the following particulars:—They use much more animal food, and this of a more succulent, invigorating quality—above all, beef and mutton—than any people on the Continent." He adds,

"I scarcely believe the British country people could maintain themselves in a satisfactory physical or moral condition upon mere bread and potatoes."

Satisfactory is one thing; but, if Dr. Merei ever visits Dorsetshire, he may find large masses of agricultural labourers who can scarcely get good bread and potatoes, and yet exist somehow.

"Never, before coming to England," he says in a burst of

enthusiasm," had I an adequate idea of so nutritious, so strong a kind of aliment, as the English roast-beef. It well deserves the reputation it possesses of being the national dish; and I could scarcely have believed, had I not been practically convinced, what an amount of difference it makes, to eat roast-beef regularly for a time, prepared by the sudden action of intense heat, by which a superficial crust of coagulated albumen is formed on the outer surface, and thus the evaporation from the interior of the piece effectually prevented, or to eat boiled beef, and the broth of it (*bouillon*), separately and successively. Although it would seem that, in the latter case, nothing of the nitrogenous constituents is lost; still, it cannot be denied that, by boiling, the flavour, and consequently the stimulating principle, becomes diminished, both in the broth and the meat; nor is it indifferent to eat fibre and albumen penetrated and soaked with water, and to eat them unmixed in the English way."

Dr. Merei adds, that he has made this point the subject of careful experiment, on a number of ladies and gentlemen, English and Germans, and found that the foreign was decidedly a less stimulating diet than the English.

We are glad to receive from an intelligent foreigner, this triumphant vindication of our national *rosbif* and *biftek*. The true substitute for the English sun, after all, is a roaring kitchen fire; and a good solid diet of meat enables us to compete in persevering effort, if not in hilarity or vivacity, with the natives of sunnier climes. Port, sherry, madeira, and brown stout, our author also finds to be exceedingly congenial in the winter months; in the summer, he justly prefers claret. We must confess that we feel proud that so sagacious an observer should be added to the list of English Physicians, and we wish him heartily success. One stroke of Dr. Merei's pen, on the subject of national diet, vindicates it from the coxcomical objections of writers who, on the strength of a fortnight's visit to Paris, think themselves entitled to rail at a joint of meat, and sigh for stews and kickshaws.

We should gladly fill another column with extracts from Dr. Merei's clever and chatty book; but our space forbids more than our recommending it to all the Medical book-clubs in the kingdom.

On the Nature, Treatment, and Prevention of Pulmonary Consumption, and, incidentally, of Scrofula; with a Demonstration of the Cause of the Disease. By Henry M'Cormac, M.D. Pp. 111. London: 1855.

Whatever may be the opinion entertained by the Profession of the truth of the views on Pulmonary Consumption advanced by Dr. M'Cormac, there can be but one sentiment as to the learning and sagacity which this accomplished Physician has brought to his task. He starts upon the theory, that as carbon predominates in the chemical composition of tubercle, so the cause of phthisis is the accumulation of carbon in the system, in consequence of the imperfect or insufficient performance of the respiratory function.

"The carbon is retained, in other words, it is not discharged, or sufficiently discharged, from the blood in the lungs, and finding no adequate outlet by the liver, skin, or other possible emunctories, being neither burnt off in the lungs nor expended in the tissues, is deposited mainly as a hydro-carbon, in the lungs and other organs, under the form of the bodies known by the designation of tubercles.

"Everything, therefore, which prevents the oxygenation of the carbon, and the consequent evolution of carbonic acid from the system, helps to retain carbon in the tissues, and to develop it in the form of tubercle in the lungs and elsewhere. The predisposing causes of tubercle are chiefly atmospheric, a free supply of air tending to guard the patient against its attacks, while close and confined habitations and sedentary employments are sure to invite its ravages."

Dr. M'Cormac enforces his precepts by example:—"For years I have slept with my chamber-window open! For years my family, protected by sufficient night-coverings, have done so. For years, too, those whom I have induced to follow the same course, have slept with their chamber-windows open, with every conceivable advantage, so far as the respiration of a pure, genial atmosphere, else necessarily close and corrupt all night through, can prove advantageous. If the open air by night had been hurtful, the birds of the air and the beasts of the field must have perished long ago. If the night air were pernicious, the myriads of our species, who for months of every year never see the sun, and who for that period can have no day air at all, must also have perished."

As pulmonary consumption depends upon the presence of tubercle in the lungs, and as tubercle depends upon the undue accumulation of carbon in the system, and as carbon is one of the chief constituents of cod-liver oil; *ergo*, the use of cod-liver oil in pulmonary consumption is rather hurtful than otherwise. "This substance" (cod-liver oil) "contains no active principle or ingredient of any kind. It is not calculated, either directly or indirectly, to exercise the slightest favorable influence on the symptoms or the issue of phthisis. And, although the extent of its exhibition be perhaps without a parallel in the history of popular remedies (ten thousand a year, it seems, being expended in advertising), it has not exercised any, the faintest, appreciable diminution in the cipher of the mortality from phthisis. Of what avail will be the increase of bodily weight ascribed to its continued use, unless the tuberculous habit be at the same time abated? *In effect, the cod-liver oil can but furnish fresh material for the further deposition of tuberculous matter itself.*"—P. 89.

Equally inefficacious, if not injurious, according to Dr. M'Cormac, are the respirators so much worn by persons suffering from tubercular consumption. The object is to obtain for the patient a constant supply of fresh, cool air, and the respirator makes him breathe foul, warm air. "In fact," says Dr. M'Cormac, "the respirator impedes respiration!"

The proper treatment of consumption, therefore, is to cause the patient to breathe fresh air, to give him tonics, to allow a liberal and nutritious diet, and to check unfavourable symptoms when they arise.

It will thus be seen that Dr. M'Cormac is an independent thinker and Practitioner, and that some of his views are at variance with those usually entertained. Although ourselves unconvinced by his reasoning at present, we have seen too many changes in Medical theories and modes of treatment, to denounce his views as unsound, and we are grateful that his very luminous arguments are calculated to make us reflect, and put our own practice again to the unerring test of experience.

The Medicinal and Economic Properties of Vegetable Charcoal; with Practical Remarks on its Use in Chronic Affections of the Stomach and Bowels. By James Bird, M.R.C.S. Pp. 82. London. 1855.

The deodorizing property of charcoal has long been known; its disinfecting power has been asserted, but has lately been called in question; and its medicinal virtues have been recently the subject of examination, both in this country and in France. In the volume before us, Mr. Bird presents us with an account of the therapeutical applications of charcoal, collected from various sources, the chief authority for its internal use being M. Belloc, a French Army-Surgeon, who was induced to employ it upon some of his patients, in consequence of its beneficial effects upon himself. The cases in which it has hitherto been found successful are certain disorders of the stomach and bowels, not marked by acute inflammation or organic disease, but characterized by nausea, sickness, acid eructations, pyrosis, etc.; and it has been recommended in some cases of dysentery and English cholera. The mode of its administration is in powder, in doses of about twenty grains or half-a-drachm in a glass of pure water, or it may be made into a pill. Vegetable charcoal is preferable to animal, and that obtained from the wood of the poplar, is said by M. Belloc to be superior to any other kind.

Besides the internal administration of charcoal, it is well known as a useful external application to foul ulcers; and it is also proposed to employ it as an injection in leucorrhœa and other uterine affections. The medicinal effects of charcoal deserve investigation.

Medical Anatomy. By Francis Sibson, M.D., F.R.S. Fasciculus III. London: Churchill.

This series forms a worthy companion to the delineations of Surgical Anatomy, by Mr. Maclise. The first plate exhibits the anatomy of the larynx, trachea, bronchi, and lungs; the second that of the ribs, diaphragm, left lung, heart, and great vessels; the third exhibits the heart and great vessels after the left lung has been removed. It is needless to expatiate on the value of works like these. They do not, it is

true, supersede the necessity of dissecting and of observing, after death and during life; but they are most important and useful auxiliaries both to Students and Practitioners. The price of the work is wonderfully cheap, so as to place it within the reach of all. The accompanying pathological remarks are excellent.

Surgical Anatomy. By Joseph Maclise. Second Edition. Fasciculus X. London: Churchill.

The extraordinary beauty of these illustrations, their extreme accuracy, and the cheapness of the whole work, have long rendered Mr. Maclise's name a "household word" among Anatomists and Surgeons. We are, therefore, happy to welcome a second edition, which will, no doubt, be rapidly exhausted. The Fasciculus before us contains three plates, the first two of which comprise the surgical anatomy of Femoral Hernia in the male, and the third exhibits the relative anatomy of the pelvis. To the Student these plates are indispensable.

GENERAL CORRESPONDENCE.

ALLEGED HOMŒOPATHIC TENDENCIES AT THE LIVERPOOL MEDICAL INSTITUTION.

[To the Editor of the Medical Times and Gazette.]

Sir,—At a Meeting of the Council of the Liverpool Medical Institution, the following Resolution was unanimously passed:—

That "this Council having taken into consideration two letters which appeared in the *Medical Times and Gazette*, on the 18th August and 1st September last, signed 'A Member of the Council of the Liverpool Medical Institution;' in which it is asserted that 'the Liverpool Medical Institution enjoys the unenviable notoriety' of identifying itself with Homœopathy: thereby 'exhibiting a pitiable specimen of pusillanimous inconstancy;'—it is resolved that the statements so made are not only not true, but that the very contrary is the fact."

[The letters in question were written by a gentleman who sent us his name in confidence; we inserted two letters from Mr. Fletcher in reply to them, and we are now happy to find that the Liverpool Medical Institution completely exonerates itself from any supposed leaning towards the encouragement of the Homœopathic quackery.—Ed. *M. T. and G.*]

MEDICAL BENEVOLENT FUND.

[To the Editor of the Medical Times and Gazette.]

Sir,—I had thought that I had entirely abandoned the pen, for the small remnant of life which probably awaits me; but several circumstances combine, at present, to draw out the flickering energies once more in support of the Benevolent Fund. Perhaps this is threatened, in some degree, by the very unsatisfactory state of the Provincial Medical and Surgical Association; but I think not largely; for the number of its subscribers, who are also subscribers to the latter, is small in comparison; and the number of its supporters, for its own sake, and for charity's sake, is so large, that anything like a serious defalcation of its funds, on account of the disruption of the Association is not to be apprehended. It has not been the practice of the Benevolent Fund to resort to any motives except those of pure, unsophisticated benevolence, to secure its support; no secondary means have been employed, no boon in return for support has been held out, except that arising from the luxury of doing good for its own sake, and relieving the wants and miseries of our Professional brethren when they have fallen into virtuous distress; and though the number of our supporters has been diminished by the larger promises, the selfish interests, and the local habitation, and enormous expenditure of the Benevolent College, yet, after all, the quiet, unostentatious, proceedings of the Benevolent Fund, the small amount of its annual expenses, the large amount of positive good effected in every year, and the moderate, yet constant, diffusion of its annuities, to be enjoyed at home, have presented claims to support which have proved irresistible. To this must be added the very nice little asylum at Chippenham, given by Mr. Bailey, affording a retreat in old age from the contumelies of life, with all the quiet of domestic home, and free from all the turmoils necessarily incident to the aggregation of a large family, with divided interests, in one great almshouse. It is not for me to institute a comparison between the Benevolent Fund and the Benevolent College; their object was originally distinct, their different track was originally dissimilar; and had this been maintained, I could have wished the College God-speed with all my heart. But in an evil hour it was resolved by a majority of the Council (not unanimously) to trench upon the plans of the Benevolent Fund, conscious that they could not do so at present; conscious that it would be perhaps seven or eight years before they could do so in any practical measure, but aware that the promise to do so would be a means of securing to themselves support, and thus accomplishing their primary design—"Rem, rectè si possis, sed quocunque modo, Rem." Those who sought for the exclusive good of the Profession, unaccompanied by the glorification of any individual, not only for the advertisement of any architect, untarnished by an enormous outlay in bricks and mortar; unalloyed by vain public meetings and useless display, and reckless advertisement, felt the injustice of this encroachment, and became firmer friends of the Benevolent Fund; but how few were these compared with the many who were led away by selfish interest—by every variety of temptation—by a building rising upon Epsom Downs—and by large promises, which it was not in the power of the Committee to realize! I am indeed reminded by the day on which I write (October 3rd) that to-day the portals of the College are to be opening for the reception of youth; and, oh! if the designs of the College had been limited to secure the best possible preliminary education for our Professional youth, what an unalloyed blessing would have been secured, instead of breaking the heart of the widow, who, in the bitterness of her disappointment, finds herself shut out from all the present blessings of the College, because she has not £15 a-year. I was tempted at one time to publish the numerous letters of disappointed applicants for a home and for relief; but to do so might appear vexatious, and I refrain from anything which might appear personal or pettish. I would only call once again upon every member of the Profession, and upon all those who would support our Profession, to think once more on the claims advanced by the Benevolent Fund; on its promises kept; on its large amount of good yearly accomplished now for twenty years; on its being the only Society which can relieve present and temporary distress; on the promptitude with which its aid is afforded; on the annuities which it gives to decayed members of the Profession; and on the quiet, peaceful retreat which it offers on Chippenham Downs, and then say if this Fund does not present a larger claim to support than the Benevolent College. By all means support both, because of the prospective good of the latter; and if you cannot afford an annual guinea to both, why, divide it, and give to each an annual half-guinea; but let it not be said that the only working fund in the Profession was made secondary to the operations of a fund which promises to relieve casual distress in seven or eight years—"Carpe diem, nimiùm credula postero."

It has been said, how infinitely more advantageous would it have been had the sum invested in bricks and mortar on Epsom Downs, been invested in Government Securities, and doled out as annuities, to be enjoyed at home. Granted, says the opponent; but then we should never have got the College. To this argument of expediency it may be replied, it is allowed; but you would have done much more good; you would have enjoyed the consciousness of having done unmixed good; and you would have saved the bitter pang o disappointment which you have now inflicted on many a worthy bosom, riven by distress to its inmost core.

I am, etc. W. Newnham,
Treasurer of the Benevolent Fund.

PYÆMIA RESULTING FROM SLIGHT ABRASION OF THE EPIDERMIS OF THE HEEL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Some days since, I was requested to visit a lad, aged 13, the son of a tradesman in the place. The previous history was to this effect:—The boy had been active and well up to three days since, when he complained of a pain in the heel,

from friction of his boot, and although he would still get about, he felt some general indisposition, which induced the mother to administer an aperient. This not having done sufficient duty, (according to the mother,) a stronger dose was given next day. On the following morning, being no better, and the foot a little swollen, although not discoloured, and some pain in the joints, a Medical man was called to see the boy, who imagined the case would turn out to be rheumatism, and prescribed accordingly. Towards evening, the swelling of the foot and ankle having increased, some leeches were applied to the part, which bled freely. Another bad night and slight delirium. At this stage I first visited the patient, who had the look, and many symptoms, of low fever, yet wanting the peculiar countenance and expression of eye, as also the history. Pulse 120; tongue clean, but dry towards its apex; pupils strongly contracted. Answers quickly to my questions, and in an off-hand way. Says he is in no pain if left alone, but the least movement pains his foot and leg. Swelling, but not redness, of the foot and ankle, extending up to the calf of the left leg; much tenderness along the course of the larger vessels, to the groin; femoral glands slightly enlarged, and tender; no red lines; no induration of the superficial or deep vessels can be traced; keeps the knee flexed on the left side; no abrasion of the cutis beyond the leech-bites of the evening before; although the apparent injury to the heel seemed too trivial to produce phlebitis (the cutis even not being abraded), yet the whole case looked like one of purulent absorption. The boy became more restless and delirious, throwing his pillows at the nurse, singing and talking in the most excited manner, much as one sees in delirium tremens. These symptoms continued unabated, except in force, lapsing into picking at the bed-clothes, muttering delirium, cold extremities, and death after twenty-four hours. Having been permitted to examine the leg I found (sixteen hours after death) the small superficial veins about the heel and instep (to the extent of a florin's surface only) when cut across emitted points of pus; yet, on tracing up the larger superficial and the deeper veins, no satisfactory evidence of inflammation or pus could be found in them; yet a drop of blood taken from these veins, as also from the inguinal glands, when placed under the microscope, showed most abundant admixture of pus globules.

My object in sending you this case is to illustrate the great advantage of the microscope in leading us to a correct diagnosis in cases of blood-poisoning of the like nature, as several such cases have been given in your recent numbers; and in that which has been kindly communicated by Mr. Underhill there appeared to be a doubt as to the nature of the case, which probably would have been decided by one drop of the blood under a good microscope.

I am, etc.

J. W. Turner.

31, Lower Phillimore-place, Kensington,
October 17, 1855.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, October 13, 1855.

Dr. Snow, President, in the Chair.

The President briefly alluded to the commencement of the new Session. The Society, he said, was the oldest Medical Society in London, and still maintained a very high character. It did not publish "Transactions," but its proceedings were reported in the Medical journals, and translated, he believed, into nearly all the languages of Europe. He was happy to see present on the occasion the oldest member of the Society—Dr. Clutterbuck, who had so often filled the President's chair. (Applause.) He thanked the Society for the support so kindly accorded to him during the last session, and hoped that the proceedings of the ensuing session would not be less interesting than those which had preceded it.

Several new laws proposed by the Council, with reference to the election of officers and other matters, having been read,

Dr. Richardson laid before the members a pathological specimen, (forwarded to him by Dr. M'Kinder, of Gainsborough, for transmission to a museum in Paris,) exhibiting cysts, which, he believed, to be of the hydatid kind, in the liver and both kidneys: the patient showed no symptoms of such disease during life; she suffered, however, from constant diarrhœa, possibly, Dr. Richardson thought, a conservative process, relieving the kidneys of its functions. It was rare, he said, to meet with cysts in the liver at all; but still more so to find them in the liver and kidneys. He believed there was no reported case of the kind.

Mr. Jabez Hogg mentioned a similar case which had come under his observation, but he did not remember whether both kidneys were affected.

The President then requested Dr. Clutterbuck to take the chair while he read a paper on chloroform. Dr. Clutterbuck having complied,

Dr. Snow read a paper on

THE EMPLOYMENT OF CHLOROFORM IN SURGICAL OPERATIONS.

He said that he had become quite confirmed in the opinion that chloroform may be used with safety and propriety in every operation attended with severe pain. Whatever the condition of the patient might be, he considered that chloroform, when carefully and judiciously administered, was a lesser evil than violent pain. In fatty degeneration of the heart, when patients were obliged to undergo a severe operation, he considered the chloroform might in some cases be the means of saving life. Patients with this affection were liable to die suddenly in two ways: either with the heart empty, as in syncope, from loss of blood, or with its cavities overdistended. Severe pain was apt, in some cases, to cause ordinary syncope, and in other cases to make the patient strain and hold his breath, till the right cavities of the heart became very much distended. On the other hand, chloroform preserved a more equable state of the circulation; it prevented both syncope and violent straining. The only patient he had lost while inhaling chloroform had, indeed, very advanced fatty degeneration of the heart; he was inclined to think that this patient did not die from the effects of chloroform; but, supposing he did, he (Dr. Snow) had seen its good effects in such a number of other cases, where all the symptoms of this disease were present, that he considered the balance of evidence to be in its favour. Disease of the heart had been met with in only a few of the cases in which death had been caused by chloroform; in the greater number of these cases, the patients were persons in the best periods of life, who had no internal disease whatever. The mode of death in all the recorded cases was by a sudden arrest of the action of the heart. The patients had accidentally breathed the vapour of chloroform not sufficiently diluted with air; and the blood which was passing through the lungs at the moment had become so much charged with chloroform as to act locally on the heart, and paralyze it. The air breathed by the patient ought never to contain more than 5 per cent. of vapour of chloroform, and when this precaution was taken, no sudden accident could happen. The effects of the agent would be developed gradually and with regularity; and, if the inhalation were continued till the breathing should cease, the heart would continue to beat for a minute or two afterwards, as he had ascertained by numerous experiments on animals. He preferred to regulate the amount of vapour in the air by means of a suitable inhaler; but where a handkerchief was employed, he recommended that the chloroform should be diluted with one or two parts of rectified spirit.

Dr. Crisp believed that chloroform was so uncertain an agent, that one could never be positive when it would produce death. Persons who had died under its influence were for the most part healthy, and exhibited no structural peculiarity which could account for the fatal result; and the same was the case with the lower animals. The like uncertainty attended the administration of other powerful agents, as in the case of opium, which affected some persons very differently from others, though the cause of the difference was not ascertained. He believed that many deaths resulted from the use of chloroform, which were either concealed or attributed to some other cause, especially when death did not immediately follow the administration. He thought the agent should be administered with very great caution, and not so indiscriminately as Dr. Snow had recommended. Frequently, chloroform was administered the first time without effect, and with the second dose the patient died.

Dr. Theophilus Thompson believed chloroform to be one of the greatest boons which the Profession had given to the world. He had often administered it with beneficial effect in cases of nervous pain, sleeplessness, distressing cough, and in various maladies where injury might result from the use of other anodynes. He had usually mixed it with rectified spirit, and had sometimes left it with the patients to use themselves.

Dr. Wynn mentioned a case where a patient nearly died from taking chloroform, in his (Dr. Wynn's) absence. He thought it ought never to be entrusted with parties not well acquainted with its use.

Mr. Coulson said chloroform was no doubt better than ether; yet it was a curious fact that, when given with a large admixture of atmospheric air, it was similar to, if not identical with, ether. Though there was unquestionably some danger in its use, that danger was infinitely small compared with the advantages it conferred. There were cases, however, in which the sensations of the patient were needed during an operation, and in which, therefore, chloroform ought not to be administered. Such was the case with lithotrity, an operation performed entirely out of sight, and needing the sensations of the patient to guide any surgeon who was not so skilful as to be beyond the possibility of error. So with obstetric operations: while the patient was under the influence of chloroform, a portion of the uterus might get engaged between the blades of the instrument, which was only designed for the extraction of the fœtus. Chloroform often produced vomiting, and where such an effect was likely to defeat the design of the operation, (as in the cases of cataract and cleft palate,) it ought not to be administered. He doubted also whether it it should be used after very severe shocks, as in the case of gunshot wounds.

Mr. Haynes Walton said, he formerly used chloroform for cataract, but discontinued it on account of the injurious effects of the sickness which followed the administration. Since then he had again tried it, and had found another objection to its use, namely, that when the section of the cornea was made, the lens did not start so freely as when the patient was conscious. At present, therefore, he never used chloroform, except in cases where the patients could not possibly control themselves.

Dr. James Bird alluded to the results of the administration of chloroform in the French Hospitals at Constantinople, as detailed in the *Moniteur des Hôpitaux*. Five thousand wounded soldiers were received into the Hospitals, and in all severe operations chloroform was freely administered with the greatest success. At present, however, we were without any reliable statistical information as to the utility of chloroform for severe gun-shot wounds.

Mr. Charles Hawkins had occasionally performed the operation of lithotrity while the patient was under the influence of chloroform, and had been successful; indeed, in some cases he could not have succeeded without it. Unless, however, chloroform was urgently required, he thought it should not be administered for lithotrity.

Mr. I. B. Brown thought that very many deaths occurred not so much from chloroform itself as from the mode of administering it, and the impurity of the agent. He should have been glad to hear Dr. Snow's opinion as to the length of time during which it might be safely administered. He had once given it for two hours and a quarter, with no ill result. He had found that giving ice upon an empty stomach some hours before administering the chloroform usually prevented sickness. He thought chloroform should not be used in trivial cases, or after severe shocks, such as those occasioned by railway accidents.

The author then replied, and the Society adjourned.

OXFORD BOARD OF GUARDIANS.

ELECTION OF MEDICAL OFFICER.

The Chairman announced that there were six candidates for the appointment of Medical Officer to the Industrial School District. They were—Messrs. Vincent, Folker, Hitchings, Stormont, Smith (of Wheatley), and Godfrey. The applications were in most of the cases accompanied by testimonials, and it was impossible that any could be of a higher character. Those of Mr. Vincent were printed, and in the hands of the Guardians; the rest he was prepared to read.

Alderman W. Thorp explained the reason why his nephew, Mr. Folker, had not sent round testimonials; it was because he understood that it was the almost unanimous wish of the Guardians that Mr. Hitchings should be elected, and he would not stand in his way. His claims were high, both as to character and ability in his Profession.

The Chairman read a testimonial for Mr. Hitchings signed by the following Physician and Medical men:—Dr. Jackson, Messrs. Hester, Rusher, Freeborn, sen., Wood, Martin, Godfrey, Owen, Freeborn, jun., and Stormont. He then proceeded to remark, that it was the wish of the Board that he should ascertain distinctly whether Mr. Hitchings was duly qualified to become a candidate for this appointment. He accordingly went up to the Poor Law Board, and found that he was not qualified, and that, if elected, the appointment could not stand. They had the power, if they thought proper, to adjourn the election, and so give Mr. Hitchings an opportunity of taking the necessary degree, or they could at once elect a gentleman for a stated period; but it must be quite understood that, whoever they elected must be a gentleman possessing all the legal qualifications. Supposing every other candidate had withdrawn, Mr. Hitchings might have been elected, because then the Board could have certified that he was the best who offered; but from the fact of Mr. Smith's having last week given notice of his intention to contest the election, and others having appeared, that was now out of the question. He might add, that Mr. Godfrey had offered to take the appointment for a short time, and to retire on Mr. Hitchings qualifying himself. This offer he trusted the Board would embrace. Under any circumstances, he trusted that the Board would follow the example of other unions, and only elect their Medical officer from year to year. They would, he was sure, find the convenience of adopting this course. (Hear, hear.)

Mr. Denyer asked how long Mr. Hitchings would take to qualify himself?

The Chairman said he was now memorializing the Apothecaries' Company; he thought it was to dispense with the customary nine months' residence, and, should they comply, he would go on at once, and about three months would be sufficient to enable him to qualify.

Alderman Towle expressed his disapproval of the course adopted by the Chairman, in consulting the Poor Law Board, because, by getting their positive refusal to receive Mr. Hitchings, they had placed him in a worse position than if they had left it open.

The Chairman: I was asked by the Board to take the course I did.

Alderman Towle did not approve of it, and still advised that they should elect Mr. Hitchings under any circumstances, and take the chance as to the results. He conceived that their refusal to do so after what had passed would injure his Professional reputation and prospects. ("No, no.")

The Chairman said, if they did elect Mr. Hitchings, and only two Guardians should vote in behalf of any other candidate, the Poor-Law Board would approve of that candidate upon those two votes.

At this stage the Chairman was about to read the Testimonials.

The Rev. R. Michell asked the use of doing so. If, as Alderman Thorp had stated, it was known generally that there was a determination on the part of a majority of the Board to vote for Mr. Hitchings, then, on that hypothesis, why occupy the time of the Board with the Testimonials?

The Chairman observed, that the Medical men of Oxford had, with one or two exceptions, resolved not to oppose Mr. Hitchings; and, therefore, he thought Alderman Thorp was justified in arriving at the conclusion he had expressed, that he had the feeling of the Board. This was all he meant to imply.

The Mayor, having himself ascertained from a person high in office that the facts in respect to Mr. Hitchings were as the Chairman had stated, now proposed the appointment of Mr. Godfrey, on whom he passed some high encomiums, undertaking on his behalf that he would retire whenever Mr. Hitchings presented himself as an eligible candidate. He had had thirty years' experience, and that chiefly among the poor, by whom he was beloved; and though he (the Mayor), had read the Testimonials of Mr. Vincent,—nothing could be higher, and he hoped to see the day when that gentleman would attain the position to which his talents entitled him,—

still he could not overlook the claims of Mr. Godfrey, supported as they were by the offer contained in his letter.

Mr. Allbutt seconded.

Alderman Thorp should under those circumstances be happy to withdraw the name of his nephew.

The Rev. D. P. Chase asked, whether in the event of Mr. Hitchings not passing, which appeared likely, was it quite understood that they were free to elect any one in his place?

The Chairman.—At the year's end?

Mr. Chase.—Yes, legally; but I mean morally. Does Mr. Godfrey quite understand that in the event of our not having Mr. Hitchings, we are free to elect any substitute we please?

Chairman.—Yes.

The Rector of Exeter remarked on the advantageous position in which Mr. Godfrey would be placed under the circumstances, in comparison with any other candidate. While feeling assured that the privilege Mr. Hitchings sought, would not be, as it never had been, granted, he expressed an opinion that they were not in a position to proceed to a fair and free election to-day.

The Rev. R. Michell objected to any man being clogged with conditions such as those which would attend the election of Mr. Godfrey.

After some further conversation on the subject,

The Vice-Chancellor said, they were placed in a very painful and delicate position, inasmuch as they were incapable and incapacitated from doing that which they ought to do, namely, to consider the claims of all the candidates, to examine their testimonials, and fairly and properly to put them to the vote, one after the other. This they were prevented doing, from the fact that the majority of the Board were in favour of Mr. Hitchings, and had decided not only to vote for him, if he had the necessary qualifications, but, as he had not, to suspend the final settlement of this question until he was qualified, and to vote for a *locum tenens*. To this he objected that, whatever might be said about a perfectly open election, in the event of Mr. Hitchings not qualifying, such a thing was impossible; the election would have been virtually anticipated, and the man to whom the appointment had been given would continue to hold it. (Hear, hear.) Now this was a very important election; it was an office which one could not but feel involved great responsibility, inasmuch as it affected the sick poor, and every one must know how great was the difference Medical treatment made, not only as to the prospects of recovery, but as it affected the comfort of the suffering poor. They should have a man of Medical skill, practical experience, and upright character, and one also who was distinguished by his kindness, sympathy, and compassion. He held in his hand the testimonials of Mr. Vincent, and really they were of such a nature, bearing out these qualifications to such an extent, not couched in any flowery or flourishing language, but expressed in terse, plain, simple terms, and coming from men of such high attainments, that it was impossible not to form the most favourable opinion of the candidate. The testimonials were from the whole Medical Board of St. Bartholomew's Hospital, and the whole staff of the Radcliffe Infirmary,—with one exception, he believed, that gentleman not having been asked, from motives of delicacy. This was strong testimony in favour of any gentleman; still he would not have them give him their support if there were any candidates of higher qualifications; but he doubted if any could go beyond it. He was prepared,—in consequence of these testimonials,—to propose Mr. Vincent to the vacant office, at the same time, he was charged with this, that, if Mr. Hitchings was a candidate, he should not be put in nomination, and, consequently, had Mr. Hitchings been a candidate at the present time, he (the Vice-Chancellor) would not have mentioned the subject; but they were placed in this difficult position, Mr. Hitchings could not legally be a candidate at present, and though one had offered to hold the office *in commendam* for him, and it was proposed that, in the event of his failing to qualify, there should then be an open and free election; still this was very unsatisfactory, and, therefore, he should venture to propose Mr. Vincent, with the full conviction that he would not be a candidate in opposition to Mr. Hitchings.

Mr. Neate asked whether Mr. Godfrey would resign at the end of three months, if the qualification of Mr. Hitchings rendered it necessary.

The Chairman read Mr. Godfrey's letter, in which he said, "I will, if elected, and it meets the approbation of the Board, undertake the office for one year."

Mr. Neate observed that, as the appointment was only for a year, it would make no difference as regarded the chances of Mr. Hitchings, whether they elected Mr. Godfrey or anybody else. The private pledge given by Mr. Godfrey amounted to nothing; therefore, the question ought to stand as between Messrs Vincent and Godfrey on its own merits, and, under these circumstances, he should second the Vice-Chancellor's nomination, on the understanding that, at the end of the year, they should be in a position to substitute Mr. Hitchings for Mr. Vincent.

The Rev. Mr. Dyke here proposed that the testimonials of all the candidates be read.

The Rev. Mr. Fell seconded.

Alderman Towle proposed, as an amendment, that the election stand over for a fortnight, the testimonials to be on the table meanwhile.

The Rev. R. Michell fell in with this resolution, but modified it (by consent of Alderman Towle) to a delay of a week only.

The vote was taken on these propositions, and the motion for adjourning for a week was carried by 17 to 12.

DR. ANDREW SMITH.

We have much pleasure in inserting the following address, which the Medico-Chirurgical Society of Aberdeen presented to Dr. Andrew Smith, Director-General of the Army and Ordnance Medical Department, on the 17th September last, together with his reply:—

"To Dr. Andrew Smith, Director-General of the Army and Ordnance Medical Department.

"Sir,—We, the President and Members of the Medico-Chirurgical Society of Aberdeen, beg herewith to forward for your acceptance a diploma constituting you an honorary member of the Society, in terms of the unanimous resolution of a meeting of the Society, held on the 17th curt. We beg, at the same, to express to you the high opinion which we entertain of the ability which you have at all times displayed in directing the affairs of the department committed to your charge. More especially, we have read with the deepest interest the letters addressed by you, at the commencement of the present momentous war, to the authorities at the War Office, in relation to the sanitary requirements of the troops, and we cannot withhold an expression of the great admiration which we feel of the foresight, judicious arrangement, and thorough acquaintance with the wants of an army in the field, which they exhibit. Had your wise and timely suggestions been attended to, and promptly carried into effect, we feel convnced that many valuable lives might have been saved, and that a great amount of misery to our army in the East would have been prevented; and we feel assured that we express but the general conviction of the Profession, and, indeed, of all who have read your letters, when we say that they afford a triumphant refutation of the unjustifiable charges which were at one time made against the department of which you are at the head, and against yourself personally; and that your character for zeal, foresight, and capability has only been exalted by the attempts made to injure it.

"We have the honour to be, with the greatest respect, Sir, your most obedient Servants,

(Signed by the President and 29 members of the Society resident in or near Aberdeen.)

The following is a copy of Dr. Smith's reply:—

"To the President and Members of the Medico-Chirurgical Society of Aberdeen.

"Gentlemen,—I have the pleasure to acknowledge the receipt of a Diploma constituting me an Honorary Member of your Society, and also of the address which accompanied it, subscribed by many eminent and highly-distinguished Members of our Profession.

"Documents such as these and others which I have received since my examination by the Sebastopol Committee—unmistakeable evidences of sympathy on the part of the givers with the receiver—have brought me to believe that both the department and myself have profited rather than the reverse by the cruel misrepresentations and virulent abuse with which

we were almost daily assailed during several months after the battle of the Alma.

"When it was first announced through the public press that the Medical arrangements, which had been made for the Army in the East, were found defective, and that the Medical, Surgical, and other supplies, which had been furnished for the use of the sick, had proved insufficient, my immediate feelings were those of alarm and mortification. These, however, were of short duration, as a careful review of what I had recommended and of what I had actually effected, satisfied me that I had no reason, so far as I was informed, to experience either the one or the other. Had that review, however, led to a different conclusion, or had I during the continuance of the outcry succeeded in discovering any reason to believe that I had, either from neglect or incompetency, or from both, failed to discharge the duties of my appointment in a manner the most conducive to the interests of the public service, I should, without hesitation, have endeavoured to ensure for the department a chief better fitted than myself to direct its operations and provide for its wants.

"The information I necessarily possessed, and that which I acquired from many different sources, having, however, thoroughly satisfied me that the department and myself were being most grossly misrepresented, one of two courses appeared open to me, either to rebut, through the press, the fallacious statements as they appeared, or to remain passive, conscientiously performing my duties, in the hope that the injustice, to which we were being subjected, would, sooner or later, be otherwise exposed, and by means which, considering my position, would be less objectionable. The latter course, after careful consideration, I adopted, but not without expressing, on every favourable occasion, my willingness to meet at once any specific accusation that could be brought against me, provided it were so detailed as to admit of my employing the facts I might possess and feel disposed to use. All such offers, however, whether made directly or indirectly, passed unheeded; and, therefore, until the Sebastopol Committee was appointed, I saw no prospect of being able to regain what I felt I had, through slander, calumny, and rancorous misrepresentations, most undeservedly lost.

"Long before the Committee commenced its labours, nay, even before its members were nominated, I took every opportunity of impressing on gentlemen of the House of Commons with whom I was acquainted, my earnest desire to be rigorously questioned in reference to every subject which could fairly be considered within either my own province, or the province of the Medical officers serving with the army in the East. The scrutiny, so earnestly desired, was in time conceded, and it is easily to be seen, from remarks in the Address with which you have honoured me, that you are fully informed of the results.

"That the manner in which I discharged my duties previously to the outbreak of the present war should have your approval and approbation is most gratifying to me, but the amount of gratification this circumstance has afforded is small as compared with that I have derived from finding you are of opinion, after having perused certain letters I addressed to the authorities before the commencement of hostilities, in relation to the sanitary requirements of the troops, that they afford a triumphant refutation of the unjustifiable charges which were at one time made against the department, and myself personally.

"These being your sentiments, and I believe I may safely say the sentiments of a very great proportion of the members of our Profession as well as of a large portion of the public, I feel I may now with safety cease to lament the having been 'condemned first, and tried afterwards.' The laws of this country regard every person innocent till proved guilty, but my traducers possibly foresaw that so humane and charitable a practice would not answer the object they had in view, and therefore it was not observed in my case. That power, however, which is far superior to any which man can exercise, has befriended the injured, and now my greatest desire is to forget and forgive the ill-treatment I have experienced, and alone hold in grateful recollection the kindly efforts which have been made, or are making, to restore to me what at one time I had, to all appearance, lost. Several such efforts have been made, and one of the most manly and valued of these is the one I am now acknowledging.

"Accept, then, gentlemen, my most sincere thanks for the sympathy, support, and encouragement you have extended to me in a time of need, when such are most wanted, though not always most readily conferred. The course you have pursued will console and gratify me during the remainder of my days, and be they many, or be they few, it will always be my strenuous effort during each and all of them to show that you have not selected for your favour on the present occasion either a negligent, an incompetent, or an undeserving public servant.

"I have the honour to be, with the greatest respect,

"Gentlemen,

"Your obedient Servant,

"A. Smith, M.D.

"Director-General, Army and Ordnance Medical Department, 6, Whitehall-yard, Oct. 4, 1855."

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on Thursday, October 11, 1855:—

Carter, Thomas, Newbury, Berkshire.
Jowers, Frederic William, Brighton.
Lambert, James, Northwich, Cheshire.
Proctor, Sidney Edmund, Queen's Hospital, Birmingham.
Sadler, Michael Thomas, Barnsley, Yorkshire.
Whitling, Henry Townsend, Nuremberg, Bavaria.
Warrener, Robert, Warehorne, Kent.

Royal College of Surgeons.—The following members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 9th instant:—

Barker, Alfred James, Hornsey-road; diploma of membership dated June 18, 1852.
Calvert, Francis, York; May 28, 1855.
Dawes, W. J., Longton, Staffordshire; May 26, 1854.
Devonshire, C. J., Hamptom-court; June 29, 1855.
Gillies, J. D., Madras, East Indies; August 6, 1855.
Hartshorn, W. T., Iron-bridge, Shropshire, April 13, 1855.
Holland, H. F., Godalming, Surry; July 13, 1855.
Hopson, S. M., Brisley, Norfolk; March 28, 1855.
Jackson, R. E., Whitby, Yorkshire; May 21, 1855.
Johnson, David, Sedgeley, Staffordshire; Jan. 26, 1855.
Land, J. C., Spanish-town, Jamaica; July 6, 1855.
Millard, W. J., Whitchurch, Herefordshire; July 16 1855.
Peiree, Richard King, Notting-hill; July 26, 1844.
Stainthorpe, G. F., Newcastle-on-Tyne: March 3, 1854.
Watkins, D. R., Carmarthen, South Wales; March 30, 1855.
Wilkin, C. H., Connaught-terrace, Edgware-road; April 13, 1855.

DEATH.

Richmond.—October 15, of congestion of the lungs, at Queen-square, Bloomsbury, R. B. Richmond, Esq., aged 63, M.D. Edin. 1827; Physician to the Free Dispensary, 1824; Member Royal Physical Society of Edinburgh; and twice President of the Huntcrian Medical Society. Author, "On Cholera," 1849; "A Treatise De Febre," 1827; contrib. "On Cholera." *Medical Times*, 1849.

APPOINTMENT.

Dr. Sutherland is appointed Surveyor-General of Port Natal.

BEQUESTS.

The late Right Hon. James Grattan made the following bequest:—"Whereas, it seems as if this long-neglected and unhappy country was about to be again afflicted with disease and pestilence, and that the government purpose to reduce the grants to charitable institutions, I therefore make this additional codicil to my will: I am possessed of money in the bank of Messrs. La Touche in Dublin; also of Messrs. Puget and Bainbridge, in London; also of stock in the bank of Ireland, in the Three-and-a-Quarter

per Cent. Reduced, the whole now amounting to above £8000 sterling. Now, it is my will that all the money I die possessed of may be invested in the stock above mentioned, so that one-half of the interest arising therefrom may be annually distributed, under the direction of the Lord Chancellor for the time being, the Master of the Rolls, and Chief Justice of the King or Queen's Bench, for the Meath Hospital, Dublin, or in case it ceases to exist, then to the use of the Cork-street Hospital, the other half for the use of the Queen's County Infirmary, Maryborough."

Monument to Surgeon Thomson, of the 44th Regiment.—Measures are being taken in the county of Ross for the erection of a monument to the late Dr. Thomson, of the 44th Regiment, who fell a victim to his noble exertions in succouring the wounded after the battle of the Alma.—*Edinburgh Courant.*

Glasgow Medical Society.—At an ordinary meeting of this Society, held on Tuesday evening last, in the Faculty Hall, St. Enoch's-square, the following gentlemen were elected office-bearers for the ensuing session, viz.:—William Lyon, Esq., President; Dr. Joseph Bell, and Dr. J. Adams, Vice-Presidents; Dr. Fraser, Treasurer; and Dr. J. G. Wilson, Secretary.

Induction of Professors.—The induction of the recently elected Professors of the University of Edinburgh, viz., Drs. Allman, Laycock, and George Wilson, will, it is said, take place on Monday the 5th of November.

Royal Sea-bathing Infirmary, Margate.—On the evening of October 11th, the patients of this Institution who were able to attend, amounting to 105 in number, were, through the kindness of Dr. Smith Rowe, the talented and estimable Resident Medical Officer, entertained with a concert. A temporary platform was erected in the patients' dining-hall, for the use of the performers—viz., Dr. Rowe and his sister—assisted by Mrs. Hammerton Crumpe, the Junior Resident Medical Officer, and two friends. The room was completely filled by the patients, who listened, for upwards of two hours, with the greatest attention, and with evident marks of the liveliest appreciation of its merits, to a judicious selection of vocal and instrumental music, which was executed with such skill and taste, that it might well have pleased a more critical audience. The employment of rational amusements as an element of treatment, has long been introduced into lunatic asylums with the happiest results, but we believe that the system has not before been extended to other Medical Institutions; great credit is, therefore, due to Dr. Rowe for his exertions in promoting its adoption in this Infirmary, to which, as it may be considered a Sanatorium and Hospital combined, it is particularly applicable.

Royal Medical Benevolent Society, Birmingham.—We have much pleasure in calling attention to the following facts taken from the thirty-third annual report of this useful Institution, which was established in Birmingham as long back as November, 1821, and which is now under the patronage of the Earl of Dartmouth:—Since the last annual meeting there have been no additional applications for relief—the number of claimants remaining the same, viz., five necessitous widows; and the directors have granted to each widow the sum of £30,—making £150 for the past year, and a total of £2199 10s. granted to recipients since the establishment of the society. The property of the society has now attained considerable importance, and the directors have determined henceforth to invest in freehold securities. In furtherance of their object, the trustees have called in the £4000 invested on mortgage, and they are looking out for eligible freehold ground-rents, which will ultimately be of great advantage to the society. The total number of members is 128.

The Polytechnic Institution.—On Saturday evening, a select party attended at a private view of several novelties at this institution, which are about to be opened to the public. The first, and most important, of these was the exhibition of the globules of the blood of various animals and reptiles, and of the human body, by the aid of the oxyhydrogen microscope, in order to illustrate the researches of M. Dubosecq, of Paris. Some very extraordinary phenomena were the result, and the progress of science is likely to receive considerable help from what transpired. Mr. Pepper explained what the microscope revealed with great clearness and accuracy, rendering the whole intelligible and comprehensive.

Dying without Medical Aid.—Dr. Stark, the Superintendent of Medical statistics to the Registrar-General, under the new Act for the Registration of Births, Marriages, and Deaths in Scotland, reports that forty-one out of every hundred of the people who die in Dundee die without Medical attendance. They may not die like dogs, but if this report is correct, four of every ten men, women, and children here, during their last illness, have no Medical aid. Look at the varying humanity of our Scottish towns as represented in this official report:—

	Dying without Medical Aid.
Aberdeen and Perth	2 in 100
Edinburgh	7 in 100
Paisley	22 in 100
Glasgow	25 in 100
Dundee and Greenock	41 in 100

—If these figures are correct, the annual number of deaths in Dundee being 1800, more than 700 a-year perish without Medical attendance.—*Dundee Advertiser.*

Mushrooms.—The family and entire household of Count Augustus Brunetta d'Usseaux, Colonel of the Savoy Regiment of Cavalry, have been poisoned by mushrooms. The countess, her eldest son, and one servant, are already dead, and the eight other inmates of the house are in a dangerous state.

Sanitary Improvement of London.—The steps that have already been taken to supply the people of London with purer water than they received during the last cholera epidemic are already producing beneficial results; and the next most effectual measure of sanitary improvement will be the purification of the London atmosphere, by the complete removal from the houses and streets daily of the residue of the organic matter which is brought into them daily.—*Registrar General.*

Mortality Notabilia.—The deaths of 870 persons were registered in London during the week that ended on Saturday, October 13th; 449 of the number died under 20 years of age. 223 of the deaths were by zymotic diseases, including 16 by small-pox, 50 by scarlatina, 44 by diarrhœa, 4 by cholera, 45 by typhus and other fevers. Consumption was the cause of 108 deaths. The average deaths in the corresponding week of the previous ten years was 995, or corrected for increase of population 1095. The deaths in the last week were 870, or 225 below the corrected average deaths in London. The standard of comparison here is the average mortality of London; but that average is itself much above the average of England and Wales, and still further above the mortality in several of the healthiest districts of the country, where the annual deaths have been on an average of ten years at the rate of 14, 15, 16, and 17 in 1000 of the population; while the average mortality of London was nearer 25 than 24 in 1000. At the annual rate of 17 deaths in 1000 living the weekly deaths in London would amount now to 836; and the excess of 34 may be referred to causes which were in operation, destroying during the week nearly five lives daily.

Meteorology.—The new moon on Thursday was ushered in by rain, of which 0·39 in. fell in five days of the week, and wind which blew from the south-west and north-west over Greenwich at velocities ranging from 70 to 250 miles a-day. The barometer was low (29·443 in.); the thermometer in the air 52·2°, so the mean temperature of the week is now descending to the mean temperature of the year. The mean dew-point was 46·8°. On Tuesday the Thames was at night 13·3° higher than the lowest temperature of the air, and gave off vapour, which in the calm air was thrown down in fog. Electricity, generally positive.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	2	11	2	6	7
North	490,396	3	1	11	2	6	10
Central ..	393,256	5	3	11	3	8	5
East.....	485,522	3	..	8	2	12	9
South	616,635	3	3	9	9	12	11
Total..	2,362,236	16	9	50	18	44	42

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, October* 13, 1855.

Causes of Death.	In the Week ending Saturday, October 13, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 52·2						° 50·5
All Causes	870	449	131	124	124	22	995·0
Specified Causes	847	447	131	124	123	22	988·1
Diseases:—							
1. Zymotic Class	223	174	20	19	8	2	314·1
2. Dropsy, Cancer, and others of uncertain seat	34	7	7	10	10	..	45·4
3. Tubercular Class	157	58	61	31	6	1	163·2
4. Of Brain, Nerves, etc. ..	94	53	7	10	20	4	99·7
5. Of Heart, etc.	42	3	3	19	19	..	36·1
6. Of Respiratory Organs ..	110	62	10	16	20	2	114·6
7. Of Digestive Organs ..	47	14	8	7	17	3	61·2
8. Of Kidneys, etc.	13	1	4	1	6	1	13·9
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	..	5	2	..	..	8·7
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	1	1	..	..	..	..	6·5
11. Of Skin, etc.	3	2	..	..	1	..	1·3
12. Malformations	3	3	..	..	..	..	3·5
13. Debility from Premature Birth, etc.	30	29	..	1	..	..	23·5
14. Atrophy	28	23	1	1	3	..	28·8
15. Age	23	..	..	..	14	9	37·1
16. Sudden	5	2	..	1	2	..	6·0
17. Violence, Privation, etc...	27	15	5	5	2	..	24·5
Causes not specified.. ..	23	2	..	1	..	..	6 9

BOOKS RECEIVED.

Climate, Weather, and Disease. By Alfred Haviland. London: Churchill. 1855.

Guy's Hospital Reports. Edited by Samuel Wilks, M.D. and Alfred Poland. Third Series. Vol. I. London: Churchill. 1855.

Surgical Anatomy. By Joseph Maclise. Fasciculus X. Second Edition. London: Churchill. 1855.

Medical Anatomy. By Francis Sibson, M.D., F.R.S. London: Churchill.

On the Sanitary Applications of Charcoal, etc., and on Ventilation. By J. Forbes Watson, A.M., M.D. London: Madden. 1855.

Testimonials in Favour of John Hughes Bennett, M.D., F.R.S.E., Candidate for the Chair of Practice of Physic in the University of Edinburgh. Murray and Gibb, Edinburgh. 1855.

Statistics and Treatment of Typhus and Typhoid Fever. By Magnus Huss, M.D. Translated from the Swedish. London: Longman and Co. 1855.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

Amended Regulations in regard to the Transmission of Newspapers to British Colonies and Foreign Countries:—

General Post-office, August, 1855.

Henceforth it will not be necessary that Newspapers sent abroad, whether to the British Colonies or to Foreign Countries, should bear the Impressed Stamp (the old Newspaper Stamp); but, as at present, a Postage of One Penny must be prepaid (either by means of a Postage Label or in Money) on every Newspaper sent to a British Colony, with additional Postage (according to the Table in Instructions No. 45), when a Newspaper passes through a Foreign Country.

The Postage on Newspapers to Foreign Countries remains the same as given in Instructions No. 45; but, as already stated, it is no longer necessary that the Newspaper should bear the Impressed Stamp.

In future the Impressed Stamp will be required only in cases of repeated transmission of the same Newspaper in this Country, though it will of course be available also for single transmission in this Country.

In the transmission of Newspapers abroad (whether to the Colonies or Foreign Countries), the use of the Impressed Stamp will entirely cease; it will neither be required nor will it count as Postage, as it will be presumed that, where it is employed, it has already served for the transmission of the Newspaper in the United Kingdom.

From these Regulations it will necessarily follow—

1st. That every Newspaper going abroad must hereafter have the Postage to which it is liable represented by adhesive Postage Stamps, or paid in Money.

2nd. That a Newspaper, whether published with or without the Impressed Stamp, will be placed in the same position for transmission abroad.

3rd. That the Impressed Stamp will hereafter apply only to transmission and retransmission within the United Kingdom.

Rowland Hill, Secretary.

The late M. Magendie.—We are preparing a Memoir of this distinguished physiologist from the most authentic sources, and we hope to present it to our readers at a very early opportunity.

B. J. T.—1. The subjects of the Preliminary Classical and Mathematical Examination at Apothecaries' Hall for the Session 1855-6, are, in Greek—the Gospel of St. Matthew, the Fourth Book of Homer's Iliad; in Latin—the First Book of the Odes of Horace, and Cicero de Amicitiâ; the First Book of Euclid, Algebra, and Common Arithmetic. 2. We do not know whether it is intended to abolish the Preliminary Examinations in Celsus and Gregory; they are continued at present. 3. The new Medical Bill will not affect you retrospectively in any way; pursue your Medical studies as if no Bill were in contemplation.

A Medical Student.—See our first answer to the last Correspondent.

A Third Year's Student.—The paper on Carbuncles, although not objectionable, can have no weight with the Profession, unless it be signed by the name of the author. Our rule is to decline anonymous communications.

A Provincial.—We understand that Sir Charles Hastings has determined to affix the following motto to the Journal of the Provincial Medical and Surgical Association:—

"Now is the Winter of our discontent
Made glorious summer by the sun of York."

M.R.C.S.—We believe that the Assistant-Physicians and Assistant-Surgeons of St. Bartholomew's Hospital receive each £150 per annum.

We must remind our Correspondents of the necessity of brevity in their communications. A short paper will generally find early insertion, while a long one will often be delayed. The demands upon our space are so great, that we are compelled to decline some papers solely on account of their length.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I shall be much obliged if some one of your correspondents will unravel the following mystery, which to me is quite incomprehensible.

I observe in your advertising columns that Mr. A. Pellatt, of the Falcon Glass Works, volunteers (headed "Important Saving") to supply 8-oz. bottles at the advantageous price of 18s. per gross—provided the order is accompanied with that most useful of all accompaniments, a remittance in full,—whereas a Mr. Harris, of Copenhagen-street, Islington, also Mr. Isaacs, of Warren-street, Tottenham-court-road, engage to supply a similar article at less than half, viz., at 8s. per gross.

Is this wide difference owing to the supposed superiority of Mr. Pellatt's goods, or is it that Messrs. Isaacs and Harris awoke one fine morning and discovered their warehouses filled by the hand of some kind fairy, who desires them to ask no questions for conscience' sake?—I am, etc.

Hitchin, Oct. 15, 1855. Enquirer.

Erratum.—The case to which we referred last week (in which the effects of an injury to the head had been mistaken for a time for those of drunkenness) did not occur, as stated in the text, in the *Hertford*, but in the *Hereford* Infirmary.

COMMUNICATIONS have been received from—

The Ghost of Garth; H. D.; Mr. G. A. Towers; Mr. Samuel Rhind; A Medical Student; B. J. T.; Mr. James Lancashire; Dr. Baines; Dr. E. W. Pritchard; Mr. R. H. Bakewell; Mr. I. B. Brown; Dr. Kirkes; Enquirer; Mr. J. H. Tucker; Mr. J. W. Turner; Dr. Filliter; Mr. Nunn; Mr. Spencer Wells; M.R.C.S.; The Directors of the Medical Benevolent Society of Birmingham; Dr. Wilson, Glasgow.

APPOINTMENTS FOR THE WEEK.

October.	Miscellaneous Register.
20. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m. Medical Society of London.—"Observations on Certain Forms of Fistula in Ano, with reference to their Treatment without Division of the Sphincter Muscle." By F. Hird, Esq.
22. Monday.....	
23. Tuesday	Operations at Guy's, 1 p.m.
24. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
25. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m. Abernethian Society.—"On Catheterism and its Difficulties." By Mr. Hutchinson.
26. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-Place School, etc.

LECTURE II.

(Concluded from page 387.)

Now, although I have enumerated many causes of non-congenital deformities, the great majority of all these deformities of the feet, perhaps as many as nine tenths of them, depend either upon spasm or paralysis of certain muscles, or groups of muscles. The other causes, though occasionally applicable to the feet, more generally apply to the knees, hips, hands, neck, etc., and will be adverted to when the special deformities of these parts are considered. The great importance, however, of the spasmodic and paralytic affections, and the peculiarities which they present, demand that I should especially bring under your notice the more prominent points in their pathological history.

In this class, we have deformities produced either by active muscular contraction, as in spasmodic equinus and equino-varus, etc.; or by the paralysis of some muscles, inducing a state of adapted atrophy in the opponent muscles, as in paralytic varus and calcaneus. In either event, we have structural shortening of the muscles themselves, though their physiological conditions are very different, and corresponding differences are found in the structural changes which the muscular structure undergoes. Of these changes I have published some account in a paper in the Transactions of the Pathological Society, Vol. III. Speaking generally, I may say that, in spasmodic cases, even of long standing, the ultimate muscular structure appears to undergo but little change, and that I do not find the fibrous transformation described by M. Guérin; while, in paralytic cases, fatty degeneration begins early, and proceeds to complete annihilation of the ultimate structure, leaving only fibro-cellular tissue, oil, and fat.

For practical purposes, it will be found useful to arrange all the non-congenital deformities of the feet depending upon spasm or paralysis of certain muscles, in four classes, according to the state of the muscles at the time these cases come under observation.

1stly. Spasmodic affections, with deformity dependent upon tonic muscular contraction.

2ndly. Paralytic affections, with deformity dependent upon rigidity of certain muscles, generally flexors, consecutive to their flaccid paralytic condition.

3rdly. Paralytic affections, with deformity dependent upon adapted atrophy of muscles. The paralyzed muscles, and frequently the entire limbs, remaining flaccid and wasted.

4thly. Paralytic affections, with deformity dependent upon adapted atrophy of muscles during the paralytic stage, as in the third class; but the paralysis partially or completely recovered from at the time seen, the deformity only remaining.

First, with respect to the spasmodic contractions, or, as they are sometimes called, *spastic contractures*. Fits and convulsive affections are exceedingly common in children, and sometimes occur soon after birth, particularly when the labour has been difficult and protracted, frequently premature, and the children ill-nourished. When death does not follow the convulsions in these cases, it not unfrequently happens that a state of tonic spasm, marked by rigidity of the muscles affected, remains; and in these particular cases nearly all the muscles of the body are frequently involved, so that the children become deformed to a frightful extent. The limbs are drawn in the direction of the strongest muscles. The feet are extended, so that only the toes touch the ground, by the gastrocnemius, soleus, and other muscles at the back of the leg, elevating the os calcis. The legs are flexed upon the thighs at an obtuse, or sometimes a right angle, by the powerful flexor muscles overcoming the action of the extensors. The thighs are more or less flexed upon the trunk, and always powerfully adducted or drawn together, so that the knees touch or overlap each other, and resist any attempt to separate them, through the powerful action of the large adductor muscles, as shown in Fig 3. The arms are approximated to the body by the action of the pectoral and other muscles connecting them with the trunk. The forearm is flexed, frequently at a right angle with the arm, by the biceps. The hands are flexed and always pronated, in consequence of the power of the flexor and pronator muscles exceeding that of their antagonists, and not because they are specially affected. Sometimes flexion predominates in the trunk, at other times extension.

Fig. 3.

Spasmodic Contraction.

Strabismus and wry-neck occasionally, though by no means commonly, co-exist with these deformities The head frequently exhibits a close approximation in form to that commonly existing in idiots; and imperfect development of the intellectual faculties generally accompanies this sad condition.

Sometimes these children have a vacant and half-silly expression of countenance, but are more intelligent than might be supposed; their speech is often difficult and imperfect, and this, in some degree, explains this condition. Occasionally the intellectual faculties are not impaired.

This severe form of general spasmodic contractionis by no means limited to the early period named, soon after birth, but is not unfrequently developed in all its severity in respect of the number of muscles involved, between the ages of 6 and 18 months, though seldom with impairment of the intellectual faculties to the same extent.

When these spasmodic contractions exist in a slight degree, and affect only the lower extremities, they may not attract attention enough to be considered of much importance, till the child ought to begin to walk; then its inability to stand, and its deficient voluntary power over the legs, become apparent, though no obvious deformity exists.

The following is a good example of a slight case in which also there is an absence of any history of convulsions. I suspect, however, that children not unfrequently have slight convulsive attacks during the night which escape notice:—

C. S., aged $2\frac{1}{4}$ years, was sent to me in May, 1854. When only 3 months old, cut the two lower incisor teeth easily; cut all the other teeth very quickly, and without much pain or apparent suffering. Had no fits or convulsions at any time. The child is well nourished, and appears healthy, though not robust. When 6 months old certainly, and the mother thinks earlier than that, she observed that the feet and legs were rather stiff, and inclined always to be drawn together, though they could be separated without difficulty. When a year old her mother tried to put her on her feet, and found she could not stand, nor could she advance one leg before the other in a straight line. One leg would always cross the other, and the toes only touch the ground. She took to crawling in an odd way, using only her arms, and dragging her body after her in a straight line, *i. e.*, without bending her knees. She crawled in this way for nearly six months, and then began to bend her knees, and got on much better. Now crawls pretty well, but does not use her legs as well as other children, and uses her arms more. No stiffness about hands or arms; cannot stand alone; in the attempt the toes only touch the ground. There is no obvious deformity of the feet or knees, but both feet are contracted at right angles, *i. e.*, flexion is not allowed beyond the right angle in consequence of slight permanent contraction, and shortening of the gastrocnemius and soleus muscles. This appears to be increased by temporary spasm in any attempt to

stand. Between the severe and slight cases above described we have every intermediate degree.

The deformities of the feet, generally resulting from this affection are, equinus and equino-varus. I have never seen complete varus, though it is stated to occur.

I should not expect to see true varus produced, where this spasmodic contraction exhibited its ordinary characters, because one of its distinctive features, in contradistinction to the paralytic affections, is, that all the muscles of the part affected are generally involved. The excess of power in the extensor and adductor muscles of the foot would be sufficient to produce equino-varus, just as this is the common position of the fe et in the rigor mortis; but the power of the opponent muscles would be sufficient to prevent the formation of complete varus.

Spasmodic affections, giving rise to deformities of the feet, also occur at later periods of life, more frequently in youth, but sometimes at the adult age. The particular characters of these affections at the later periods seem to be, that fewer muscles are affected, and that there is no impairment of the mental faculties.

In girls, we occasionally see a very severe and obstinate form, evidently connected with hysteria or a chlorotic affection, a good example of which lately came under my care. I need hardly say that, in these cases, the treatment must be directed against the general, rather than the local, affection.

Having described the conditions under which these affections generally occur, and their apparent or proximate causes, I will now allude to the

Morbid anatomy.—Of this I cannot give you any satisfactory account, as I am unable to find any cases in which post-mortem examinations have been recorded. We may infer from the symptoms at the time of seizure in these cases, that congestion of the brain takes place, and that it may be followed by passive effusion or sub-acute inflammatory mischief, producing structural changes in the membranes or substance of the brain, or perhaps both, such as would continue to excite irritation.

I have only had one opportunity of making a post-mortem examination in a case of this kind, and that was at a late stage, many years after the primary affection. The subject was a woman, who died in St. Thomas's Hospital. Both the upper and lower extremities presented the rigid contractions with deformities which I have described as usually existing in these cases, and, although nothing was known of her early history, no doubt could be entertained of the nature of this affection. I found considerable opacity and thickening of the arachnoid at the base of the brain, in its central portion; and also close adhesions of the arachnoid about the medulla oblongata and upper part of the spinal cord for about four inches. The specimen is in St. Thomas's museum. Here, then, were distinct traces of inflammation, and I should imagine this generally existed in the more severe forms of this affection.

The cause of the inflammation and its possible origin as a reflex action from peripheral nervous irritation are interesting inquiries, which, however, my limits will not permit me to follow.

The great result which we observe in the muscular structure is tonic spasm which never relaxes, and which by its continuance gives rise to structural shortening of the muscles affected, and thus produces deformity.

The great majority of Pathologists believe this condition of muscular spasm to depend upon an excess of nervous stimulation, or, as we call it, irritation; but, without extending the inquiry, I would just mention to you that precisely the opposite doctrine is now being taught by some good Continental Pathologists and Medical observers. A very able work has recently appeared on Epilepsy, by Dr. C. B. Radcliffe (d), who holds the same opinion, and endeavours to show the necessity of a complete revolution in the pathology and treatment of all diseases in which muscular contraction is in excess. He bases his pathological and therapeutical inferences upon his inquiries into the physiology of muscular contraction (e). The doctrine resulting from the whole inquiry is, that muscular structure does not contract because it is stimulated, but because it is not stimulated; that it is prevented from contracting by the several vital and physical agencies which act as stimuli upon it—nervous influence, blood, electricity, light, heat, etc., and that contraction happens on the withdrawal of these stimuli, from unresisted molecular attraction of the muscle. The subject is one of the greatest interest, but I must refer you to Dr. Radcliffe's work, for the general arguments and investigations. To return to the Surgical part of our subject, viz.:—The deformities resulting from these affections, I will conclude with a few general observations on their prognosis, treatment, and results. In severe cases the prognosis must always be very unfavourable, more especially in those believed to be congenital, and the infantile forms first described. The rule is, that this condition of the muscular system once established, continues through life, and is susceptible only of slight improvement, either by any efforts of nature during the period of growth, or by any of the resources of medical science.

This condition is one of the most lamentable, because one of the most hopeless, afflictions. The mental faculties in the severer cases undergo but little improvement. In slighter cases, however, they are susceptible of very great improvement, though the patients generally retain a vacant and half-silly appearance. The locomotive powers are, of course, either annihilated, or very materially curtailed through the whole of life. The treatment, speaking generally with respect to its results, is unsatisfactory, in consequence of the physiological imperfections of the muscles, which are more or less completely removed from voluntary control, and remain so, notwithstanding any operative, mechanical, or other local treatment adopted for the removal of the existing deformities, or any treatment for the general affection. In cases, however, in which the deformities are very severe; as for instance, when the toes only can touch the ground, as in fig. 3, and, therefore, the patients are quite unable to stand; when, in addition to deformities of the feet, the contractions of the knees are so great as to render progression impossible except with the aid of crutches, the patient swinging between them instead of walking, very great benefit may be derived from operative and mechanical treatment followed by a long course of champooing and special muscular exercises, though the essential condition of the muscles, is but little improved. By division of tendons, etc., these limbs can be brought into their normal positions; a firm and useful base of support is afforded by removing the deformities of the feet; and the rigidly flexed condition of the knee-joints may also be removed by dividing the ham-string tendons; but the power of progression will depend upon the amount of voluntary power previously existing, whether from the partial character of the primary affection, or as an acquired improvement.

(d) "Epilepsy, and other Affections of the Nervous System, which are marked by Tremor, Convulsion, or Spasm." J. Churchill. London, 1854.
(e) "Philosophy of Vital Motion." London, 1850.

ORIGINAL COMMUNICATIONS.

CASES OF HÆMATEMESIS, WITH REMARKS.

By C. HANDFIELD JONES, M.B., F.R.S.

No III.

(Continued from page 182.)

GASTRIC CATARRH—AGUISH DISORDER.

In my two former papers I noticed the occurrence of hæmatemesis as the result of ulceration, and of mechanical obstruction to the portal current; in this I purpose to advert to some other conditions which give rise to this hæmorrhage, though its amount is not usually so copious as when produced by the first-mentioned causes. Exudation of blood in moderate, generally rather small quantities, occasionally takes place in acute, or subacute gastric catarrh. That this should be the case is not at all surprising, as epistaxis happens sometimes in the course of nasal catarrh, and hæmoptysis in bronchial. The two following cases exemplify this occurrence.

Case 1.—M. F., aged 19, female, taken ill on morning of July 30th. Was attacked with pains in upper part of abdomen, and retching; she threw up about a pint in 24 hours. To-day (August 1st) she complains of much pain in the head, nausea, anorexia, thirst, pain at epigastrium passing right through to the back, and increased on pressure. Has vomited a large quantity of highly acid mucous, brownish-tinged fluid, containing flakes. This, when more particularly examined, was found to consist of a somewhat tenacious fluid, imbedding multitudes of corpuscles, which are red and white blood globules, epi-

thelium from the gastric tubes, and scaly epithelium; it contained also a good deal of brownish-yellow pigment. The vomited fluid, when distilled, gave an acid product, in which no trace of H. Cl. could be detected by arg. nitr. She states that she has generally good health. Catamenia occur every fourteen days, were present three days before her attack. Pulse 80, rather jerky and full. Skin cool. Tongue rather red, with some whitish long papillæ, moist. Bowels opened, stools bilious. Conjunctivæ clear. Has taken, since July 31st, ant. pot. tart. gr. ⅛, aq. cinnam. ʒj., tertiis horis. Cat. sinapis epigast. August 2nd.—Much the same; some clear watery fluid vomited, not blood-tinged. Some diarrhœa yesterday. 4th.—Much headache and nausea, and pain at epigastrium. Some epistaxis. 5th.—Haust. salin. efferv. c. acid. H. cy. dil. 6th.—Much sickness. 8th.—Headache has been relieved by blister to neck; less sickness. Tongue clean and moist. After this she soon became convalescent. This seems to have been a case of acute gastric catarrh, occurring in a previously healthy person. The irritated surface relieved itself by mucous and watery effusion, mingled, at the height of the disorder, with some blood. Mucus, it should be remembered, is an abnormal product in the stomach, and indicates, when present, a deterioration of the secretion of the follicles. The case was under the care of Dr. Sibson, whose very friendly and ready assistance in enabling me to prosecute my inquiries, I feel especially bound to acknowledge.

Case 2.—S. B., aged 33, widow, cook, admitted March 23rd. Was well until two years ago. Since then has had sickness; brings up food, together with stringy mucus, which hangs in rags. This continues generally for several months. Every now and then she brings up stuff of mahogany colour. Has occasional pains in right and left hypochondria. Catamenia regular. One sister died with consumption; another takes cod-liver oil. Pulv. kino sodæ carb., āā gr. v., ter die. Mist. albæ ʒiss. p. r. n. April 13th.—Seems cured, nothing ever stopped it (the sickness) so quickly. 27th.—Very uncomfortable after food; return of vomiting once since last date; vomited matter contains food particles, oily matter, a blackish substance in membranous patches, and stringy mucus. Percussion of epigastrium shows some tenderness towards the right; stomach and liver of normal size. Abdominal pulsation. Heart's action excited, is slightly irregular, no bruit. Creasoti ♏j., acid. H. cy. dil. ♏iv., mist. mucilag. ʒss., ter die. 11th.—Some vomit, mixed with chocolate-coloured matter, not resembling blood. 18th.—Improving. 25th.—Sickness returned very severely. Vomits much chocolate-coloured grumous matter. Calomel gr. i., o. n. ad sex vices. Mist. rhei et magnes. ʒj., bis die. June 1st.—No sickness, but great faintness last night. Pt. in pil., alt. noct. Pt. in mist. 22nd.—Has been very ill; seized with severe pain in right hypochondrium, for which she has been blistered. Right leg numb during the attack. Motions very black. Dec. cinchon. ʒx., extr. taraxaci ʒss., extr. rhei ʒss. M. Una uncia ter die. Pil. hydr. c. coloc. gr. v., alt. noct. July 6th.—No return of sickness for above a month. Tongue clean and normal. 27th.—Discharged quite well.

The catarrh in this case was of a more chronic kind, recurring at intervals. Just such mucus as was vomited may not uncommonly be found on the surface of the stomach, quite tenacious enough to justify the account of its hanging in rags. The blackish or chocolate matter was, beyond any doubt, blood altered by the action of the gastric acid. Hepatic disorder seems to have complicated, or indeed replaced, the gastric catarrh in the latter part of the case, the history of which was kindly given me by Dr. Sieveking. In the earlier period, the administration of an alkali in combination with an astringent, was productive of the best effects, as, indeed, may, I think, always be observed in uncomplicated chronic gastric catarrh.

Case 3.—J. M., aged 24, male, admitted December 17th. He had been ill only one week with catarrh and pain at lower part of chest; face flushed, skin hot, pulse quick, breathing hurried; rather fine moist sounds at base of each lung. He took a little tartar emetic, and afterwards calomel gr. ij., opii gr. ss., 6tis horis. The expectoration was abundant and frothy, not adhesive. Urine scanty and loaded, not albuminous. On 20th, sputa were tinged with blood, rather bright-coloured. C. c. ad ʒxij., inter scap. Aphonia came on the same evening, cough continued severe, expectoration difficult, and the breathing oppressed. He gradually sank, and died on 24th. *Post-mortem.*—Body in good condition. Both lungs much congested, at back part particularly, in which situation there were small spots of extravasation of blood. Heart very large, the cavities much dilated, the walls thickened, especially on left side; valves healthy. Liver, spleen, intestines healthy. Kidneys large, coarse, congested, but healthy. The stomach was of medium size, the rugæ marked in the mid and splenic parts; these same parts were highly congested, and covered over with tenacious mucus, containing black matter. The pyloric portion was less congested, also covered with tenacious mucus, containing less black matter. The reaction of the surface was in no part acid. The black matter consisted of yellow pigment, partly in diffused state, partly forming granulous masses; it lay in a tenacious plasma, imbedding multitudes of columnar particles separate and in groups, and also what appeared to be débris of tubular epithelium. In the splenic region, the tubes were generally very healthy, though a little altered by self-digestion; their interspaces were remarkably distinct; there were some solitary glands seen. Mid-region tubes very healthy, but containing a good deal of opaque oily matter in their lower two-thirds; epithelium abundant, particles well formed. Pyloric region, tubes and villi very healthy. This man seems to have had, as is very common, a combination of bronchial and gastric catarrh, the former, however, predominating, and advancing to pneumonia. The pulmonary congestion, increased probably by the dilated hypertrophy of the heart, told in the direction backward upon the venous system, and, acting through the liver, aggravated the primary congestion of the gastric mucous membrane. The large capillaries surrounding the orifices of the stomach tubes are always the principal seats of congestion, and through their delicate wall, and the basement membrane of the surface, blood, under conditions of increased pressure, readily escapes. The presence of tenacious mucus in the interior of the stomach indicates a very wide departure from the healthy state, and must of itself form a very considerable impediment to digestion of the food. It acts, in fact, as a kind of difficultly permeable envelope, and prevents the ingesta from receiving the full action of the gastric juice. Moreover, it is very probable that, in the catarrhal condition, the albuminoid digestive ferment is very imperfectly formed, being in great part itself converted into mucus. I have thought it quite worth while to give the details of this case, although it was not absolutely one of hæmatemesis; because it illustrates so well how the preliminary hæmorrhage takes place under the circumstances in question. It is very likely that blood is often exuded into the stomach in small quantities during attacks of catarrh without being vomited, or at least being recognized in the vomit.

That malarious disorders should produce hæmatemesis is only what might be expected. The intropulsive action of the cold stage, which congests the spleen so highly, must also tell upon the stomach. Dr. Mackenzie mentions one instance, in which after death the stomach and intestines were found to contain a dark, sanguineous-looking matter, like the black vomit. Latterly I have met with two or three cases in which hæmatemesis, to a varying extent, had occurred, and where the chief symptoms were those of obscure aguish disorder. In one of these the patient, a female, had, on admission, neuralgia of the right foot and shoulder, continual heats and chills, and stomach disturbance, with some vomiting. A week later she complained of pains in the loins and all over her, of palpitation, and of constant ineffectual retching. Nothing morbid was discovered by auscultation in the heart or lungs. Two or three days after this she began to eject blood from the mouth. She described it as being brought up with a little short cough, in mouthfuls, not with sickness. The quantity amounted to about a teacupful a-day, and the discharge went on for three weeks. The hæmorrhage commenced about 2 p.m. most days, and continued all the evening and much of the night. Nothing morbid was to be seen in the throat. Her food did not digest well; she had much sinking and faint sensation at the epigastrium, which was also tender. Acet. plumbi and other astringents were given with some benefit, but she improved far more decidedly under the use of quinine, which was given for some time in five-grain doses, in decoct. cinchon. Her strength increased, she looked better, and the hæmorrhage was arrested for a week or ten days altogether, and when it occurred was trifling. Afterwards, however, when the quinine was increased to gr. x. ter die, it seemed to affect her injuriously, and had

to be discontinued. Some matter was vomited at this time, which I examined particularly, and found to be a brownish acid fluid, consisting of a tenacious mucous plasma and black flakes. The latter presented altered blood-globules, and other corpuscles saturated with diffused dark-yellow pigment. It was clear that blood had been exuded into the stomach, and been changed by its acid. Three days after she brought up some "jelly-like matter" from the stomach, and the next day some "thick stuff mixed with blood." To-day, Oct. 6th, she stated that she had had a good appetite yesterday, and felt very well until about 4 or 5 p.m. Then she began to feel chilly, and could not take her tea; about 6 she began to bring up blood, and continued to do so till 9 p.m. The blood appeared to rise up of itself, without cough or vomiting, but with a feeling of nausea. The epigastrium and lower sternal region feel very sore and tender, more so when the blood is ejected. Last night she felt very ill, with much palpitation, and trembling sensations. She still feels ill to-day, and has no appetite. Since the quinine was left off, she has had a cold douche in the morning, and latterly has taken tr. ferri muriat., under which she improved. I entertain no doubt whatever of the malarious nature of this woman's disorder, and that the hæmorrhage comes, in part at least, from the stomach. Change of air will probably be essential to her cure. It is difficult to be sure that there is no ulceration of the stomach in cases of this kind; of course, only actual inspection could prove it. Still, when the hæmorrhage takes place in the very peculiar recurring manner which it did in this case, and marked aguish symptoms are present, one can hardly hesitate to regard the malarious influence as its chief cause.

CASE OF CYANOSIS, WITH EXTREME CONTRACTION OF THE ORIFICE OF THE PULMONARY ARTERY.

By STANHOPE TEMPLEMAN SPEER, M.D. Edin., etc.

The following case is not, I conceive, without interest, as bearing upon the diagnosis of murmurs occurring in the pulmonary artery, a question upon which some uncertainty still appears to exist.

H. D., aged 17, came about three years ago under my observation, on account of a series of symptoms indicating obstruction in the systemic and pulmonic circulation, viz.: considerable dyspnœa, lividity of the surface, and more particularly of the mucous orifices, (the lips and inside of the mouth having a purplish tint,) coldness of the extremities, and tendency to syncope.

The previous history showed her to have enjoyed good health during the earlier years of her life, but having been placed, at the age of 13, in a situation requiring considerable exertion, the symptoms under which she now laboured ere long became manifest.

Physical examination.—The heart's impulse was strong, but not heaving; the apex beat higher in the chest than usual; there was no bulging over the cardiac region, and percussion gave, at this period of the case, no very sensible evidence of enlargement. Palpation, however, afforded a strong purring thrill, and the stethoscope at once detected a remarkable murmur, of which the following characteristics were carefully noted. It was very loud, whizzing, and prolonged, accompanied the systole of the heart, and was of maximum intensity at the inferior border of the third left costal cartilage, close to its junction with the sternum; from thence it could distinctly be traced upwards along the left margin of that bone, for the space of about two inches, when it suddenly became completely inaudible. There was no trace of the murmur under the clavicle, in the supra-sternal notch, or in the vessels of the neck; neither could it be detected along the left side of the spine. It was audible, to a certain extent, over the centre of the sternum, as also at the aortic cartilage, and downwards in the direction of the right ventricle. Over the base of the heart, it completely masked the first sound, which could, however, be distinguished at the left apex with tolerable clearness.

After a careful consideration of the topography, maximum of intensity, and mode of propagation of the murmur, it seemed difficult to arrive at any other conclusion respecting its origin, than that it arose from a very rare pathological condition, viz., an obstruction at the orifice of the pulmonary artery, together with its not unfrequent accompaniment, a patency of the foramen ovale; the fact of the murmur being but slightly audible in the aorta seemed to negative the idea of a wide opening existing between the auricles, but the livid countenance and purring thrill suggested its existence to a certain degree (a).

On two or three subsequent occasions, I was enabled to verify the persistence of the above signs, with this difference, however, that the intensity of the murmur decreased considerably; in all probability owing to increasing obstruction, and consequent diminished calibre of the stream of blood flowing through the pulmonary artery.

Towards the middle of June, 1855, she again suffered from a severe attack resembling those previously noticed; accompanied, however, in this instance, by complete unconsciousness. On examining the lungs there were found marked indications of serous infiltration of the parenchyma, as shown by the peculiar liquid subcrepitant rhonchus, characteristic of œdema. Over the cardiac region, but higher in the chest than usual, there was distinct bulging; the area of percussion dulness was increased to more than double its usual extent, and was extremely resistent; the impulse was slow, heaving, and prolonged. The purring tremor was now scarcely perceptible, and the sounds were quite muffled; two days, however, previous to her death, the murmur, though greatly diminished in point of intensity, was still heard in its old site.

The diagnosis, made twenty-four hours before death, was as follows:—Hypertrophy of the heart, especially of the right side; obstruction at the orifice of the pulmonary artery; communication between the right and left auricles; œdema of the lungs.

Autopsy, thirty-six hours after death.—On opening the thorax, the large size of the heart was at once noticed. Situated higher than usual, and completely uncovered by lung, as had been proved before death by percussion; it appeared, when removed from the body, to be about twice its natural bulk. The pericardium was healthy, non-adherent, and contained no fluid. The ventricles were greatly hypertrophied, especially the right one, the walls of which were at least an inch and a-quarter in thickness; their cavities were not dilated; the right auricle, however, was so to a great extent, and, in its internal configuration, might have almost been mistaken for a supplementary ventricle; it was filled with black blood, as were also the remaining cavities. On examining the pulmonary artery, it was found impossible to pass even the little finger from it into the right ventricle, and, upon slitting up the orifice, the semilunar valves were seen to form one united cartilaginous septum, pierced only by an aperture sufficient to admit a small catheter.

The remaining valves were healthy, but the diameter of the aorta was less than usual; and, as was supposed, the two layers of the valve closing the foramen ovale, were found to be disunited, and admitted with facility the passage of fluid from the right to the left auricle.

The lungs were exceedingly small, pale, and exsanguine, but free from organic disease; they contained, however, much serum.

Remarks.—Of all valvular murmurs, those occurring in the pulmonary artery are by far the most uncommon, and the autopsy in this case is interesting, as contributing a quota of confirmation to the diagnosis of these murmurs; more particularly as there has of late been manifested a tendency among some eminent authorities to cast doubts upon the possibility even, of an accurate physical diagnosis in the case of the rarer forms of valvular disease. It will be observed that the characteristics of the murmur in the present instance, coincided accurately with those laid down by Drs. Walshe(b), Davies(c), Ormerod(d), etc., who agree in stating that a systolic murmur, having its maximum of intensity at the sternal edge of the third left cartilage, almost inaudible at the aortic cartilage and apex and also in the back, traceable along the left edge of the sternum, suddenly lost at a distance of two inches from the base of the heart, and not appearing in the subclavian or carotid arteries, most probably originates from the orifice of the pulmonary artery(d).

(a) Vide Stokes on the Diseases of the Heart and Aorta, page 167, and Walshe on the Diseases of the Lungs and Heart, page 519.

(b) Walshe, Diseases of the Lungs and Heart, page 225.

(c) Herbert Davies, On the Physical Diagnosis of Diseases of the Lungs and Heart, page 273.

(d) Latham Ormerod, *Edin. Med. and Surgical, Journal*, 1846.

In this case, as in those of cyanosis generally, an interesting question arises, as to the primary origin of the lesions discovered after death; whether, in fact, the open condition of the foramen ovale gave rise to the morbid condition of the pulmonary orifice, as asserted to be the case by some; or whether the communication between the auricles was the consequence of the obstruction caused by the contracted aperture of this artery. The subject of cyanosis, however, has not been sufficiently cleared up, to admit of a positive answer to such a question; and the conflicting opinions that have been emitted by different authorities, may serve as an excuse for a cursory review of the subject.

In doing so, I shall refer in turn to the views propounded by Bouillaud, Gintrac, Louis, Forget, Rokitansky, Walshe, Mouton Stillé, Hope, Wood, Norman Chevers of Calcutta, and Frank of Wilna, etc. The points of interest in connexion with this pathological condition are twofold:

a. The cause of the blue discoloration of the skin.

b. The nature and origin of the valvular lesions of the right side of the heart, frequently occurring in connexion with such discoloration.

The opinions of the four first-mentioned authors, are embodied in the following extract from the late work of Professor Forget, of Strasburg (e). He says, "Whether a communication exist between the auricles, or between the ventricles, the results are almost identical. If the communication be free, there will be a mixture of venous and arterial blood; this, however, is not always the case, and when it does take place, it is the arterial that becomes mixed with the venous blood, rather than the contrary, owing to the greater contractile power of the left cavities."

"It was long thought that from this mixture there of necessity resulted that peculiar discoloration of the skin designated by the terms *cyanosis*, *cyanopathy*, *cyanodevmy*, etc. Modern observation has, however, demonstrated this discoloration to be by no means the necessary or even frequent consequence of the admixture of arterial and venous blood; (Gintrac, Louis, Bouillaud;) some authors indeed deny that it ever can be so produced, for, say they, as the red blood invades the receptacle for the venous blood, there should result rather an increased redness in the colour of this latter fluid."

"Modern pathologists," says M. Forget, "and especially M. Bouillaud, have pointed out a singular consequence (?) of this mixture of arterial and venous blood, in the frequency with which organic disease of the valves is met with in such cases. He found them, twelve times out of fifteen, either thickened, indurated, or contracted. In eight of these twelve cases, the valves of the right heart were diseased, and of these the valves of the pulmonary artery were affected in five instances.

On the other hand, of fifty-three cases of cyanosis collected by M. Gintrac, twenty-three were the subjects of valvular disease affecting the right side of the heart; the orifice of the pulmonary artery presenting some abnormal condition in every case but one."

"Now, it has been long shown, that valvular disease almost invariably causes dilatation and hypertrophy of the cavities situated behind the seat of lesion; in these cases therefore, the right cavities will be thus affected; and we know, moreover, that the venous stagnation resulting from such a condition frequently occasions cyanosis (?)."

"From these considerations," continues M. Forget, "we are led to conclude, with M. Bouillaud, 1st, That these valvular alterations are the result of the unusual stimulus of arterial blood upon the valves of the right side of the heart. 2ndly, That the cyanotic discoloration of the surface is rather the consequence of these valvular lesions, than of the admixture of venous and arterial blood, inasmuch as it is a frequent concomitant of the more ordinary cardiac diseases, when the foramen ovale is closed, and that it has been found wanting in persons affected with congenital communication between the right and left cavities."

From this extract it is clear that the writer refuses to allow the admixture of arterial and venous blood to be the cause of cyanosis, but adopts the theory of venous stasis, as being sufficient to explain the phenomena of the disease.

The opinion which ascribes the result exclusively to an intermixture of the two kinds of blood, supposes that nothing more is necessary to its production, than such a direct communication between the two sides of the heart, or between the cardiac receptacle of venous blood and the arteries which supply the system, as to render some admixture inevitable. Now, cases have been adduced, in which such a communication has, beyond all doubt, existed, and the arterial and venous blood have necessarily flowed together, intimately united throughout the body, and yet no cyanosis has resulted. Nor does it seem that it ought to be an essential physiological consequence of such a mixture. The colour of the surface in health is not owing to arterial blood alone. The venous and arterial capillaries ramify everywhere together, and the colour, no doubt, depends upon both, and may be considered as intermediate between the two. The effect, therefore, is the same as though they were flowing together through the same vessels, mingled in the same proportion. It follows, that the mere intermixture of the two kinds of blood, instead of producing cyanosis, will give rise to the ordinary healthy hue of the skin, provided the change in the capillaries be diminished in the proportion of venous blood added to the arterial; and this may readily be conceived to be possible (f).

That a patent condition of the foramen ovale itself will not suffice to produce cyanosis, is likewise the opinion of Dr. Wardrop. In his recent work (g), quoting a passage from Abernethy, he says, "Having been formerly much surprised to find the heart so little affected, when the lungs were greatly diseased, and observing, in one or two instances, that the foramen ovale was open, I was led to pay more particular attention to the state of that part, and I found this to be almost a constant occurrence in those subjects where pulmonary consumption had for some time existed previous to the person's decease. I took notice of this circumstance thirteen times in the course of one year, and in several instances the aperture was sufficiently large to admit of a finger being passed through it. Now, as the septum auricularum is almost constantly perfect in subjects whose lungs are healthy, I cannot but conclude that the renewal of the foramen ovale is the effect of disease; nor will the opinion appear, on reflection, improbable: for the opening becomes closed by the membranous fold growing from one edge of it, till it overlaps the other; and their smooth surfaces, being kept in close contact by the pressure of the blood in the left auricle, they gradually grow together. But should there be a deficiency of blood in the left auricle, and a redundance in the right, the pressure of the latter on this membranous partition will so stretch and irritate the uniting medium, as to occasion its removal, and thus a renewal of the communication between the auricles will take place.

Against the second opinion, (that of venous stagnation,) though plausible, there seem to be strong objections (h). If a mere impediment to the circulation existing in the heart or great vessels, even a very considerable impediment, were sufficient alone to produce cyanosis, we ought to have it as a very frequent disease; for such impediments in the heart are of constant occurrence, often in such a degree as to prove fatal. But cyanosis is very rare, and especially in old age, when such cardiac obstructions are most common. It is true, that a certain amount of discoloration is produced by this cause, especially in the lips and extremities; but no one thinks of ranking the cases in which it occurs with cyanosis (i). Indeed, it is impossible that an amount of venous congestion throughout the system, capable of producing this change of colour, could remain long without calling into operation the obviating powers of the system. The excess is thrown off in the form of dropsical effusion, hæmorrhages, etc., phenomena by no means of constant occurrence in cases of cyanosis.

Dr. Hope likewise rejects the theory of venous stagnation, adopted by Bertin, Bouillaud, and more recently, as we have seen, by Forget. He says:—"I must dissent from the opinion of those who maintain that the blue or violet colour depends not on intermixture of the black with the florid blood, but principally, if not exclusively, on the same cause that occasions it, in ordinary obstruction to the circulation, namely, the stagnation of the blood in the right cavities of the heart, and in the venous system, which is, as it were, gorged with it. MM. Louis and Ferrus entertain the same opinion. Were this true, cases of intense discoloration would be of ordinary

(c) "Précis Théorique et Pratique des Maladies du Cœur," etc. Par C. Forget. Page 96.

(f) Wood's Practice of Physic. Philadelphia. Vol. II., page 182.

(g) Wardrop on the Diseases of the Heart, page 575.

(h) Wood, Op. Cit.

(i) Some Continental Pathologists would appear, however, to do so.

occurrence, instead of being extremely rare, and presenting themselves in those, almost exclusively, who are affected with a communication between the two sides of the heart."

I am inclined myself to believe, that the great majority of true cyanotic cases may be referred to the last of the three species into which the disease has been subdivided by Dr. Walshe (k), viz:—"*Conditions obstructing the entry of blood into the lungs*," and that this is almost invariably produced by coarctation or closure of the mouth of the pulmonary artery.

What, in fact, was the state of the pulmonic circulation in the present instance? . . . . It has been shown that the aperture by which the lungs were supplied with blood was so constricted, that the stream of blood sent to these organs could not have been more than a fourth of its usual calibre, (and that they had been very imperfectly supplied and nourished is, I think, evident from their atrophied condition, being little more than half their normal bulk.) As a consequence of this very limited supply, it follows that the amount of arterialized blood brought to the left side of the heart would be proportionately small. But what was the condition of the right side of the heart, and its mode of action? Probably this:—The blood, unable to find its way into the lungs, except in small quantity, was doubtless driven back with the violence of an hypertrophied right ventricle, or at least, detained in an already distended and hypertrophied right auricle, which, on contracting, would force its contents in three directions:—1st, Backwards into the venæ cavæ, producing venous stagnation. 2ndly, Against the mass of blood filling the right ventricle, and struggling to escape through the constricted orifice of the pulmonary artery; and, 3rdly, Against the non-adherent valve of the foramen ovale; its transmission in the first and last direction being certainly accomplished with greater facility than through its natural channel, the auriculo-ventricular orifice, not merely on account of the obstructed arterial orifice of the right ventricle, but from its cavity having been diminished by concentric hypertrophy of its walls. We have thus a full supply of venous blood, filling a dilated and hypertrophied right auricle, which, to get rid of its contents, contracts and scatters them in every direction; and as the left auricle (comparatively empty during the diastole, owing to the small amount of blood coming from the lungs) affords the nearest and most easily attainable receptacle, together with a free passage thither, through the open foramen ovale, it follows that a large portion of venous blood finds its way into a cavity in which, had the lungs furnished their proper quota, an equal or greater amount of arterial blood would have already existed, the pressure of which would have effectually prevented the entrance of aught but a small proportion of venous blood, and thus have rendered the admixture of the two fluids comparatively trifling, the preponderance being still greatly in favour of the arterial blood; but, as in these cases of great pulmonary stenosis, the left auricle is, in all probability, supplied with but a small portion of arterial blood, the balance becomes utterly destroyed, and all trace of this latter fluid is lost in the mass of venous blood by which it is absorbed. I feel tolerably certain that this actually took place in the present instance. The left auricle was dilated, (though not to such an extent as the right,) and filled with *venous* blood, which was likewise found in the corresponding ventricle, and traced up into the aorta, clearly showing that it was not merely venous stagnation on the right side, or admixture of venous and arterial blood on the left, that produced the symptoms, but an arterialization of blood in the lungs, so diminished in point of quantity, as to render, to all intents and purposes, the circulation throughout the system almost entirely venous in character.

I am, I conceive, warranted in adopting this theory, as to the proximate cause of the discoloration of the skin in true cyanosis, by Drs. Hope and Wood. The former says:—"When the intermixture of the arterial and venous blood is not very considerable, and especially when the admission of venous blood into the lungs is free, the discoloration is sometimes not deeper than is to be found in cases of ordinary obstruction to the return of the venous blood, and occasionally it scarcely exists at all. On the contrary, when the ingress of venous blood into the lungs is very limited, and the intermixture with the arterial considerable, the colour is of the deepest dye," etc. (l.)

Dr. Moreton Stillé, of Philadelphia, who has published a valuable paper on this subject, embodying more especially the views of Rokitansky (m), says, that, "of 62 cases in which the state of the pulmonary artery was observed, it was either contracted, obliterated, or impervious in 53. This, then, may be considered as one of the most common lesions in cyanosis. Others, having precisely the same effect, namely to impede the access of blood to the lungs, are—a contracted state of the right ventricle, and diminution of the right auriculo-ventricular orifice. Others again, which may act by producing congestion of the lungs and diminishing the amount of aërated blood, are—contraction of the left ventricle, or of the aorta, near its origin; considerable stress is laid on this latter condition by Rokitansky."

It appears, therefore, that in almost all cases of cyanosis, says Dr. Wood, there is a co-existence of a preternatural communication between the arterial and venous circulation, with impediment to the access of blood to the lungs, or imperfect aëration of that which reaches them. Among all the cases collected by Dr. Stillé, there are only five exceptions to the former branch of this statement, and in two of these the cyanosis was partial. To the latter branch of this statement, there is scarcely a single well-authenticated exception. This may be considered as a virtual establishment of the rule, as the very small number of exceptions may be readily referred to imperfect or mistaken observation, or to a latitude in the application of the name of the disease; a certain amount of blueness of the skin being occasionally found, wholly unconnected with organic lesions of the heart.

These data being admitted, it is not difficult to explain the occurrence of cyanosis. A mere communication between the two cavities, even allowing that a considerable mixture of the venous and arterial blood may occur, which does not by any means necessarily follow, is insufficient to account for the phenomenon; as such a mixture may not produce a different colour from the natural, unless the quantity of venous blood be very large. Hence, in cases in which such a communication exists, with a free access of blood to the lungs, and a free aëration of it there, cyanosis is not produced. But let the entrance of blood into the lungs be impeded, as in obstruction of the pulmonary artery, or let aëration take place imperfectly, as in pulmonary congestion from various organic cardiac lesions, then, the proportion of arterialized or aërated blood being lessened, if the two kinds are mingled together, the venous must predominate; and everywhere in the capillaries of the body will circulate a blood darker than the mean of the two kinds which exist in the interlacing venous and arterial capillaries in health, and upon which the natural colour of the surface depends. Hence the skin must be darkened, and the degree to which it is so must be inversely proportionate to the amount of venous blood arterialized in the lungs, and directly to the perfection in which the two kinds of blood are mingled together.

More importance, then, has been attached to the patency of the foramen ovale than it deserves. It is only when connected with other lesions that it becomes of consequence. Contraction of the pulmonary artery, (and this we see to have occurred 53 times out of 62 cases,) by causing accumulation in the right ventricle and auricle, must send a current through the foramen into the left side of the heart, and thus the same cause which prevents aëration of a portion of the blood, by preventing its access to the lungs, occasions its mixture with the small portion already aërated. The opening of the foramen is probably produced in general by the accumulation of blood, and consequent excess of pressure in the right auricle; and may, therefore, be regarded as a provision of Nature for partially remedying a greater evil, and thus prolonging life.

This view of the subject admits of a somewhat satisfactory answer to the question formerly suggested, viz.: as to the priority of lesion in those cases where two are found to exist, viz.: open foramen ovale, and contraction of the pulmonary orifice. The former, it is true, may occur alone, but without causing cyanosis; yet, in this case, it usually results from some condition which produces distension of the right auricle, and when, therefore, found (as it so frequently is) in con-

(k) The first two species are referred to:—
A. Conditions causing direct communications of the venous and arterial circulation, whether in the heart or great vessels.
B. Conditions causing distribution of black blood almost solely to the systemic capillaries, and of red blood to the pulmonary capillaries, without any intermixture of the two kinds of blood.—Op. Cit., page 517.

(l) Diseases of the Heart, by Dr. Hope. Page 461. Fourth Edition.
(m) *Philadelphia Medical Examiner*, April, 1849.

nexion with contraction or obliteration of the orifice of the pulmonary artery, a lesion eminently calculated to cause such distension, it seems most rational to suppose the morbid condition of the arterial orifice to have been antecedent to that of the foramen ovale, the patency of which serves, probably, as we have seen, to counteract, in a measure, the injurious effects of that lesion to which it owes its own origin.

I am aware that the opposite sequence has been adopted by M. Bouillaud, who considers the valvular affection of the right side of the heart as due to the admission of arterial blood into the cavities of that side. This opinion has not been, for obvious reasons, generally received, while that which I have ventured to suggest derives some confirmation from the facts recently established by Dr. Norman Chevers, of Calcutta. In a series of papers, "Illustrative of the Morbid Conditions of the Pulmonary Artery," he has clearly shown, that the opinion respecting the immunity of this artery from disease, is far from true, and that not only is it subject to numerous congenital malformations, but that it is likewise not unfrequently the seat of inflammatory action, in phlebitis, rheumatism, etc.

It would be an omission, not to notice here the views of the eminent Viennese pathologist, respecting the origin and causes of cyanosis.

According to Rokitanksky, cyanosis is usually of three kinds— (n).

a. Arising from organic heart disease, in advanced life.
b. From diseases of the lungs.
c. From congenital malformations of the heart.

These forms are regarded as being identical in origin and character.

Like the majority of modern pathologists, Rokitansky does not consider that cyanosis arises from a mixture of arterial and venous blood, which is in many cases very problematical, and not unfrequently altogether impossible; but depends rather upon an obstruction in the passage of the venous blood into the heart, and upon an overcharging of the venous system, which is either transient or habitual, according to the circumstances of the case, and induces a corresponding repletion of the capillaries.

Undoubtedly, if we regard cyanosis, with Rokitansky, as a "common symptom of many heart diseases," this venous stasis may be considered as the chief cause of that livid, bluish countenance which is so common an attendant upon cardiac disease; but if, on the other hand, we limit the term rather to cases of malformation, congenital or acquired, (and these are by far the worst,) we shall find that the doctrine of venous stagnation is by no means satisfactory; and this is the opinion of more than one eminent authority on cardiac pathology. Thus, at page 520 of Dr. Walshe's Treatise on the Diseases of the Lungs and Heart, I find the following: "It would be altogether beside the purposes of a work like the present, to discuss the theory of cyanosis; but, in justification of the influence ascribed, in the classification above given, to intermixture of venous with arterial blood, it must be stated that the doctrine of venous stagnation adopted by Morgagni and Louis, to the exclusion of ordinary ideas concerning that intermixture, seems scarcely satisfactory. How is that doctrine reconcilable with the fact, that the most intense venous obstruction may arise in the adult without causing true cyanotic discoloration? How comes it, too, if communication between the two sides of the heart be so unimportant, that in five only of seventy-one cases collected by Stillé (loc. cit.) was such communication wanting? Is it not likely that two things, so constantly found together, act as cause and effect? and that when a widely-open foramen ovale has been found without previous cyanosis, some corrective condition, either organic or dynamic, has existed to prevent the intermixture? Doubtless, constriction of the orifice of the pulmonary artery will increase the darkness of the tint, by inducing venous stagnation; but I do not think there is evidence to show that, unassisted, such constriction can produce cyanosis."

Undoubtedly! It is the combination of this constriction with an open foramen ovale, (constituting, as it does, according to recent statistics, the most frequent pathological condition observed in true cyanosis,) which gives rise, I believe, to the discoloration of the skin, in the manner attempted to be explained above.

As a *résumé* of the preceding remarks, I would conclude with a few propositions respecting the pathology of cyanosis:—

1st. That the term Cyanosis has been applied to a symptomatic phenomenon, rather than to any definite morbid condition.

2ndly. That, as a symptom, it may vary greatly in intensity, and may accompany different diseases of the heart and lungs.

3rdly. That, in its less marked forms, it may result from venous stagnation alone, irrespective of malformation, congenital or acquired; as in mitral, regurgitant, or constrictive disease, emphysema of the lungs, etc.

4thly. That if venous stagnation alone gave rise to the extreme discoloration of the worst cases of cyanosis, there would, in all probability, be a far greater tendency to dropsical effusions, hæmorrhages, etc., than is usually the case; while in certain cardiac diseases, with (if depth of colour be a standard of degree) a much less amount of venous stagnation, these phenomena occur to a great extent.

5thly. That a mere patent condition of the foramen ovale is not alone sufficient to produce cyanosis.

6thly. That, in its worst forms, the ingress of venous blood into the lungs is greatly restricted, and the intermixture with the arterial very considerable; and that, in these cases, the colour is of the deepest dye, and pervades not only the lips, ears, nose, and face, but the hands, the feet, and, in greater or less intensity, the skin universally. (Hope).

7thly. That such limited ingress of blood into the lungs (from contraction of the pulmonary orifice) is proved by statistics to be almost the rule in well-marked cyanosis, and that, in connexion with this limited supply of venous blood to the lungs, there exists a condition (open foramen ovale) which admits of its ready ingress into a cavity, (the left auricle,) from which it is distributed, in its unchanged state, to the system at large.

8th and lastly. That, consequently, in the great majority of instances of what may be termed typical cyanosis, there is reason to believe, from the pathological condition which so frequently obtains, that, while a mixture of the venous and arterial blood actually takes place, the quantity of the latter is so small that, to all intents and purposes, the systemic circulation may be regarded as almost entirely venous, or as becoming so gradually, until death is the result; and that to this venous circulation, and not to venous stagnation, is the deep blue colour of the skin to be ascribed.

Cheltenham, August 26, 1855.

(n) Pathological Anatomy. By Carl Rokitansky. Syd. Edit. Vol. IV. 243.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING SEPTEMBER.

The subjoined Report includes, as usual, the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

Number of cases 9; recovered 7; under treatment 1; died 1.

Case 1.—A delicate boy, aged 3, under the care of Mr. Cock, in Guy's Hospital, having had symptoms of stone for about three months. A soft calculus, about the size of a nutmeg, and which broke down in removal, was extracted. Recovered quickly. *Case* 2.—A man, aged 25, under the care of Mr. Statham, in University College Hospital. He was in good health, but had suffered from stone for six or seven years. A lithic acid stone, the size of a pigeon's egg, and coated with phosphates, was removed. Doing well. *Case* 3.—A healthy boy, aged 8, under the care of Mr. Birkett, in Guy's Hospital. A large and very rough oxalate of lime calculus was removed. Recovered well. *Case* 4.—A boy, aged 3, in fair health, under the care of Mr. Spencer Smith,

(o) Stillé, Loc. Cit.

in St. Mary's Hospital. His symptoms had been severe only for three weeks, but had existed slightly for a year previously. A lithic acid stone, the size of a chestnut, was removed. Recovered. *Case* 5.—A boy, aged 5, was admitted into St. Bartholomew's Hospital, with all the symptoms of stone in the bladder. On introducing the sound a hard substance was detected in the membranous urethra, beyond which, however, by a little manipulation, the instrument might be passed. The day after admission retention of urine occurred for the first time, and was easily relieved by the catheter. On the following day, however, it again occurred, and Mr. Paget now determined to cut down on what was believed to be the impacted stone. The usual incision having been made, a calculus the size of a small horse-bean was removed from the urethra, just anterior to the bladder. The lad recovered well. *Case* 6.—A man, aged 52, under the care of Mr. Hawkins, in St. George's Hospital, on account of stone in the bladder, previous to the symptoms of which he had suffered from stricture. The usual operation was performed, and three stones removed, all of them incrustations of phosphates around some harder nucleus. A large portion of broken bougie, covered with phosphatic deposit, was also taken away. The man recovered well. *Case* 7.—A healthy boy, aged 5, under the care of Mr. Tatum, in St. George's Hospital. A small lithic acid stone, incrusted with phosphates, was removed. Recovered. *Case* 8. —A healthy boy, aged 4, under the care of Mr. Pollock, in St. George's Hospital. A small stone, consisting of lithates, was removed. Recovered. *Case* 9.—A man, aged 37, under the care of Mr. Hawkins, in St. George's Hospital. He was much out of health, and the subject of diabetes insipidus. A large friable phosphatic concretion was removed, piecemeal, and a mulberry-stone of considerable size, which had probably formed the nucleus. The man sank after the operation, and the autopsy showed extensive disease of the kidneys.

TREPHINING OF THE SKULL.

The case left under treatment by last month's report has ended in recovery.

Case 1.—A man, aged 32, of intemperate habits, under the care of Mr. Cutler, in St. George's Hospital. Three weeks before the operation, he had suffered a scalp wound, which had been neglected, and now resulted in abscess (Pott's puffy tumour). The diagnosis of pus between the dura-mater and bone having been formed, the trephine was used. Matter was found occupying the position expected, and also infiltrated into the diploë of the bone. A second abscess having formed beneath the pericranium, on the same side of the head, at a different spot, the trephine was also applied there. This was three days after the first operation. No matter was found beneath the bone. Death occurred ten days after the first operation, and at the autopsy a large collection of matter was found between the visceral arachnoid and brain. *Case* 2.—An adult man, of unknown age, was admitted, under Mr. Prescott Hewett's care, into St. George's Hospital, with a severe compound and comminuted fracture of the parietal bone. A large portion of loose bone was removed by the elevator, and in it was seen the groove of the middle meningeal artery, which had been lacerated. The man died. *Case* 3.—A man, aged 28, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, having fallen on to his head, from a height of twenty feet. At first, the symptoms were those of concussion only, but soon afterwards they passed into those of compression. The head having been shaved, no irregularity of the bone could be detected; but there was a large, puffy swelling over the anterior inferior angle of the right parietal bone. Mr. Stanley cut down over this part, and trephined. The outer surface of the dura-mater, when exposed, bulged into the wound, and became very tense, and a puncture, with a narrow scalpel, was accordingly made. A large quantity of dark fluid blood flowed from this opening, but its escape in no degree benefited the man's condition. He sank and died about six hours after the operation.

LIGATURE OF ARTERIES.

Case 1.—A man, aged 26, under care in the London Hospital, had had his right thigh amputated on account of compound fracture. He was doing well in every respect, when suddenly, six weeks after the operation, most profuse arterial hæmorrhage from the stump took place. Mr. Ward was called to him, and finding him in extreme collapse, pulseless, and cold, determined to at once put a ligature on the femoral high up. He preferred this operation to attempting to tie the vessel in the stump, from the belief that the latter procedure would involve some loss of blood, which it was evident the man could not bear. On the operating table another bleeding occurred, the blood flowing from an unhealed sinus in the inner part of the stump. The ligature was placed on the common femoral just below Poupart's ligament. The man rallied and progressed without drawback afterwards. The ligature came away on the sixteenth day, and he may now be considered well. *Case* 2.—A woman, aged 21, admitted into St. Bartholomew's, having divided her radial artery on a piece of glass. Mr. Jowers (House-Surgeon) placed a ligature on its proximal end, which alone bled. No further hæmorrhage occurred, and the wound healed well. *Case* 3.—A young woman was admitted into St. Bartholomew's, having thrust her hand through a pane of glass, and divided the ulnar artery and nerve and the flexor carpi ulnaris. Mr. Jowers enlarged the wound, and tied both ends of the vessel. Recovery, with some loss of sensation, followed.

HERNIOTOMY.

Number of cases, 10; recovered, 6; under treatment, 2; died 2.

Mr. Cock's patient, in *Case* 4 of last month's report, has since left the Hospital well. The artificial anus had closed.

Case 1.—A man, aged 62, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, on account of a large scrotal hernia on the right side. He was cold, and in such extreme collapse that the propriety of attempting an operation was doubted. Strangulation had existed three days; there had been stercoraceous vomiting and extreme pain. Mr. Lloyd attempted the taxis, and succeeded in considerably diminishing the size of the tumour. The reduction not being satisfactory, however, an operation was performed, and the sac opened. In the sac was found a large coil of large intestine, containing indurated fæces. The intestine being adherent could be only very partially reduced; its contents were, however, squeezed out. The stricture did not require division, as it it readily admitted two fingers. Brandy and beef-tea were afterwards given. The man rallied and recovered without a bad symptom. It is probable that the portion of bowel involved was not far from the rectum, as all attempts to administer enemata failed, and when the finger was passed up the bowel, it was felt to turn sharply away towards the right side. *Case* 2.—A woman, aged 63, under the care of Mr. Gowlland, in the London Hospital. Hernia femoral; strangulated four days; symptoms severe. The sac was not opened. Opium treatment for four days, then a dose of castor-oil. Recovery. *Case* 3.—A man, aged 20, under the care of Mr. Hillman, in the Westminster Hospital. Hernia inguinal; strangulated eight hours: sac opened. Recovered without a bad symptom. This man had been operated on a year ago on the same side, and had remained without protrusion until the present occasion, although not wearing a truss. *Case* 4.—A woman, aged 44, under the care of Mr. Ward, in the London Hospital. Hernia oblique, inguinal; strangulated fifty-seven hours; sac opened. The sac contained adherent omentum, and a knuckle of highly-congested small intestine. The neck of the sac having been divided, and the adhesions separated, reduction of the whole was effected. Opium treatment was pursued, and the patient recovered without a drawback. The wound was quite healed on the tenth day. *Case* 5.—A woman, aged 35, under the care of Mr. Gowland, in the London Hospital, on account of a femoral hernia which had come down after an attack of diarrhœa. Strangulation had existed twelve hours. The sac was not opened. Opium treatment. Recovery without a bad symptom. *Case* 6.—A woman, aged 45, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral of small size. Strangulation had existed 24 hours. The sac was opened, and found to contain only omentum. The wound has since been affected by phagedæna, but the patient is now doing well. *Case* 7.—A woman, aged 35, under the care of Mr. Hawkins, in St. George's Hospital. Hernia femoral, small, strangulated three days. The sac was opened, and found to contain inflamed small intestine. Phagedæna has since affected the wound, but is now subsided, and the patient is doing well. *Case* 8.—A woman, aged 55, under the care of Mr. Stanley, in St. Bartholomew's Hospital, having suffered for six days from

Pain in the abdomen, constipation, and sickness. There was a small, rather hard tumour in the usual situation of femoral hernia, on the right side. The taxis having failed, Mr. Stanley at once had recourse to the operation. The saphenous opening having been exposed, Mr. Stanley observed that it was in quite a natural condition, and that the tumour was lower down and further outwards than usual. The cribriform fascia having been next dissected away, and the falciform border of the fascia lata exposed, it became evident that the tumour, whether hernial or not, had no connexion with the femoral ring. Further dissection proved it to be a hernia which had descended in the femoral sheath in front of the vessels, and had forced its way through a small opening anteriorly. The sac was opened, and a small knuckle of intestine which it contained was returned. The stricture was not very tight. The woman recovered without a bad symptom. *Case* 9.—A man, aged 71, under the care of Mr. Luke, in the London Hospital. Hernia scrotal of large size, strangulated fourteen hours. The taxis had been greatly abused prior to admission, and emetics had been given. The tumour was very tense. The stricture could easily be felt, as a band crossing the sac, but this having been divided, reduction still could not be effected. The sac was now opened, and found to contain small intestine, extremely thickened and congested. Although the finger might be easily passed up by its side, yet reduction could not be effected, and a freer division with the bistoury was requisite. On the following morning, hæmorrhage from a small artery on the inner part of the external ring, filled the sac and distended the integuments around. The coagula were turned out and the vessel secured. On the next day he was comfortable, and without pain or sickness. Sulphate of magnesia in drachm doses every three hours was ordered. On the following day, the vomiting had returned, and there were symptoms of approaching collapse. In spite of the free use of brandy, etc., he sank and died on the evening of the third day. *Case* 10.—A man, aged 50, under the care of Mr. Adams and Mr. Gowland, in the London Hospital, suffering from femoral hernia, which had been strangulated two days. On cutting down over the sac, it was found collapsed and apparently empty, and when opened, nothing was found but a creamy fluid, but without the least of feculent odour. A probe passed up through the ring easily. No attempt was made to divide the stricture, no bowel having been seen. Two days after, it was determined to divide the stricture more freely, and in doing this a profuse escape of fluid contents of the small intestine took place. The man died on the fourth day from peritonitis, resulting from the escape of fæces into the abdominal cavity. The autopsy showed that the first portion of the jejunum, within eight inches of the duodenum, had been strangulated, ruptured, and subsequently incised. The conjecture was, that it had been ruptured into the sac by violent taxis, prior to the man's admission, and that the fluid found in the sac was its contents, the gut itself having collapsed.

AMPUTATIONS.

Of the two cases, 1 and 3, left under care by last month's report, Case 1 has resulted in recovery, and the other is yet under treatment.

Number of Cases, 15; recovered, 6; under treatment 2; died 7.

Double Amputation.—Case 1.—A lad, aged 16, previously in good health, was admitted under the care of Mr. Walton, into St. Mary's Hospital, having sustained severe compound fractures of both thighs. He had been run over by a railway engine. The bone, muscles, and large vessels were severed, and in many parts only the skin remained. He was in a state of collapse, but there was only a slight oozing of blood going on, and no active hæmorrhage. Both thighs were immediately removed. The lad sank almost directly after. Artificial respiration and galvanism were resorted to, but without success. Very little blood had been lost during the operation.

Of the Thigh.—Case 2.—A man, aged 26, under the care of Mr. Gowland, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation. Secondary hæmorrhage occurred in the sixth week, and ligature of the common femoral had to be performed. Recovered. *Case* 3.—A lad, aged 19, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a congenital deformity of the leg, which rendered the limb useless. He was of strumous habit. The stump healed almost by the first intention. *Case* 4.—A boy, aged 7, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of old-standing disease of the knee-joint, with great destruction of integument. The operation performed, consisted in dividing the skin from without inwards, so as to form flaps, and then cutting through the muscles by the circular method. Recovery without a bad symptom. *Case* 5.—A lad, aged 17, under Mr. Paget's care, in St. Bartholomew's Hospital, on account of diseased knee-joint, of sixteen months' standing. He was in a hectic and much exhausted condition, but there were no positive indications of visceral disease. Since the amputation, he has sunk into a very feeble state, and has all the symptoms of advancing phthisis. Under treatment. *Case* 6.—A lad, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint of fourteen months' standing. He was much reduced in health, and there was great thickening of the soft parts around the joint. After removal, the synovial membrane was found in a state of pulpy degeneration, and the joint contained pus. In the external condyle, was a portion of necrosed bone. The cartilages were not ulcerated. The man recovered well. *Case* 7.—A man, of middle age and intemperate habits, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, having sustained a severe compound fracture of the thigh, from the passage of a railway truck over the limb. For several hours he refused to submit to amputation, and when his consent was obtained, his condition was very unhopeful. He did not rally well afterwards, and death took place on the second day.

Of the Leg.—Case 8.—A lad, aged 18, under the care of Mr. Holt, in the Westminster Hospital, on account of diseased tarsus and ankle, of seven months' standing. Flap amputation of the leg. Doing well. *Case* 9.—A healthy boy, aged 15, under the care of Mr. Adams, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation by double flaps. Recovery. *Case* 10.—A man, aged 28, under Mr. Tatum's care, in St. George's Hospital, on account of compound dislocation of the ankle, with great laceration of the soft parts. Flap amputation through the leg. Death from pyæmia and secondary deposits. *Case* 11.—A man, aged 48, under the care of Mr. Critchett, in the London Hospital, on account of compound fracture of the leg, with extensive laceration of the soft parts. He was in extreme collapse, and had lost much blood. The amputation had to be performed by a large posterior flap only. The man did not rally well, and death occurred on the second day. *Case* 12.—An intemperate man, aged 42, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an injury to the leg, which had almost severed it at the knee-joint. Primary amputation through the thigh. Slight secondary hæmorrhage occurred. Death from pyæmia on the twenty-fourth day. *Case* 13.—A boy, aged 14, under the care of Mr. South, in St. Thomas's Hospital, on account of very extensive strumous disease of the tarsus. Secondary hæmorrhage occurred about a week after the operation, which was arrested after considerable loss of blood by the perchloride of iron. He sank, and died on the twentieth day. No post-mortem could be obtained, but it was probable that tubercular disease of the lungs existed. *Case* 14.—A man, aged 36, under the care of Mr. Cutler, in St. George's Hospital, on account of elephantiasis of the foot and leg, which had existed for seventeen years. Circular amputation through the leg. Death from phlebitis of the femoral vein and pyæmia resulted.

Of the Upper Extremity.—Case 15.—A man, aged 22, was admitted into the London Hospital, under the care of Mr. Critchett, on account of a gun-shot wound of the upper part of the arm. The bone had been shattered, and the artery torn across. He was in extreme collapse from loss of blood, and almost died on the operating-table. Amputation at the shoulder-joint was performed. No bleeding occurred, and he rallied well afterwards, and made an excellent recovery.

EXCISION OF BONES AND JOINTS.

Case 1.—A lad, aged 20, under the care of Mr. Paget, in St. Bartholomew's Hospital, on account of strumous disease of the right elbow-joint. Excision of the whole articulation was performed, the ⊦ shaped incision being adopted. He has done uninterruptedly well since the operation. *Case* 2.—A girl, aged 20, under Mr. Chance's care, in the Metropolitan Free Hospital, on account of an unreduced dislocation of the terminal phalanx of the thumb, of two years' standing. The phalanx was thrown backwards, and the deformity was such

that the thumb was useless. A curved incision having been made over the front of the joint, it was laid open, and the head of the second phalanx having been sawn off, reduction was easily effected. The wound healed well. The thumb is now of good form, and can be used for all ordinary occupations. *Case* 3.—A girl, aged 4, under the care of Mr. Statham, in the University College Hospital, on account of scrofulous disease of the knee-joint. The child's general health was tolerably good. Mr. Statham laid open the joint, sawed away the articular extremity of the femur, and gouged out the head of the tibia. Under treatment. *Case* 4.—A boy, aged 4, under the care of Mr. Athol Johnson, in the Hospital for sick children, on account of diseased os calcis. A sinus existed, leading into the bone. This was enlarged, and a portion of necrosed bone, including the greater part of the calcaneum, was removed. Under treatment.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 46.—Guaiacum in Phthisis.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—J. H., aged 33, by trade a blacksmith, had, previous to my seeing him, been suffering for some months from the usual symptoms of phthisis. Upon examination, I found the upper part of the chest contracted; there was dulness on percussion, common to both sides of the thorax; but more especially evident on the right. There was cavernous respiration and pectoriloquy. The sputa were heavy, would sink in water, and were mixed with streaks of blood and tubercular matter. After regulating the bowels, I administered to him the sulphuric acid, for the purpose of checking the profuse perspiration to which he was subject, but with little benefit. I next gave him the cod-liver oil, and I thought at first with advantage, but it subsequently caused so much gastric uneasiness, that I was obliged to discontinue it. I next tried quinine with but temporary alleviation, and, indeed, almost exhausted the usual list of medicines exhibited in this disease, and, I must confess, with but slight relief. As a *dernier ressort*, and hardly knowing why, except that he complained greatly of rheumatic pains in the limbs, and certainly not at all expecting the result which followed its use, I gave him the tinct. guaiaci ammoniata, and a draught containing half-a-grain of the muriate of morphia, every night at bed-time. His appetite failed, and his emaciation was extreme; his pulse, quick and feeble, became agitated by the slightest movement, and he was unable to sit up; and, as he was relieved of the rheumatism, but troubled with a harassing cough, I omitted his guaiacum for the usual demulcent expectorants, of which the tinct. camph. co. was the principal ingredient; but after a few doses he requested to be supplied with his former medicine, and eventually would take nothing else, feeling that it did him good. I was prepared to find him soon sinking, feeling confident it was the flattering hope, so peculiar to this disease, that induced him to think himself better; but he persevered with the guaiacum, and persisted in its virtue. I continued regularly to visit him, and was agreeably surprised to find him rapidly recovering; and now three months have elapsed since he left his bed. He has resumed his trade, looking stout and feeling strong. *Quere*,—Is this amelioration of his condition to be attributed to the guaiacum?

I am, etc.

Edward W. Pritchard, M.D., M.R.C.S.,
late Royal Navy.

Hunmanby, Scarborough,
October 15, 1855.

No. 47.—Iodine Injections in Ovarian Dropsy.

Sir,—Can any of your Parisian readers inform me whether the practice of injecting ovarian cysts with iodine is still continued? I have not recently seen it mentioned in the French Journals. Perhaps I may at the same time put the same question to your Edinboro' correspondents, for I believe Dr. Simpson was engaged in rather extensive trials of it,—If it is still used, what have been the general results?

London, October 17. I am, etc. J. H.

No. 48.—Who is the Inventor of Chloroform as a Remedial and Anæsthetic Agent?

Sir,—The Duke of Argyle, at the last meeting of the British Scientific Association in Glasgow, in enumerating the principal discoveries recently made, went a good deal out of his way in order to compliment Dr. Simpson, of Edinburgh, as the discoverer of chloroform. But if His Grace had consulted other writings on the subject as well as Dr. Simpson's, would he not have come to a very different conclusion? If Dr. Simpson can be gratified by such a misappropriation, he must have a singularly gratifiable disposition.

By his own showing, he owes the suggestion of using chloroform, instead of sulphuric ether, to Mr. Waldie, of Liverpool; and it is certain that M. Flourens, of Paris, had previously used it in experimenting on animals. But what is a much stronger circumstance, chloroform had been actually used in operations in London before Mr. Waldie had suggested, or Dr. Simpson had applied it. It is true that it had not been used in London in its pure state, but, according to Dr. Snow, (no mean authority,) it had been used in a form or combination better suited for practical purposes than when employed in its pure state. There is sufficient evidence, likewise, that the same combination of chloroform and alcohol had been in use in America even before it was inhaled in London. So that, granting that Dr. Simpson, and not Mr. Waldie, has the credit of introducing *pure* chloroform, it is the same credit which one would have from the introduction of pure alcohol, as an exhilarant, instead of alcohol and water.

I say nothing of the important fact, that chloroform, in any form, is only a substitute for ether, and that there are other substitutes; although, from the style of his encomium, the Duke of Argyle would appear to think Dr. Simpson the discoverer of the great principle of etherization!

October 18. I am, etc. M. D.

No. 49.—Is Cider a Prophylactic of Cholera?

Sir,—I beg to offer you my sincere thanks for your having given insertion, in your Journal of July 14, to my Query on the above subject. I have nowhere noticed that the question has been negatived, and with your permission I will now entreat your readers to favour me, either through the medium of your Journal, or by private letter addressed to me at my residence, with any facts they may possess with respect to the value of good cider in a medicinal, dietetic, or prophylactic (of cholera) point of view, or with facts which are adverse to its use; my object being to lay before the Profession, as early as possible, all the information I can glean on the subject.

At the present moment I have every reason to expect that I shall have it in my power to remove the prejudices which have so long existed against this wholesome, health-producing and oftentimes delicious beverage.

The following is the only communication which has reached me since my Query was published in your Journal:— I am, etc.

J. H. Tucker.

[Copy of letter addressed to Mr. Tucker by Mr. Snell].

"July 16, 1855.
"18, Craven Row, Mile-end Road.

"Sir,—My eyes have just fallen on a paragraph in last week's *Medical Times and Gazette*, requiring information regarding cholera affecting cider-drinkers. You will, I am sure, find a difficulty in this. I received my early Professional education in Devonshire, and was afterwards in practice in the same county for some years, and more particularly in a locality where the purest cider is made, and drunk to a very great extent, both by masters and labourers. I never saw or heard of a case of cholera affecting either, very seldom even a case of diarrhœa, excepting in those persons who had taken cider before it was in a fit state to drink. I believe cider to be, if pure, as you can get it in Devonshire, the most wholesome beverage to drink.

If I have not exactly understood your Query, I shall be happy to communicate further information.—I am, etc.

E. Snell.

Medical Times & Gazette.

SATURDAY, OCTOBER 27.

STUDENTS' CHRISTIAN ASSOCIATION.

In reference to the meeting which was held at the Freemasons' Tavern on Friday last, and of which a brief notice is contained in our present number, while we entirely concur in the objects which the members of that Society aim at accomplishing, and while we should be most anxious to do anything in our power to promote the improvement of the rising members of the Profession, yet we doubt whether the plan they have adopted is that best calculated to attain the end at which they aim.

A Society, of an exclusively religious character, meeting for the purpose of prayer, and the exposition of the Scriptures, it is evident would only be joined by young men of decidedly religious principles, and though it might be productive of much individual usefulness, it would necessarily be of very limited influence. It is also evident that such a society of young men entertaining decided views on religious matters are not those who most require the aid and encouragement of others. Such Students, before coming to London, doubtless are connected with some religious body, and, by joining themselves to those to whom they are thus readily introduced, they soon obtain all the advantages which the Society proposes to confer.

But there is another class, and undoubtedly a much more numerous class of Medical Students, who are coming to town, leaving homes in which they have received a guarded education, to be exposed to the evil influences which abound in London, without having acquired those decided principles which will enable them to resist the temptations to which they are exposed; and such, too often, as we know from much personal observation, fall into habits of idleness, dissipation, and vice. Such Students, we think, would be deterred from making a decided profession of religion which the Association requires as its test of fitness for membership, and so would be withdrawn from the influence which it might exert over them, and which they especially need. The influence which they, indeed, require, we believe to be rather of a social and religious, than of a strictly and exclusively religious character; they should rather be drawn insensibly under religious influences, than required at once to make decided professions.

A fruitful source of evil among Medical Students arises from the uncomfortable lodgings, which, from the necessity for economy, they too often take, and where they have very imperfect opportunities for study; thus several often lodge in the same house, they fall into habits of idleness, and spend their time in foolish conversation, or are led to frequent the Casino and the Tavern. What, then, is the remedy for this? We believe that it should be not less a social than a moral and religious influence, which should be brought to bear upon them.

To be extensively useful to the Medical Students, as a class, the Society established should not be wholly conservative, it should not merely aim at keeping those who are already under religious impressions from falling away; it should be endued with the missionary spirit, and should endeavour to exercise a beneficial influence upon those, whose characters being yet unformed, will be influenced for good, not for evil, by the circumstances in which they are placed, and the companions with whom they may be led to associate.

We do not wish to discourage Students of the former class from joining the existing society, but we much doubt whether the association which it offers among those of fixed religious principles, would not be better attained by private, small reunions of teachers and of pupils, in the several schools, than by a large Society, which endeavours to draw together Students from all the Metropolitan Hospitals—in fact we question whether such publicity is not destructive of the very end it aims at accomplishing. The second object, that of exercising a social and indirect religious influence over the pupils, could only be accomplished by a society containing many members, and having ample funds at its command. It should possess rooms in different parts of the Metropolis, to which the Students could repair at their leisure hours—should be provided with a Library of scientific and literary, as well as of religious works, and Lectures might be delivered at intervals on subjects not strictly religious, but of a Professional or Scientific character, though with a decided religious bias.

This scheme may appear Utopian, but we do not think it so. The English Metropolis is each year becoming a more extended field for education; the number of our own Students is many, and will increase; and, independently of them, there are now many other capital cities giving literary and scientific instruction, and containing schools of chemistry, science, and art; and all these Students might properly be ultimately provided for by the same Society. We cannot conceive that the diffusion of right moral and religious principles among them all can be regarded by any one as of trivial importance. We believe that those who have already done so much to provide hospitals and asylums, for the sick, aged, and infirm, and schools for the education of the ignorant, only require to have an earnest appeal made to them to establish an institution of the kind we suggest for the rising intellect of the country, to induce them to give it their active support.

We would add, that such a Society would do all that can be done to afford to the Students of the different Metropolitan schools the advantages which, in the University towns, are afforded by residence within the walls of the Colleges.

THE DEATH TIC.

A CHAPTER ON MEDICAL ETHICS.

We were strolling down Regent-street the other afternoon, gravely meditating, as usual, on the state of the Medical Profession, and the growing influence and utility of the *Medical Times and Gazette*, when we were joined by an old schoolfellow, a partner in an old-standing legal firm, who was sauntering home from Lincoln's-inn, to his house in the regions once called Tyburnian, but now Westbournian. Such magic is there in the change of one syllable! We had not seen our friend for three or four years, and the last we heard of him was that he was in a very delicate state of health. So we congratulated him on looking much stouter and more robust than of old.

"Ah, my dear fellow," he replied, "thank Heaven, I feel very well now; quite alive, and up to everything. But 'twas quite another story four years ago. I was seedy enough then. I am well enough now, though, no thanks to the Doctors. Ever since that time I have been at war with your learned Profession, I can tell you."

"But, why?" we replied; "you were ill, and are well; what wrong have the Doctors done you? I thought you were going to give us some credit for your recovery."

"Not a bit. But I'll tell you the case, and leave you to judge for yourself. I had been dreadfully worried; things did not go right at the office; money was uncommonly hard. I could not venture to tell my grievances even to my wife, and I got little sleep; took little breakfast, no luncheon, except bitter beer; then, at dinner, I ate fast and furious; no

real appetite; but I tried to get it over, as a disagreeable duty, and then took a good deal of wine. I see all this clearly now, though I could not see the harm of it at the time. Well, while in this condition, one evening I had an attack of cold shivers; next day, up I would get, and insist on going out; but, the following morning, found old Dulph, the family apothecary, at my bedside. Kind old man! He uses the word *we* for everybody. 'I see we are feverish, my dear Sir,' he said; 'we must keep a-bed; we must send you some draughts, one every four hours; we must promote gentle perspirations, and so on.' In fact, to make a long story short, I was in for a bad influenza, and I was not out of it for a long, long time. Week after week, I was as weak as a rat, coughing incessantly. My friends began to ask if Mr. Dulph had applied the stethoscope; but we could get nothing very satisfactory out of him. He said that we had a great deal of weakness to contend with, but the tonic draughts, and change of air, would set me to rights, and yet that it would be a work of time.

"So, while things were in this plight, and I could plainly see that my friends felt very shaky about me, and one was advising me to call in Doctor This, and another Doctor That, at last, as a satisfaction to my family, and also to see if I could get some relief, I went one morning with my wife, without saying a word to old Dulph, to consult the great Dr. Cæruleus Mortisage, Physician to St. Lazarus's Infirmary for Diseases of the Windpipe, Fellow of a dozen Societies, Professor of Mortal Pathology, or something of the sort, at the Collegiate School of Medicine, and altogether a Medical gun of the greatest possible calibre. Well, Sir, I was stripped, and weighed, and measured, and tapped, and rapped, till my ribs ached; I was made to gasp, and breathe, and cough, and count; every inch of me was explored; but I could plainly see that the more I was explored, the worse was the Doctor's opinion of my case. At last, when he had finished his investigation, we asked him anxiously what he thought. And I scarcely can fancy a poor wretch at the Old Bailey looking more anxiously in the foreman's face when he comes in to deliver the verdict of the jury, than I did at the face of Dr. Cæruleus Mortisage, in order to anticipate what *his* verdict would be. As for my poor wife, she trembled so, that I thought she would have dropped off her chair.

"However, after a short preamble, the opinion was delivered, calmly, and not unkindly; but it was very positive, and unfavourable enough in all conscience. He told me a good deal which I could not understand, about congestion, or consolidation, or something of that sort, but said it was his duty to tell me that he considered my case a bad one; he believed I should not be able to go on with my usual pursuits, and hinted at the expediency of parting with my share in the business, and retiring to Bournemouth or Hastings. He spoke long and kindly, but all to the same purpose, and took no great pains to conceal the fact that he thought me a dead attorney.

"Just as we were going (for I had paid him his fee) it struck me that something was missing, I could scarcely recollect what, so stunned was I at the sentence that had been passed on me, till my wife said, 'Are you not going to give us any prescription, Dr. Mortisage?'

"The question seemed to strike him all of a heap, for he had evidently forgotten this part of his office; but he took up his pen and wrote something, which he gave me, and we left.

"So soon as we got into our carriage, and I could collect my thoughts a little, my anger knew no bounds. Here is this rascal, I said, pronouncing sentence of death on me; and scarcely thinking it worth his while to write a prescription; what good can such a man's treatment do me? He begins with the notion that treatment is of no use, and when that is the case, what good is he likely to do? So I tore the prescription into fifty pieces, and threw them out of the window. If I am to die, I said, be it so; but I'll have a good stand-up fight for life first of all. So, back I went to old Dulph, who gave me lots of tonic draughts, then I went to stay with my wife's aunt in the country, an uncommon old lady for feeding one up, and then I found out that things at the office were not so bad as I feared; in fact, if I had fretted less they never would have seemed so bad, nor have been so bad, and everything went on very well without me, till after about six months of care, and nursing, and change, I got better, and here you see I am, not a bit like a dying man. The next time I am ill, depend on it I won't go to any of these ominous death-tic fellows; if I had not been a strong-minded man, I should have died of fright. When I am ill next I'll choose a man who has a heart under his waistcoat; one who don't look upon his patient merely as a mass of decayed lungs or arteries or what not, but who will put a little heart and soul into the work of cure, who will fan one's hopes and desires of life, and so feed the flame, instead of putting a wet blanket upon it, and seeming as if his whole soul were bent upon a post-mortem examination. For my part, I never meet Mortisage in society without a kind of awkwardness; I feel somehow as if my being alive and walking about was a sort of standing imputation on his skill in diagnosis; this feeling quite haunts me, and I sometimes wonder whether a Physician could not bring an action against a man, for obstinately, pertinaciously, and offensively living on from year to year in spite of the clearest and most scientific evidence that he ought to have died long ago."

Thus far our loquacious and iracund attorney had spoken, when we parted with mutual salutations, he to his dinner, and we to ours.

In spite of the apparent exaggeration of some of his statements, it occurred to us that they might usefully furnish food for reflection to our readers. Certain it is, that the Profession is quite conscious of the existence of a class of practitioners—*and society is not quite ignorant of it either*—who are too apt to look on human beings as mere objects: who, in cultivating the art of distinguishing diseases with the greatest possible accuracy, are not equally studious of the means of curing them; who regard physical alterations of structure to the neglect of that vital force which overrules the whole machine; and who, above all, practise in a hard, cold spirit, without exhibiting anything positively wrong, or inhuman, or unkind, but yet without the sympathy, the heartiness, as it were, requisite for genial and successful influence upon man in his entire nature. This is the fault which leads them to be ready rather to foretel impending mischief, than to prevent it; and it is most curious to observe how prevalent the custom of giving hopeless but wrong prognoses has been, in the case of diseases of these very organs, the accurate diagnosis of which is among the greatest triumphs of modern medicine.

There are few of us, perhaps, who cannot call to mind some condemned case of phthisis, or of disease of the heart, in which the sufferer has continued to live out his time, in defiance of mortal diagnosis. The moral we would draw, at present, is, the necessity of caution in all cases, in giving opinions which exclude all hopes of recovery, and of never neglecting, in an apparently incurable malady, such treatment as would be most likely to preserve life, if the case admitted of recovery. But so grave are the responsibilities of our brethren as arbiters of life and death, that we must devote another column to the subject next week, since our space compels us to conclude for the present.

THE PROFESSION AND THE POOR LAW.

In our last number, we adverted to a case which lately occurred at Oxford, where the Guardians, who comprised among their number some of the most distinguished officials of the University and the town, appeared determined to elect a candidate for one of the District Poor Law appointments who was not legally qualified to fill the office. We then remarked upon the impropriety of the conduct of the Guardians, in endeavouring to force upon the poor a gentleman, who, however respectable, was not possessed of the necessary certificates of proficiency; and we no less condemned the proposition of appointing another gentleman, who possessed all the necessary testimonials, and who was said to be beloved by the poor, as a mere *locum tenens*, till the favourite candidate should complete his studies. We find that the good sense of the Board of Guardians has prevailed, and that, at a subsequent meeting, the name of the unqualified gentleman was

struck off the list of candidates. Between Mr. Godfrey, the candidate who had already received so high a character for his skill and kindness, and Mr. Vincent, the number of votes was equal; but, in consequence of this equality another vote was taken, when Mr. Vincent obtained a majority of three over his rival. No doubt both these gentlemen were properly qualified, and either would have justified the choice of the electors.

In another county, we find that the Guardians of the Guildford Union have received a very proper rebuke from the Poor Law Board. It will be remembered, that the Medical officer of this Union, Mr. A. C. Gall, had been compelled to resign his appointment, from the inadequacy of his salary; and, as too often is the case, another member of the Profession, Mr. Eager, offered to supply his place at the original rate. The Guardians, as is usual, accepted the offer, but we are happy to find that the Poor Law Board have refused to sanction Mr. Eager's appointment, and have ordered the Guardians to advance the salary of Mr. Gall.

We believe that the result in the Guildford case is mainly due to the honourable and manly conduct of Mr. James Stedman, a magistrate, and a member of our Profession, who has boldly stood forward in defence of his order, and has advocated the just claims of our hardly-used brethren who hold Poor Law appointments. Mr. Stedman's letter appears in another part of our Journal, and it is in every way creditable to his head and his heart.

THE WEEK.

The great event of the week has been the reception, on Wednesday last, of the twenty Pensioners lately elected to share the benefits of the Royal Medical Benevolent College. A select company of the friends and supporters of the Institution were invited to witness the ceremony, which passed off in the most satisfactory manner. The rooms allotted to the Pensioners are very neatly and even elegantly furnished, at the expense of the College, and the arrangements made for the accommodation and comfort of the inmates, called forth audible expressions of gratitude. It was a touching sight to witness the evident feelings of pleasure with which so many of our brethren and sisters, whose career has been chequered with misfortune, took possession of their newly-acquired home; and a unanimous sentiment was evinced that before long, the advantages offered by this noble Institution might be still further extended. A déjeûner was served in the dining-hall of the College, at which the pensioners and the visitors sat down together; and we were delighted to observe the sympathy and kind feeling which thus mingled together at one common board, the affluent and prosperous of our Profession, with the victims of adversity. During the repast, the school-boys, who now amount to ninety in number, and who bore in their countenances the marks of vigorous health, were introduced into the Hall, and having been each presented with a glass of wine, responded most vigorously to the toast, which proposed health and prosperity to Mr. Propert, the founder of the College. This great undertaking may now, therefore, be said to have fairly started in its course of usefulness and benevolence; the work of instruction has been begun for the youths of our Profession, and the hospitable doors of the building have been opened to receive those, who, were it not for the asylum thus afforded them, might have closed their earthly pilgrimage in sadness and in sorrow. Limited as the benefits offered by the College still remain, they are, nevertheless, capable of almost indefinite extension, and we cannot doubt that a great accession of subscribers will be gained, now that the tangible comforts of a home to the aged and infirm have been realized, and the resources of the school-establishment have been developed. We feel proud of our Profession, that it has worked together so cordially for so worthy an object; and we are grateful that, notwithstanding the diversity of interests and opinions which distracts us a body, we have been able to unite in rearing so magnificent a monument, for the diffusion of education to the young, and the extension of charity to the afflicted. By the untiring zeal of one individual, John Propert, has the original idea of the Royal Medical Benevolent College been converted into a substantial reality, and his heart must have been gratified by the expression of the boisterous hilarity of the school-boys, no less than by the sight of the silent tears of gratitude shed by some of the Pensioners. Amidst the rocks and shoals in the sea of professional life, we have a haven at length in view, where any of us may repair in the period of decay; and amidst the struggles for fame and fortune in which we are all more or less engaged, it is refreshing to turn to such genuine specimens of disinterested humanity and kindness as Mr. Propert, whose name will be for ever associated with the stately pile of buildings upon Epsom Downs; and that veteran philanthropist, Mr. Newnham, no less honourably distinguished for his advocacy of the sister charity, the Medical Benevolent Fund.

With each succeeding week, the prospects of the Provincial Medical and Surgical Association become more and more alarming; and before long, the slight cohesion by which its antagonistic elements are kept together will, in all probability, be dissolved. Since the York Meeting hundreds of members, as we hear, have resigned; and it is very clear that many who have not yet taken that step only defer it till the close of the year. Sir Charles Hastings and his friends have, on various occasions, endeavoured to impress upon the Members the dangerous financial position of the Association; and the other party have admitted that affairs could not go on smoothly without a fund being subscribed, as a capital for trading purposes. If matters were in this state twelve months ago, what must now be their condition with a constituency dwindling down so rapidly? The financial difficulty may perhaps be got rid of to a considerable extent by a small assessment on the residuary members, and "Transactions" being supplied in place of a weekly "Journal,"—a plan which has been advocated on other grounds than those of economy by Drs. Conolly and Shapter. But even with a relief from its present load of debt, we fear that the Association cannot long exist except as a small and sectional society, as it has within it the elements of decay and disruption, which cannot be stifled by the Council discoursing on the "olive-branch," and at the same time closing the Journal against the complaints of members.

An Inquest, which was held last Saturday, upon a pauper who died in the St. Pancras Workhouse, exhibited in a striking light the negligence which exists in Parochial Infirmaries in the nursing of the sick. The Assistant-Parochial Surgeon stated in his evidence that, out of thirty-eight nurses in the Workhouse Infirmary, one-half were aged and decrepid persons; and he was bound to say, *that there was not a sober woman among the number*. We fear that this statement is too true, and that the sick poor in our Workhouses are cruelly treated in this respect. These establishments necessarily partake of the nature of Hospitals, and the nursing system ought, undoubtedly, to be placed upon a better footing than at present. In this case, it was not proved that any positive evil had resulted, as the patient appears to have died of apoplexy; but the neglect of the old nurses, one of whom was verging on the age of eighty, in not calling in Medical advice, drew forth some very just strictures from the Coroner and the jury, upon the general management of the Infirmary.

We regret to find that Cholera has again broken out in the Milbank Penitentiary. With the usual erratic course of this mysterious malady, it appears that while, during the last year, its ravages were almost entirely confined within the walls of the prison, in the present year the disease had shown itself a week previously in the district of Chelsea. The Resident Medical Officer stated that every precaution had been taken to avert the outbreak of the malady; that the water-supply was obtained from the Artesian wells in Trafalgar-square; that the diet of the Prisoners had been improved; and that, since the disease had appeared, a certain quantity of spirits had been served out daily to the inmates. As this gentleman remarked, the site of the prison is undoubtedly bad, from its low position, and its contiguity to the River; and it is, perhaps, a question whether the most enlightened and humane Medical management can transform this prison into a salubrious residence.

REVIEWS.

Researches on Colour-blindness; with a Supplement on the Danger attending the Present System of Railway and Marine Coloured Signals. By George Wilson, M.D. Edinburgh, 1855. Pp. 180.

There is no question that Dr. Wilson well deserves the thanks of the community for these researches. They appeared first in the pages of the *Edinburgh Monthly Journal*, and the first 125 pages of this volume are merely reprinted from that periodical. In their present form we have no doubt that they will obtain, as they ought, a much more extended circulation, and that the facts they announce will attract the attention of those out of our Profession to whom it is of greatest importance that they should be known. Dr. Wilson believes he has sufficient ground for concluding that, while one person in every fifty of the male community is so far colour-blind as to mistake red for green, brown for green, purple for blue, and perhaps red for black, not fewer than one in twenty are subject to lesser degrees of this infirmity, and are especially likely to err in respect to the paler and darker tints of certain colours. Males appear more subject to colour-blindness than females. The occupations of many persons are such as to render the defect of little importance, but in other instances much depends upon the power of an individual to distinguish colours. The supplement to this work, which is, again, a reprint from the *Transactions of the Royal Scottish Society of Arts*, treats of the relation of these inquiries to the employment of coloured signals on railways and at sea, pointing out the danger to the lives of passengers which may arise, and, not improbably, frequently has arisen, from the incapacity of engine-drivers and pilots to distinguish between them. He suggests the necessity of the elements of Form and Number being more extensively introduced into the system of signals. It is much to be hoped that the attention of the Legislature may be directed to this subject, so that the safety of the travelling portion of society may be better ensured than, from Dr. Wilson's observations, it appears to be at the present time.

On the Smokeless Fire-place, Chimney Valves, and other means, old and new, of obtaining healthful Warmth and Ventilation. By Neil Arnott, M.D., F.R.S., etc. London: Longmans. 1855. Pp. 232.

This work contains a collection of many of Dr. Arnott's writings on hygiene and kindred subjects, and of the mechanical contrivances for preserving health, of which he is the author. It is a book out of which the public may learn the first principles of physiology, so far as they are necessary for the avoidance of the most common causes of disease, and from which the Medical practitioner may learn a variety of details useful in giving directions for the ventilation of apartments. It begins with a description of the author's smokeless grate, and ventilating valve for the chimney, which latter is now familiar to most households, and proceeds to describe the more complex modes of warming and ventilating churches, ships, and large edifices generally. It is an excellent book for reading societies, public libraries, and mechanics' institutes, and would furnish the text of many a useful popular lecture.

General Board of Health. Report on the Results of the Different Methods of Treatment pursued in Epidemic Cholera, in the Provinces throughout England and Scotland in 1854: being supplemental to the Metropolitan Report, addressed to the President of the General Board of Health. By the Treatment Committee of the Medical Council. 1855. Pp. 24.

The basis of the report is constituted by 800 cases of cholera treated in the provinces. The methods of treatment are distributed under four heads, viz.: by Alteratives, Astringents, Stimulants, and Eliminants. The results are represented in the form of tables, which also exhibit the accessory remedies employed. Omitting the latter, the following Tables represent the general results, first, of each method of treatment in the Provinces, and next in the Metropolitan Hospitals and districts, and in the Provincial districts together. We think these too important to be omitted. Their circulation among the Profession cannot be too extensively made.

Table of 800 *Cases Treated in the Provincial Districts throughout England and Scotland.*

—	Collapse Cases.	Consecutive Fever.	Deaths.	Per Cent. of Deaths.	
				In Total Cases.	In Collapse Cases.
Of 416 cases treated by *alteratives*—					
41 calomel, small doses .	33	9	33	80·4	100·0
177 calomel, larger doses .	155	60	84	47·4	54·1
139 calomel, with opium .	95	87	43	30·9	45·2
47 other preparations of mercury	39	12	26	55·3	66·6
12 salines	9	3	9	75·0	100·0
Of 162 cases treated by *astringents*—					
55 sulphuric acid . . .	45	8	36	65·4	80·0
27 other mineral acids .	21	3	11	40·7	52·3
42 chalk mixture and chalk and opium .	24	14	19	45·2	79·1
21 acetate of lead and opium	16	10	16	76·1	100·0
12 opium	7	5	6	50·0	85·7
5 catechu, kino, etc. .	5	2	3	60·0	60·0
Of 207 cases treated by *stimulants*—					
12 ammonia	10	1	9	75·0	90·0
125 ether	46	18	42	33·6	91·3
65 brandy	47	6	50	76·9	100·0
5 chloroform	5	3	2	40·0	40·0
Of 15 cases treated by *eliminants*—					
15 castor oil	12	—	10	66·6	83·3

Among the 800 cases of Cholera, 234 cases of Consecutive Fever are reported to have occurred, or 29·2 per cent.; of these 57 died, or 24·3 per cent. As will appear from the following statement, the most successful mode of treatment in this stage appears to have been by aperients.

56	cases were treated by	salines,	of which	21	died.
22	,, ,,	mercurials	,,	6	,,
101	,, ,,	aperients	,,	8	,,
1	,, ,,	diuretics	,,	—	,,
21	,, ,,	stimulants	,,	14	,,
3	,, ,,	external irritants		2	,,
5	,, ,,	nourishment alone		2	,,
23	treatment not recorded . . .			3	,,
2	not treated by medicine . . .			1	,,

In the practice of one practitioner at Paisley the remarkable number of 103 cases of consecutive fever occurred in 110 cases of cholera, 60 of which passed into the fever without having had collapse. In all these cases calomel and opium were used as the prominent treatment in the previous

stages. There is no evidence whether the opium was given in unusually large doses. The result, however, corresponds with the large proportion of cases of consecutive fever in the metropolitan hospitals, in which the use of opium, combined with chalk, appears to have been attended with a similar result. The Committee adds, "should accumulated evidence bear the same character as that now obtained, it may lead to a demonstration that collapse may be superseded by the early use of opium, and it may then become a grave consideration how far it may be safe to induce the alternative of consecutive fever as the more manageable stage of the disease."

As to the remedies for the disease in its earlier stages, or in that of premonitory diarrhœa, the following statement represents the order of percentage of failure :—

	Per cent.	Or including Deaths as Failures.
Catechu, kino, etc.	59·0	59·0
Salines	41·9	41·9
Eliminants	25·0	25·0
Calomel	24·0	25·3
Calomel and opium	18·9	22·0
Stimulants	16·0	21·8
Chalk and opium	13·8	17·1
Acetate of lead and opium	11·2	14·0
Opium	8·6	13·7
Chalk mixture	3·6	5·0
Sulphuric acid and opium	2·6	4·0

There is appended to this Report an analysis of certain returns of cholera and of simple and choleraic diarrhœa treated in the Metropolitan Hospitals and other public institutions which were sent in too late to be included in the former Report. There are only 179 cases included, too few to make the analysis of them of value to our readers. The following Table embraces them :—

Table of the Total Number of Cases (3727) *of Cholera Treated in the Metropolitan Hospitals and Districts, and in the Provincial Districts throughout England and Scotland, showing the Percentage of Mortality.*

—	Collapse Cases.	Consecutive Fever.	Deaths.	Percentage of Deaths.	
				In Total Cases.	In Collapse Cases.
Of 2142 cases treated by *alteratives*—					
637 calomel, small doses	416	94	315	49·4	75·7
767 ,, larger	590	160	353	46·0	59·8
472 ,, with opium	295	140	169	35·8	57·2
80 other preparations of mercury	59	17	42	52·5	71·1
186 salines	140	40	94	50·5	67·1
Of 865 cases treated by *astringents*—					
488 sulphuric acid	307	65	235	48·1	76·5
27 other mineral acids	21	3	11	40·7	52·3
201 chalk mixture and chalk and opium.	79	33	55	27·3	67·0
81 acetate of lead and opium	65	26	50	61·7	76·9
36 opium	15	14	11	30·5	73·3
13 preparations of iron and alum	7	2	6	46·1	85·7
19 gallic acid and other astringents	9	4	5	26·3	55·5
Of 548 cases treated by *stimulants*—					
114 ammonia	90	18	70	61·4	77·7
154 ether	73	22	65	42·2	89·0
138 brandy	108	25	87	63·0	80·5
31 chloroform	23	7	15	48·3	65·2
111 other internal and external stimulants	80	16	50	45·0	62·0
Of 172 cases treated by *eliminants*—					
150 castor oil	134	19	104	69·3	77·6
21 emetics	21	1	17	80·9	80·9
1 olive oil	—	—	—	—	—

Report on the Cholera Outbreak in the Parish of St. James's, Westminster, during the Autumn of 1854. *Presented to the Vestry by the Cholera Inquiry Committee, July*, 1855. Pp. 175. London. 1855.

It will be in the recollection of all that, during the fatal visitation of cholera in the autumn of 1854, the parish of St. James's, Westminster, was pre-eminently conspicuous for the number of victims which it furnished to the ravages of the disease. The present Report is a most valuable contribution to Statistical Medicine, and, indeed, may be regarded as a model for other reports upon a similar subject. Among the reporters we find the names of Dr. Lankester, Dr. Richard King, and Mr. John Marshall. To the latter gentleman was entrusted the task of drawing it up ; and we are doing him only common justice in stating, that he has performed his duty with consummate ability. Dr. Snow, whose peculiar views on the dissemination of the cholera poison are pretty well known, although not generally admitted by the Profession, has contributed a special report upon the injurious influence of a certain well-water, and we cheerfully admit that infinite credit is due to that Physician for the laborious and indefatigable industry with which he has pursued his investigations ; and though we are still unconvinced of the truth of the theory which he advocates with so much zeal and talent, yet, it cannot be denied, that his facts are most striking and important, whatever may be the deductions to which they may lead. The reporters who have drawn up the chief documents in this book, have abstained from offering any opinion as to the truth of Dr. Snow's conclusions, although, like ourselves, they cheerfully acknowledge the value of his facts.

The statements in the text are illustrated by a map and plans, so that the exact localities visited by the epidemic may be seen at a glance, as well as the relations which were found to exist between the mortality of the disease, the water supply, and other local influences. The meteorological conditions of the atmosphere at the period of the visitation, the habits of the people, the construction of their dwellings, and other necessary particulars, are also noted, with as great accuracy as is attainable in such difficult investigations.

The Cholera Inquiry Committee terminate their duties by a series of recommendations to the parochial authorities, and we have no doubt they will adopt the suggestions of so intelligent a body of men, who have devoted immense labour to the gratuitous inquiry into the causes which made the parish of St. James's so fatally prominent last year as a cholera field, and into the precautionary measures to be adopted in the event of another outbreak.

Transactions of the Pathological Society of London. Volume Sixth. Pp. 404. London, 1855.

The institution of the Pathological Society of London inaugurated a new era in the history of our Medical meetings. Before its existence, much time was necessarily spent, and too often wasted, in discussions upon theoretical points or speculative views which, from their very nature, could not admit of proof; but the principle laid down, and strictly adhered to, by the Pathological Society, was to appeal incessantly to the evidence of facts, and to interrogate Nature herself for the solution of doubtful questions. Without a constant appeal to morbid anatomy, the practice of Medicine and Surgery is but a system of groping in the dark ; but, with its aid, the hidden mysteries of diseased structure become revealed, and the science of Therapeutics is placed upon a firm and solid basis. It is true that as knowledge advances, and now that humoral pathology again claims attention, it is found impossible always to detect visible changes in the tissues as explanatory of disease, but, on the other hand, there is still an abundant harvest of facts to be gained by the inspection of morbid structures, especially with the assistance afforded by micro-chemistry, the ultimate developments of which we can at present only faintly anticipate.

The Sixth Volume of the Pathological Society's Transactions, which is now presented to the members, is amply worth the annual subscription ; the letter-press is very well executed, and the plates are remarkably clear and beautiful, colour being occasionally employed for the sake of greater distinctness. Those who were in the habit of attending the Society's meetings last year, will recognize the extreme fidelity with which the various objects then exhibited, have been represented. Where everything is creditable, it would be

unfair to particularize; and we must repeat our cordial appreciation of the merits of the present volume, and express our warmest hopes for the continued prosperity of the excellent Society from which it emanates.

PROVINCIAL CORRESPONDENCE.

IRELAND.

DUBLIN, October 23rd, 1855.

OUR Medical Societies, four in number, namely, the Association of the College of Physicians, the Surgical Society, the Pathological and the Obstetrical, will commence their regular meetings next month for the discussion of the special subjects which the title of each indicates. The first named has already had its preliminary meeting, at which the following officers were elected:—President, the President of the College of Physicians, *ex officio*; Vice-Presidents, Dr. G. E. Kennedy and Dr. Montgomery; Council, Dr. A. Smith, Dr. Fitzpatrick, Dr. O'Reilly, Dr. M'Clintock, and Dr. H. Kennedy; Secretary, Dr. Sinclair

The Medical Session will, this year, for the first time in our day, at least, be inaugurated in the University of Dublin, by a prelection by the Regius Professor of Physic. This step appears to indicate a desire, on the part of the heads of the University, to place its Medical faculty in its proper position. The lecture will be delivered in the hall of Trinity College, and we may expect that the Regius Professor will give a full statement, not only of what has been done in reference to the school of Physic, so long established, under the auspices of the University and the College of Physicians, but that he will also give the views and intentions of the University with respect to the new School of Surgery, recently created in Trinity College.

Introductory lectures are not so much in vogue in Dublin as in London, and in the former school the session is usually commenced less formally by the Professors of Anatomy. This season, however, the Carmichael School of Medicine will be opened with an introductory lecture by Mr. Hamilton, the Senior Lecturer on Surgery in that institution; and Mr. Ledwich has announced "The Social Aspects of the Physician," as the subject of his opening address, to be delivered in the "Original School of Anatomy, Medicine, and Surgery," founded, in Peter-street, by the late Dr. Kirby.

It is confidently expected that the Chair of Botany, now vacant, in the University, in consequence of the translation of Dr. George Allmann to the Professorship of Natural History in Edinburgh,—will be filled by the appointment of Dr. Harvey, the distinguished author of the "Manual of British Marine Algæ," etc., at present Curator of the Botanical Museum in Trinity College, and Professor of Botany to the Royal Dublin Society. The selection of Dr. Harvey to fill this chair, will add great lustre to the University and the School of Physic.

The Annual Meeting of the College of Physicians of Ireland was held, pursuant to Charter, on Saint Luke's day, the 18th instant, when the following office-bearers were elected: President, Dr. Mollan; Vice-President, Dr. J. F. Duncan; Censors, Dr. A. Smith, Dr. J. F. Duncan, Dr. Churchill and Dr. Neligan; Registrar, Dr. Steele; Treasurer, Dr. Dwyer. The number of Licentiates of this body has very much increased within the last few years.

There have been lately four cases of femoral aneurism treated by compression in this city; two in private, and two in hospital practice. One of the private cases is especially interesting, as having been that of a Medical man practising in Chili, in South America, from which place he came during the last summer to Dublin, to place himself under Dr. Bellingham's care. The result has been a most satisfactory and perfect cure. Of the other three, two have also recovered completely, and although a scarcely distinct pulsation is still to be felt in the fourth case, the sac is extremely small in size, the limb reduced to its natural form and dimensions, and the man able to attend to his ordinary duties as superintendent in a store. This case deserves notice, also, inasmuch as the patient had been treated by compression for a popliteal aneurism in the opposite leg just six years since by Dr. Banon, when, after having been submitted to the use of the instruments for five days, the pulsation in the aneurism completely ceased and has never since returned, and, during the entire time that has elapsed, the man has made constant daily use of the limb.

GENERAL CORRESPONDENCE.

SIR CHARLES HASTINGS UPON DR. CORMACK'S RESIGNATION OF HIS OFFICIAL CONNEXION WITH THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you oblige me by inserting the following letter, addressed by me to the Editor of the *Association Medical Journal?* I am, etc. JOHN ROSE CORMACK.

October 24th, 1855.

SIR,—In your last number (page 961), Sir Charles Hastings devotes some paragraphs to an attempt to prove that Mr. Ancell, Mr. Propert, and Dr. Lankester, the Deputation o the Metropolitan Counties' Branch, were in error when they reported to their constituents a fact notorious to the Profession, that the proceedings at York caused my official connexion with the Association to cease. He says, he thinks it is his "duty to make this announcement, because it is clear the friends of Dr. Cormack are placing him in a false position, by attributing his resignation to the vote of the York meeting."

I equally feel that it is my duty to exculpate my friends, and to confirm the accuracy of that official summary of the proceedings of the York meeting, which was tendered to the Metropolitan Counties' Branch by its deputation. The extended report of the proceedings, published in the Journal of August 24, shows the entire bearings of the case, and to it I must refer your readers for details. On the present occasion, it will be sufficient to quote a little episode in the debate on Mr. Husband's motion, which establishes, beyond all cavil, that my official connexion with the Association was brought to a close by the majority of the meeting being in favour of that motion. At page 793 you will find the following:—

"Dr. Noble: Do I understand Dr. Cormack as saying that his official connexion with the Association must cease if Mr. Husband's motion is carried?"

"Dr. Cormack: Yes."

"Dr. Noble: And that, if it be not carried, he is willing to discharge all the duties he now performs, and on the same terms."

"Dr. Cormack: Yes."

The monosyllable, with which this extract concludes, is of itself a complete justification of the report of the Deputation.

Sir Charles Hastings may still believe that my "yes" was not intended to mean yes: but into such a discussion I cannot enter. I can only say that, when I said "yes," I honestly meant "yes."

Sir Charles Hastings makes a statement, which, from its incompleteness, is calculated to mislead. He refers to a letter which I addressed to the Council of the Association, previous to the York meeting, and which I requested to be circulated before the meeting, so that the sense of the members might be fairly taken upon it. It appeared to me, and to some of my friends, that the strong language of Dr. Lyon, Dr. Shapter, and one or two other leading members of the elder section, challenged me, as a man of honour, to place my resignation in the hands of the Council, in redemption of the pledge which I gave at Manchester—that I would never try to hold office in opposition to the wishes of my constituents. My letter to the Council arrived one day too late to be circulated with the draught report, and, consequently, I withdrew it; *and it never had any official existence.* My only cause for withdrawing that letter was, that as it had not been circulated, the meeting might complain of being taken by surprise.

The essential facts, then, are—1st. That my resignation depended wholly on Mr. Husband's motion having been carried; and 2ndly. That the "resignation" to which Sir Charles refers never had an official existence, and ought to have been returned to me by him.

The "private" note quoted by Sir Charles Hastings, contained an expression of opinion in harmony with that which I have uniformly held, and uniformly expressed—viz., that the conjunction of the offices of Secretary to the Association and Financial Manager of the Journal, with that of Editor, was a temporary measure, adapted for the double purpose of having the Secretary in London, and of augmenting my stipend, in accordance with the recommendation of the Journal Com-

mittee, as indorsed by the unanimous votes of the Annual Meetings of 1853 and 1854.—(*Vide the Journal Reports of Swansea and Manchester Meetings.*)

In conclusion, I will only add, that if Mr. Husband's motion had stood forth as an isolated fact, I might not, perhaps, have replied as I did to Dr. Noble's testing question, but, as I looked upon the result of that motion as the settlement of a war, which had not only been waged against me at York, but, ever since I was appointed, by an active party in the Association, I thought that there was no other course open to me than to stand or fall by the result of that vote.—I am, etc.

John Rose Cormack,
Late Editor of the *Association Medical Journal.*

37, Russell-square, London,
October 24, 1855.

THE WORCESTER OLIVE BRANCH.

[To the Editor of the Medical Times and Gazette.]

Sir,—After I had read the report on the York meeting, and had repeatedly considered the feelings which the majority of that meeting had evinced against the Metropolitan Counties' Branch, I, with several members of the Branch, became of opinion, that we could not with propriety continue to be members of the Association, and that we would support any motion which would have for its object the dissolution of the Branch. I therefore put my name to the requisition which convened the meeting of the Branch on October 9th. In the mean time I put my resignation of the membership of the Association into the hands of Dr. Cowan and Mr. Harrinson. I resigned because I thought the proceedings at York of a retrograde nature, and in direct opposition to the objects of the Association, and for which I, in common with 452 members, had memorialized the York meeting.

The York meeting had flung the flail with so stout a fist, and had knocked down the Editor of the Journal, and a great many other good things, with so stanch a resolution, that I certainly thought it a matter of self-preservation for all concerned to go out of reach of that antiquated rural implement. I was, therefore, amazed at finding the promoters of the York majority take to Oriental slippers, and with the silk-calfed step of the courtier, visit, hat in hand, the frightened fugitives, and present them with a document, purporting to be "a conciliatory address!" This, at least, most extraordinary change of attire, which would have done honour to ancient Proteus, elicited general acclamations, and the admirers of the magical change said, that "the first olive branch had been held out to the discontented." The ancient Romans used to hold out an olive branch from the window of a house, in which there was a person who was likely to die. I thought the adoption, by the Worcester Council, of this ancient usage, the more in keeping with the other classical doings of the promoters of the York resolutions, as others had told me, and I myself had read, that these steps were considered suicidal, at all events, leading to that eternal peace, the approach of which the Roman citizens indicated by the olive branch.

Dr. Richardson effectually stripped the olive branch, by showing its artificial make. He spoke the truth, and was one of the few who, with unflinching courage, spoke the whole of the truth, and brought it home to the Executive Council. The latter, with the conciliatory honey still upon their tongues, were very much astonished that sweet words should arouse bitter truths to be spoken. But, nevertheless, they went on with the *execution* (!) of the York resolutions, and after most lawfully *re*heading (I repeat *re*heading, because some reader might think it a misprint, instead of *be*heading) the Journal, which had so appropriately been headed at York, they condescended to entertain the question of British or Provincial?—and we, the 453 memorialists, were asked, whether we really were in earnest, when we requested the Association to be called the "British Medical Association." Here was another olive branch, or at least some leaves sent out; but how many the red-tailed doves of the Post-office brought back to the Worcester Ark remains to be seen. Some few were left unanswered, because the gentlemen to whom they were addressed were of opinion, that it was an insult to ask the question in entire disregard of the avowed wish as expressed in the memorial.

The Executive Council have congratulated the Association that there were not less than fourteen candidates for the appointment of Editor of the *Association Journal.* Surely, an astonishing number, especially as some of the candidates, including the successful one, were not members of the Association! This would be very satisfactory to the members, if they only were allowed to know the names of those flowers of the Profession, who applied for the appointment (of £250 per annum), and whose applications created so much satisfaction to the Executive Council, as to cause them to issue a congratulatory address to the Association. But we are only allowed to conclude, from the qualities of the elected Editor, what might have been the qualifications of those aspirants who were rejected.

If the Worcester Council do not rest on their laurels now, they certainly by this time rest on olive-branches. They have been very consistent in their proceedings, to show to the world that they think the possession of principles a most unnecessary burden, that the affairs of an association of 2000 members may be "executed" upon no principle at all. Some say that their steps were prompted by fear of resignations, and by the rumour of a new association; but this is certainly not the case. The only fear the Worcester Council have is,—the fear of a principle.

Whether they elected the new Editor from this point of view remains to be seen. May he earn more honour and fewer kicks than his predecessor! May his wish be gratified by his articles never being longer than two pages! Indeed, it is not likely that they should, as in his virgin leader he proved with 21 lines, of which only 8 were quotations, that every course was wrong except the way to Worcester.

The events of the last few weeks have shown to the Profession who walks on the road to Worcester and who does not. It will be very shady by-and-by, if many more olive-branches are held out. To many it appears to be a maze already, and they expect that some more people will be glad by-and-by to have got out of it. The Metropolitans have, however, been able to form an opinion on certain "Metropolitan Provincials," who realize incredible things of ancient myth—"half man, half monster."

If the President of the Council should, perhaps, hereafter present the world with some account of his doings, we are sure that some space will be devoted to a chapter: *De sui ipsius et multorum crroribus.* The resolution of the York meeting, and the subsequent steps of the Council, will have to be described under that head. Two letters of the President to the late Editor will form part of the chapter to be bordered in olive-branches. In these letters, the President treats the late Editor much in the style in which the old Egyptians treated their stomachs: They had them taken out after death, and placed in a box beside their bodies. Prayer was offered up to Osiris, and the assurance given that the man had never committed any fault. But, should he ever have transgressed, by excessive eating or otherwise, any laws of the Deity, all blame was to fall upon "that one" (pointing to the stomach). The latter was then beaten, and thrown into the Acheron.

Enough of the smothering! Our onions are used up. "Brevity is the soul of Medical writing." We shall take care to plant an olive-tree, to bear branches for holding out, if anybody should feel offended by this letter

Of your obedient Servant,
J. L. W. Thudichum, M.D.

9, Woburn-place, Russell-square, Oct. 23, 1855.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The enclosed note, in answer to the query whether the Provincial Medical and Surgical Association should retain its old name or be re-christened the "British Medical Association" was sent by me to the Secretary at Worcester. I also requested the Editor of the *Association Journal* to insert it, which he declined, intimating, in a notice to correspondents, "that I must feel inclined to further a conciliatory spirit," in reference to the late doings at York. He also says "that the Executive Council have held out the olive-branch of peace." Now, believing that the olive-branch can only be justly offered and received in this instance, when the outpourings of vengeance have subsided, which does not yet appear to be the case, and

seeing that the Journal, since the retirement of our late Editor, has been conducted in a partial and one-sided way; I for one decline accepting it.

Sir Charles Hastings may express his views like a judge in passing sentence on a poor criminal in court, and his officers demand silence—not a word must be said after his sentence is passed.

I trust that no compromise will be made, unless it embraces a just and honourable recompense towards our late ill-used Editor—one who has done more to place our Association on a proper and firm foundation than even Sir Charles Hastings or any other member—one whose character is unimpeachable, and whose zeal and energy have been unremitting.

I feel that it would be a disgrace to any society of men to allow the present state of things to continue, and I sincerely trust that every member who has the interest of the Association at heart will follow the example of Sir Charles Hastings's threat at York, and say, that unless immediate reformation on a broad scale takes place, they will send in their resignations. I am, etc.

South Molton, October 22, 1855. R. Ley.

[Copy.]

South Molton, October 9, 1855.

Sir,—I think a change in the name of the Association now signifies very little—the mischief is done, and, in my humble opinion, the Society is ruined.

The name of a Society is not much in itself, and, if it had not been altered at York, little notice would have been taken of it; but it was the general backward move, and the unkind and ungenerous treatment shown towards Dr. Cormack there, which has caused so many of our most valued members to retire.

I have been a very old member of the Association, and had before the York meeting taken a lively interest in its welfare: the proceedings at that meeting have altogether altered my feelings.

I think great blame attaches to the Executive Council in not placing the memorial before the meeting before the general business was proceeded with; it could be of no use afterwards. I am, etc.

Dr. Williams, Worcester. R. Ley.

CASE OF RUPTURE OF THE LIVER AND INFERIOR VENA CAVA.

[To the Editor of the Medical Times and Gazette.]

Sir,—On the 9th October, 1855, I was called upon to make a post-mortem examination of the body of a girl, aged 3 years, who had been killed on the previous afternoon. The surface of the body was pale, except the posterior part of the trunk, which presented merely the state called hypostatic congestion. The pupils were fully dilated, and there was a frothy mucus, tinged with blood, collected on the nose and lips. Not a single mark of external violence could be observed on the body with the exception of some slight swelling of the right forearm. On opening the skull the brain was found congested, but in every other respect quite uninjured and healthy. The lungs were found uninjured, but the right pleuritic cavity contained about five ounces of dark-coloured, liquid blood. On searching for the source of the hæmorrhage, I found that the inferior vena cava, just at its entrance into the right auricle of the heart had been ruptured somewhat anteriorly and laterally, the opening being about the size of a goose-quill in diameter, and its edges quite smooth, not jagged and irregular. The cavities of the heart did not contain a drop of blood, the ventricles being firmly contracted. The diaphragm was uninjured. On section of the abdominal parietes I observed a small piece of fleshy substance, about the size of a hazel nut, lying between the folds of the small intestines, which, from its irregular granular appearance, I was, at first, unable to distinguish, but which proved to be a portion of the liver. On turning the stomach and intestines (which were quite healthy) aside, I found about three ounces of dark, fluid blood in the peritoneal cavity, and, on raising the liver with the hand, I ascertained that it was torn in a dreadful manner. The posterior edge of the right lobe was literally mangled or torn into pieces—a part about the size of an ordinary pear was attached to the rest of the liver by about the thickness of a thread of liver substance. Through the centre of the right lobe, from behind forwards, there was a jagged opening or fissure which nearly divided the lobe into two equal portions, the laceration extending on the concave surface of the liver into the transverse fissure, and, on the anterior surface, to within about an inch and a-half of the free margin. Several small pieces were detached from the liver, appearing as if torn off. The gall-bladder was empty and uninjured. On careful examination of the inferior vena cava I found that it was almost completely torn through or divided just before it entered the opening in the diaphragm. The ribs were uninjured, and seemed in every respect in a healthy state.

Remarks.—The child died almost instantaneously, from being run over by a cart, which was empty at the time. The case is unique, inasmuch as it illustrates very forcibly the opinion, that extensive injury may result to vital organs without any marks of external violence. The opinion which I entertained respecting the case was, that the child must have fallen on the abdomen, or with the face to the ground, and that the wheel of the cart must have first come in contact with the left side of the body of the child, in order to produce the injuries which were found after death. This opinion was founded on the fact, that the liver had been ruptured posteriorly, and not anteriorly, as is usual in accidents to this organ. The fact that a small portion of liver was found among the folds of the intestines, immediately behind the abdominal parietes, tends to corroborate the opinion just enunciated. The clothes which the child had on at the time of the accident must have contributed, in a great degree, in preventing any external marks of violence from being observed on the body. To the question asked by the Coroner, as to what I thought had induced the appearances found on post-mortem examination, I answered that I had no doubt the child's body had been very suddenly and quickly squeezed, otherwise the injuries would not have been so extensive, nor would the inferior vena cava have been ruptured in two distinct places. Had the force been gradually applied, or had the accident not taken place suddenly, and had not considerable force been also applied at the same time, such extensive mutilation of the liver, with rupture of the inferior vena cava, could not have occurred, at least, the most probable deductions are, that it could not. I am, etc.

Stand, near Manchester, October 10, 1855. James Lancashire.

CASE OF EXTIRPATION OF A BURSA PATELLÆ.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you allow me to correct an error in the account of an operation performed by me at Guy's Hospital, for the removal of a tumour over the patella? Your report says the incision was made over the *inner* side of the knee, whereas it was situated at its *upper* and *outer part*. The case was that of a man, aged 35, a boiler-maker by occupation, who applied for relief from a circumscribed swelling upon the right knee. The tumour had been slowly growing to the size of an orange up to the time of his admission; it fluctuated, and had evidently a very thick cyst. It was produced by kneeling at his occupation. The usual method of removing these tumours is to make a vertical incision over them, and dissect them out from their position. This plan leaves a cicatrix, always inconvenient to the patient should he have to kneel hereafter; indeed, I know of a case where a housemaid lost her occupation by submitting to this operation.

I proceeded in the present case to remove the tumour by a semicircular cut at its upper and outer edge; this was followed by another, parallel and below it, forming the arc of a greater circle, so that the two inclosed a portion of superfluous skin to be removed.

The tumour was dissected out, and during the operation the cyst was opened and found to contain a quantity of coffee-coloured fluid. The flap was found to fit accurately, two small vessels were tied, and the edges of the wound were adjusted and retained in position by sutures and strapping. The limb was placed upon a straight splint, and ice applied over the joint.

On the evening of the following day there was sufficient hæmorrhage amply to justify the dresser in plugging the wound with sponge and making pressure, as he was unable to seize any vessel and secure it. The bleeding appeared to result from a general oozing from the surfaces of the wound.

In twenty-four hours the suppuration was copious, the sponge was removed, and he has continued to progress without any further relapse up to the present time, when the wound is just healed, the cicatrix being at the upper and outer part of the patella. In spite of the unfortunate circumstance of the secondary bleeding, I think this man will be enabled to kneel upon the knee without any inconvenience. The upper and outer part of the joint seems, moreover, to be preferable to the lower and inner, for the operation, as the plexus of nerves formed by the long saphenous nerve is hereby avoided. I may here mention, that I found in the dissecting-room some years since a bursa over the patella with the saphenous nerve expanded and running across its interior, a circumstance which would always induce me to hesitate before I proceeded to inject the sacs, lest tetanus might supervene. The nature of the contents of the tumour in question, is worthy of remark. It reminded me of a hæmatocele, and I conclude bore the same relation to the ordinary bursa that the hæmatocele does to the hydrocele. There was a small fibrinous tumour attached to the interior of the wall of the sac.

Oct. 20th, 1855. I am, etc. THOS. CALLAWAY.

THE SMOKE NUISANCE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read with attention the papers on the "Smoke Nuisance," I, in common with every one, must regret that Octoginta Quatuor has not properly answered your editorial note, at the end of his first letter. We all know there ought to be a properly-constructed chimney to every room; but in what the proper construction consists, is what the public want to know. The question is simply this—Given the height, length, and breadth, of a room—Required the height, width, and depth, of the chimney, to ensure it against smoking? Unless Octoginta Quatuor can reduce this question to a mathematical accuracy, his long experience, and extensive field for observation, have not enabled him to throw any additional light on the subject. The building of a chimney, therefore, is a mere matter of guess-work, it being the only part of a structure which is not made subject to a proper and certain scale of relative dimensions. Whoever will solve this *quæstio vexata*, will confer a perpetual benefit on the civilized human race. I am, etc.

October 20, 1855. X. Y. Z.

SMALL-POX AND VACCINATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following analysis of 64 cases of Small-pox, which I attended during the past months of July and August, in the parish of St. James's, Poole, numbering 6400 inhabitants, verifies most of the opinions laid before the Royal Medical and Chirurgical Society, in 1853, by Mr. J. F. Mason, Resident Surgeon to the Small-pox Hospital, though it does not support the doctrine, "that vaccination performed in infancy afforded almost complete protection against the fatality of small-pox to the period of puberty."

Of the 64 cases above-mentioned, there occurred, after vaccination, 54; naturally, 10. Among the 54 (after vaccination) the degrees of intensity were—

Confluent Cases. (Deaths.)	Distinct. (Deaths.)	Very Mild.
6 3	29 . . . 1	21

Among the 10 natural cases, the degrees of intensity were—

Confluent Cases. (Deaths.)	Distinct.	Very Mild.
7 2	2	1

Of the 4 deaths after vaccination, one occurred on the 12th, one on the 22nd, one on the 24th, and one on the 47th day. The last 3 dying from the sequelæ, diarrhœa, and exhaustion (not from the intensity of the variola, direct); the respective ages being 2, 4, 6, and 11 years.

Of the deaths from natural small-pox, both died on the 11th day.

One of the distinct cases was "small-pox after small-pox," the patient being 40 years old.

The lapse of time occurring between vaccination and variola, was—

In 9 cases, upwards of 20 years.
In 22 cases, from 7 to 20 years.
In 19 cases, from 2 to 7 years.
In 4 cases, under 2 years.

Of these last, 1 had been vaccinated two weeks, 1 twelve, and 1 fifteen months only. The first of these was encompassed with variola, and the arm did not progress rightly; the pustules not developing themselves in due course, and arriving at an unsatisfactory state of maturation.

Taking 14 years as the age of puberty, at that age, and above it, there were 23 cases; below puberty, 31.

Of the 4 deaths after vaccination it is singular that 3 were vaccinated at an adjoining town, Wareham.

The cicatrices were very slight, not presenting due excavation. So with many others. In no case more than two cicatrices, frequently but one, and not well defined or deep.

The head of a family, at the sixth day of his eruption, begged me to vaccinate his wife and three children, who had previously refused vaccination, as he "had no faith in it," and "didn't think small-pox was so bad." The children went through the vaccine most satisfactorily, and have been well to this day. The wife's arm progressed regularly till the sixth day, when she showed symptoms of variola. The arm pustules stood arrested on the seventh day, and became turbid. On the eighth day (the day week) they became of a deep claret colour, and remained for several days, during which she suffered severe pyrexia, but had not more than half-a-dozen pustules about her, none of which went through their full stages, as in natural variola. Her babe, at the breast, as I have stated, went through the vaccine regularly.

The alarm occasioned by this epidemic changed the sentiments of many who before professed they would "rather have the real thing," etc. And in the two months, as Public Vaccinator, I operated on 231 persons. Of these, there were—

Under 3 months old, as required by the Act .	22 only.
Above 3, and under 24 months, and, therefore, not vaccinated in accordance with the Act .	46
At various ages from 2 to 45 years, not previously vaccinated	168

The above little history confirms the advantage of vaccination, as evinced by the small number of confluent cases and of deaths, when compared to those resulting from natural variola; the necessity of compelling general vaccination among adults, as well as children, as is contemplated by the forthcoming Act; and the propriety of the operator having such a fee as will repay him for making the operation as perfect and effectual as it can be. I am, etc.

E. LACY, F.R.C.S. Eng.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, OCTOBER 20, 1855.

Dr. SNOW, President, in the Chair.

Dr. Stocker related a case of

MORBUS CORDIS, ASSOCIATED WITH RHEUMATISM AND PURPURA HÆMORRHAGICA,

of which the following is an abstract:—S.D., aged twenty-five, a young woman, having a well-formed chest, was seen on the 17th of September, 1855. Her occupation had been that of a lady's maid. She had never enjoyed good health, having always had shortness of breath, increased on exertion; never to her knowledge has had rheumatism, though she has suffered from pains in her knees and elbows; menstruation performed regularly, though defective in quantity. When he saw her she was lying down complaining of pain and shortness of breath; countenance pale; skin cold and clammy; pulse rapid and feeble. Ordered to get to bed as speedily as possible (as she was too ill to be examined), and to take at night 5 grains of the hyoscyamus and blue pill, with an aperient draught the following morning. On the 18th, he learnt that her present illness commenced two weeks since, with increased difficulty of breathing, and loss of appetite, attended with general *malaise*, without being able to specify in what particular way she felt ill. On examining the chest, there was slight increased dulness over the præcordial and intra-scapular regions, fine bronchial râles, almost ap-

proaching pneumonic crepitation, and a loud systolic bruit heard over the situation of the mitral valve, traceable towards the axilla, and diminishing in intensity towards the aortic valve; the urine not albuminous; she passed a wretched night, being unable to lie down owing to difficulty of breathing. She was treated by mercury and blisters, and gradually improved till the 22nd, when the report states that she was able to lie down; but then she had slight diarrhœa, which increased in violence on the following day, and a large quantity of blood passed from the bowels, at the same time patches of purpura and petechiæ had made their appearance on the lower extremities. She was ordered chalk mixture and opium, and, in a few days' time, the diarrhœa diminished, though bleeding from the nose and mouth had occurred. About this time she was seized with rheumatism of the knees, ankles, and elbows, as indicated by the pain, redness, and swelling; and this quickly subsided under treatment by chlorate of potash and gallic acid. The facts pointed out by Dr. Stocker for consideration were—

1. How in cases of morbus cordis, especially where the mitral valve is affected, slight obstruction to the circulation is attended with very severe symptoms.
2. How sometimes in these cases purpura occurs.
3. How rheumatism is occasionally combined.
4. How speedily a patient may recover her usual state of health under the use of chlorate of potash and gallic acid.
5. The origin of the attack of purpura, supposed to arise from former deteriorated condition of the system, added to the lowering effects of present illness. The chlorate of potash was given as the rheumatic affection was presumed to be asthenic.

Mr. Hird read a paper, entitled

OBSERVATIONS ON CERTAIN FORMS OF FISTULA IN ANO, WITH REFERENCE CHIEFLY TO THEIR TREATMENT, WITHOUT DIVIDING THE SPHINCTER MUSCLES,

and also gave his opinion in favour of the treatment of many special cases of complete fistula by means of the ligature. After alluding to the painful and hazardous operations practised by Surgeons for the cure of fistula until a more correct view was taken of the disease by Percevall Pott, by whose influence and example the barbarous treatment at that time had recourse to was renounced by the Profession in this country, the author gave a minute description of the anatomical structure of the lower part of the rectum, and of the tissues which fill up the ischio-rectal fossæ, and observed that many obscure collections of matter can only be diagnosed by those who are familiar with the complicated fascial and muscular boundaries of the space surrounding the extremity of the gut. Mr. Hird then described the varieties of spontaneous abscess which affect this region, and gave the result of several cases of fistula which had not entered the rectum, or laid bare its walls, in which no operation was performed; and strongly opposed the assertion made by Mr. Syme, and many other Surgeons who have written on this disease, "that all remedial measures, except the knife, are ineffectual." As a preventive treatment against the formation of fistula, he urged the necessity of freely laying open all abscesses in the neighbourhood of the rectum before the walls of the bowel are laid bare. The incision should be directed from before backwards, and not transversely, so that the discharge may have no mechanical difficulties to overcome in its exit. When the abscess does not close by the ordinary process of granulation, Mr. Hird advises the use of mild injections of nitrate of silver, (four grains to the ounce,) and the application of well-adjusted pressure on the part. In two cases of eight and ten years' standing in which this treatment was not successful, he effected a cure by means of a platinum wire heated by electricity, and connected with the poles of a galvanic battery, similar to the one used by Mr. Marshall for applying electric cautery to fistulous openings in the cheek, and advises the use of this agent before resorting to division of the septum. In cases of complete fistula, the author has no confidence in any treatment except that of laying the cavity of the abscess and of the rectum into one by dividing the sphincters. This, he said, might be accomplished either by means of the knife, the ligature, or electric heat. Although the knife is the favourite instrument of the majority of Surgeons, he prefers the use of the ligature in all cases where the hæmorrhoidal veins are unusually large, or when the patient has a dread of the knife. He considers also that this method of operating possesses advantages over the knife in many special cases, and, if judiciously applied, and only tightened by means of the fistula-tourniquet to a degree of tension sufficient to accomplish the division of the septum, is not so painful as the operation with the knife, less so in the after-treatment, and frequently accomplishes a cure in a shorter space of time. Hæmorrhage and the dread of a cutting operation are avoided by this plan. Mr. Hird's experience does not confirm the opinion of Sir B. Brodie, that all fistulæ have an internal orifice leading into the rectum; neither do his observations verify the opinion of many writers, that fistulæ are most frequently found in phthisical patients; but, on the contrary, are in harmony with the views of Andral and Louis, both of whom demonstrate, by statistical inquiries, that these affections, occurring simultaneously in the same individual, are merely the result of accident, and that that they do not stand to each other in the relation of cause and effect.

Mr. J. B. Brown said the author had not proved the value of any one specific treatment in opposition to that of dividing the sphincter by the knife. He agreed with Mr. Hird as to the expediency of using the knife for that purpose when there was a fistulous opening into the rectum, and abstaining from its use when no such opening existed. Many an abscess at the side of the rectum would heal, after the escape of the pus, without any plugging with lint or other after treatment, care being taken that the patient should be supported by generous diet. In ordinary cases the injection of stimulants was not needed. He had never seen a fistula, with a perfect opening into the rectum, that healed without the division of the sphincter.

Mr. De Méric referred to the occurrence of fistulæ without the knowledge of the patient or the Surgeon. A patient, suffering from syphilis and scrofula, complained to him about ten weeks ago of great uneasiness about the extremity of the bowel; but, on examination, nothing was discovered indicating the necessity for surgical interference. He did not complain afterwards, and nothing further was heard of the matter till some ten days ago, when an abscess broke in the vicinity of the anus, the pus being ejected by the rectum. On examination he found, an inch and a-half above the anus, an opening in the mucous membrane of the gut. Here was a person in the condition supposed by Mr. Hird, yet presenting no opportunity for doing as the author advised—preventing the opening into the rectum. It was a question whether the Surgeon should interfere with a fistula of that kind. In many German schools it was considered that there should be no interference when phthisis was present, on the ground that there should be a derivative surface in order to carry off any noxious principle in the system. Listening to such opinions, and to those expressed by the author, he might safely make up his mind to leave the fistula as it was.

Mr. Henry Lee thought, when there was an internal communication with the gut, that dividing the lower part, as recommended, or any part only, would not be sufficient. It was sometimes difficult to ascertain whether there was an internal opening; some, indeed, maintained that an internal communication was always present. A patient of his was once operated on one side four or five times for fistula; the sphincter had been cut, but the disease returned; at length, he traced a sinus round from the right side between the bowel and the coccyx to the left side, where he found an internal opening into the bowel. Having cut into the original opening, all the parts healed up, and the woman recovered. When the matter had burrowed fairly by the side of the sphincter, or through its muscular fibres, whether there was internal communication or not, he thought the case would seldom terminate satisfactorily unless the muscular fibres were divided.

The President suggested that the injection of warm water might be used as a means of diagnosis, in order to ascertain whether there was an opening into the rectum or not.

Mr. Weedon Cooke objected to the abolition of the old practice of cutting through the sphincter, the operation, by the aid of chloroform, being rendered so simple and painless. It was often, he believed, impossible to cauterize all the parts within the sinus, there being a large space at the end, where the probe would roll about without touching. He thought strumous patients might be operated on without disadvantage. Instead of the derivative being a healthy one, it was a means of continuing the disease existing in the blood.

Dr. Henry Smith said his experience at the Hospital for Consumption confirmed the view expressed by the author, that the simultaneous occurrence of phthisis and fistula was simply a coincidence. He could not see what the opening or non-opening of the abscess had to do with phthisis, except in reference to the debility of the patient. He conceived that any operation which could relieve the system of any suffering, and heal the abscess, would, in all probability, be beneficial to the disease.

Mr. Dendy advocated the use of the ligature, observing that it had only been brought into disrepute by the practice of the empiric. The constitutional condition of patients should be disregarded; and, if there was good reason for the performance of the operation, apart from any such conditions, the patient ought to have the benefit of it.

Dr. O'Connor expressed an opinion that, in the majority of cases, phthisis was necessarily attendant upon fistula in ano.

The President said, his experience led him to dissent from that opinion.

The author having replied, the Society adjourned.

THE PATHOLOGICAL SOCIETY.

Tuesday, October 16, 1855.

Mr. Arnott, President, in the Chair.

The President, on taking his seat, made a few remarks, introductory to the first meeting of the Session. He congratulated the Society on the volume of Transactions which had just been issued, and expressed his conviction that the commencing season would not prove less productive than the preceding ones. A long list of names proposed as new members having been read, the business of the evening was proceeded with.

Mr. Erichsen exhibited a specimen of

TUBERCULOUS DEPOSIT IN BONE.

A lad, aged 21, had submitted to amputation through the thigh, on account of diseased tibia and knee. On making a section of the tibia, there was found a large, circumscribed deposit of yellow tubercle in the centre of its shaft, just below the epiphysis. The joint was diseased, and one semi-lunar cartilage was pulpy, from softening, but the appearances indicated that the articular mischief was secondary to that in the bone. The interest of the specimen lay in its illustrating the rare occurrence of infiltration of tubercle into osseous structure.

Dr. Peacock exhibited two specimens of

DISEASED HEART.

The first was one of very aggravated disease of the aortic valves, removed from a man, 45 years of age, a gardener by occupation, who had been an out-patient of Dr. Peacock's, at the Hospital for Diseases of the Chest, Victoria-park. He had never suffered from rheumatic fever or inflammation of the chest; and had never sustained any serious injury, and stated, when first seen, that he had been ill only two months. He complained of dyspnœa, palpitation, and cough, with slight expectoration, but had never had hæmoptysis or œdema of the ancles or other dropsical symptoms. The pulse was full and jarring, and disappeared under the finger, displaying somewhat the character of regurgigation. The dull space on percussion in the region of the heart was extended beyond its natural limits, and a systolic murmur was heard over the whole præcordia, but most distinctly at the base and in the course of the aorta. The second sound was everywhere imperfect, and a feeble diastolic murmur was audible. He did not improve while under treatment, and died about a month after his first application. The post-mortem examination was made by Mr. Woodward, the Resident Medical Officer at the Victoria-park Hospital, and displayed no material disease except that of the heart. The heart weighed 20 oz. avoirdupois. The aortic orifice admitted only of the passage of a ball, measuring 24 French lines in circumference, thus indicating a diminution of capacity to the extent of one-third or more. The contraction was due to the existence of extensive disease of the aortic valves, which were blended together at two of the angles, so as to form a contracted ring, complete all round except at one side. The valves were also much thickened and extremely ossified, presenting hard, projecting nodules of bones—not, however, denuded of the endocardium. At the ununited part the valves were not in contact, and, doubtless, allowed of some regurgitation, but probably not much. The left ventricle was of very large size, but the walls not increased in thickness. The right ventricle and the auricles were also dilated. The case afforded an example of aggravated disease, superinduced upon an original malformation of the valves. The malformation consisted in the fusion of the contiguous angles and curtains of the valves; but it was remarkable, in that two of the angles were united, instead of only one, as is generally the case (see *Transactions*, Vol. III., and *Edinburgh Monthly Journal of Medical Science*, 1853). The disease had evidently been of very long duration,—a slow transformation, probably at no time connected with any active symptoms. This was the more worthy of notice, in that the patient dated the commencement of his illness only to a period of about three months before his death. The second specimen was a heart removed from a girl 16 years of age, an out-patient of Dr. Peacock's at St. Thomas's Hospital, who had presented symptoms of mitral valvular disease for about five months, and had suffered from subacute rheumatic symptoms fifteen months before. It displayed an example of the entire destruction of the cordæ tendinæ of one of the fleshy columns of the left ventricle; so that the curtain of the mitral valve must have been allowed to fall back towards the left auricle, during the systole of the heart, and could have offered little resistance to the free regurgitation of the blood from the left ventricle into the auricle.

Mr. Shaw next showed a

NECROSED PORTION OF THE TEMPORAL BONE.

A boy, aged 7, had been deaf for two years and a-half, in consequence of acute otitis, following scarlet fever. Profuse discharge from the left ear continued, and was evidently caused by a large mass of dead bone. Under the influence of chloroform, Mr. Shaw removed the affected part, which was loose. It included the whole of the internal auditory canal, and the greater part of the labyrinth and semicircular canals. The part afterwards healed, and no signs of mischief in the brain followed.

Mr. Toynbee observed that Mr. Wild had described, in his work on aural surgery, an almost similar specimen, and he had himself seen several. He believed that it was quite usual for patients suffering from this form of necrosis to escape from cerebral complication.

Dr. Quain brought forward a specimen of

DISEASED AORTIC VALVES, AND FALSE ANEURISM OF THE HEART.

The patient, a man aged 65, had died from diarrhœa, and was not known during life to be the subject of heart disease. On one of the aortic valves was seen a mass, the size of half a walnut, resembling vegetations, but which, on further examination, was found to be blood clots, covered with a layer of fibrin. This clot connected itself with another portion, contained in the wall of the left ventricle, and about as large as a hazel-nut. The latter had extended towards the right auricle, the membrane of which it had pushed upwards and inwards. The pericardial layer, covering the clot, was extremely thin. Dr. Quain thought it probable that degeneration of the heart's tissue had occurred previous to the hæmorrhage, the latter having been caused by it. He remarked on the peculiarity of the case, that so serious a lesion should have existed without symptoms. The specimen had been sent to him by Dr. Rae, of Greenwich.

Dr. Hillier exhibited an example of an

HYDATID CYST IN THE LIVER, OPENING INTO THE BILIARY DUCT, ETC.

A woman, aged 29, had been admitted into University College Hospital, suffering from jaundice. The liver was evidently enlarged, and the epigastrium tender. She had been ill only a week, but was of intemperate habits, and had been much exposed to privations. Having been under treatment for about a month she improved somewhat, when, suddenly, a relapse took place, and, after exhibiting for about twelve hours the symptoms of internal hæmorrhage, she died. At the autopsy three hydatid tumours were found in the liver. The two smaller ones contained echinococci, and were in a state which rendered their nature unmistakeable. The larger one, however, contained only coagulated blood, and had a wall com-

posed in part of decolorized fibrin. The quantity of coagulum amounted to about 36 ounces. In one part ulceration had taken place into a large hepatic duct, and also into a branch of the hepatic artery. The latter was, doubtless, the source of the hæmorrhage. Mr. Hillier remarked upon the rare occurrence of ulceration into arteries in connexion with hydatid cysts.

Mr. Partridge next brought before the Society a case of

FRACTURE OF THE SPINE.

A bricklayer, aged 20, had been admitted into King's College Hospital, after having fallen from a scaffold on to his back. At the time he was sensible, but collapsed. The breathing was solely diaphragmatic, and there was no reflex sensibility of the lower extremities. Crepitus was detected, and there was evident irregularity of the bones in the dorsal region. He lived four months and a-half after the accident, and then sank from a condition of low fever. During the whole of this time his respiration had been almost entirely diaphragmatic. At first no motion whatever of the ribs or sternum was observed, but latterly it had occurred to a very slight extent. The abdominal muscles had throughout been flaccid, not making the slightest resistance to pressure. The sphincters of the bladder and rectum had never acted, and the regular use of the catheter had been necessary. Sensation over the chest was perfect. At one period of his illness, the formation of bedsores had been threatened; but by the use of the water-bed, change of position, etc., the excoriations healed. The specimen showed a fracture of the sixth dorsal vertebra. The chord was healthy in all parts, excepting for about an inch above and below the seat of the injury, where it was fluid. All the viscera of the body were healthy. Mr. Partridge observed that the symptoms had been those of an injury much higher up than was afterwards found to be the case; a circumstance to be explained by supposing that there had been some effusion into the theca.

Dr. Sibson inquired whether any action of the sterno-mastoid muscles had been observed, and mentioned a case which he had seen, in which, during paralysis of all the other thoracic muscles, after injury to the spine, these muscles were observed to act very forcibly, thus fixing the upper part of the chest.

Mr. Partridge replied, that no such action had been noticed in his case.

Mr. Brodhurst showed casts of

DISTORTED TOES.

The distortion illustrated consisted in the twisting of the second toe under the third. In two cases, in each of which amputation had been suggested; the plan of dividing the tendon, and then pressing the toe into place, had succeeded in quite removing the deformity.

Mr. Ashton observed that, in several such cases under his care, quite as severe as those shown in the casts, he had succeeded, by the simple measure of placing a piece of cork between the toes, and without resorting to any operative procedure whatever.

Mr. Hutchinson exhibited a specimen of

INTUS-SUSCEPTION OF THE CÆCUM, AND ASCENDING COLON.

The specimen showed the cæcum, its appendix, the lower six inches of the colon, and the same length of the ileum, invaginated within the ascending and transverse colon. The extremity of the invaginated portion consisted of the cæcal pouch. The stricture was not light, and the involved tract of bowel, although much congested and thickened, was quite sound, and showed no signs of impending gangrene. Through the stricture and up the whole length of the intus-susecpted part the finger might easily be passed. The symptoms had been ill-marked, and up to the day preceding his death the patient had been able to go about. He was aged 25, and very tall. His illness had been of three months' duration, and from the circumstance that the early symptoms were of the same character as the later ones, and that no other disease existed in the body, Mr. Hutchinson had been led to the belief that the condition found had existed, in greater or less degree, throughout that period. The man had from the first been liable to vomiting after taking food, to constipation of the bowels (incomplete), and to attacks of pain in the belly, referred to the right side. He had been accustomed during these attacks of pain to hang himself by the hands to a ladder, and swing the body backwards. The acute symptoms preceding death had lasted only twelve hours, and began with one of his usual attacks of violent pain. The man had been seen only once previous to his death, and it was to be regretted that, consequently, the history of his symptoms was imperfect. His stools had never been examined, but during the last two weeks the bowels had been irritable. At the autopsy no fæces were found in the colon or rectum, which contained only mucus streaked with blood. In the ileum was a quantity of fluid feculent matter, but the gut was not distended.

Dr. Hare doubted very much whether such a condition as that shown in the specimen, could have existed for three months. He believed that cases of intus-susception were always attended by acute symptoms, and ran a rapid course. In confirmation of his opinion, he alluded to the circumstance that the stricture is usually very tight, so much so that he believed the operation of gastrotomy was never justifiable, it being impracticable to effect the withdrawal of the intus-suscepted part.

Dr. Crisp had examined the subject carefully, and knew of no case similar to that detailed. He doubted much the correctness of the opinion as to the condition having existed for so long a period.

Dr. Peacock believed that, when the lower bowel was the seat of obstruction, the symptoms were much less acute than when otherwise. He mentioned a case in which the sigmoid flexure was involved, and the patient had lived many months.

The President expressed an opinion that it was quite possible for the condition to have existed throughout the time mentioned.

Mr. Hutchinson begged to direct attention to the laxity of the stricture which was, he thought, quite sufficient to account for the condition having existed for long without acute symptoms. There was a specimen in the Museum of St. Bartholomew's, in which an intus-susception of the colon had existed for six months before death. The cases in which the symptoms were acute occurred in children, and almost always involved the small intestine.

Mr. Erichsen mentioned a case in which, for the relief of acute symptoms of obstruction in a child, he had, at the suggestion of Dr. West, inflated the lower bowel, in the hope of effecting a reduction. During the inflation, the child exclaimed that "something had broken within her," and from that time the symptoms subsided. He believed that the plan of treatment referred to was a very valuable one.

HEALTH OF THE ARMY IN THE CRIMEA.

In transmitting the usual state of sick for the week ending 30th September, dated Head-Quarter Camp, Sebastopol, the Inspector-General of Hospitals remarks—

I have much satisfaction in being able to state that the sanitary condition of the Army is satisfactory.

The admissions to strength during the week have been 2·95 per cent., the deaths to strength 0·12 per cent., and the sick to well, at its close, 8·66 per cent.

Last week they were, 2·98, 0·20, and 10·02, respectively.

The decrease of mortality, as might reasonably be expected, has occurred chiefly under the head of wounds and injuries, and 77 of the admissions under this head, out of 184, were mere transfers from the Regimental Hospital in Camp, to the Surgical Hospital at Balaklava.

The following table exhibits the admissions and deaths, under the principal heads of disease:—

	This Week.		Last Week.	
	Admitted.	Died.	Admitted.	Died.
Fevers	264	13	356	15
Diseases of the Brain	8	3	1	
Diseases of the Lungs	102	2	91	
Diarrhœa	396	8	446	4
Cholera	7	4	7	3
Dysentery	105	4	146	5
Wounds	184	34	84	76
Other Diseases	536	1	436	3
	1602	69	1567	106

By this Table it will be seen that two new classes of disease are becoming more prominent—Diseases of the Brain, and

Diseases of the Lungs. The first, I fear, is indicative of greater indulgence on the part of the men, but the second is fairly traceable to the season of the year, and to the change of weather that we have lately experienced.

In transmitting the usual state of the sick of the army for the week ended 7th October, dated Head Quarter Camp, Sebastopol, the Inspector-General of Hospitals writes—

"The health of the army in general is excellent. The admissions into Hospital during the present week have been 2·84 per cent., the deaths to strength 0·09 per cent., and the sick to well at its close amounted to 8 per cent. including wounded, but exclusive of wounded it was only 5·16 per cent.

The following Table gives the admissions and deaths under the leading heads of disease, viz. :—

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	295	13	269	13
Pulmonic	96	..	102	2
Diarrhœa	365	7	396	8
Cholera	12	7	7	4
Dysentery	96	4	105	4
Wounds	151	17	184	34
Other diseases	535	3	639	4
	1550	51	1702	69

Some few cases of cholera have occurred during the week, and there has been an increase of local complaints in the 13th and 82nd Regiments. The 82nd has only recently arrived in the command, and is not yet acclimated.

Drunkenness, I regret to say, is very prevalent among the men, and will be a fruitful source of disease during the winter. It will be difficult to check this, as the men's increased pay enables them to indulge whenever they choose, and the multiplicity of grog-booths in the allied camp affords them every facility.

The wounds are progressing favourably, and at the Castle Hospital, Balaklava, they have done remarkably well, better, I think, than in camp."

BRITISH ASSOCIATION.

The following paper by Mr. John Horsley, of Cheltenham, was read at the recent meeting of the British Association, at Glasgow.

In consequence of some Excise prosecutions which have recently taken place in this neighbourhood, for the adulteration of coffee with chicory, my attention was necessarily directed to the subject, with a view, if possible, to arrive at a more satisfactory method of detecting fraud, as well as discriminating between these substances in their pure and mixed states.

Hitherto chymistry has not been of much avail in this respect, it being considered a difficult thing at best, in consequence of the limited, as well as indecisive character of the re-agents used; the principle reliance being placed on the microscope in detecting the ligneous or fibrous structure of chicory root, which, after all, is not of a decisive character, since that instrument will show other ligneous matter besides chicory root. Nothing but the peculiar reactions of a good chymical test can with absolute certainty be relied upon.

I therefore beg to offer an exceedingly sensitive one in the bichromate of potassa. This salt will be found to produce no discoloration of an infusion or decoction of chicory; on the other hand, the most dilute solution of coffee gradually becomes changed to a deep porter brown colour, which is not at all connected with the colouring matter of coffee, but with the gallic acid existing in the berry, as a decoction of the white unroasted berry will produce a similar result; this may be proved by boiling the berries in water, and then throwing in a crystal of the chromic salt, when the liquor soon becomes brown, and the berries stained throughout, which is not the case with caffein or tannin. Such is the method I propose for distinguishing these substances in their pure states.

It may be urged that if this salt reacts thus with pure coffee, will it not proportionately so on a mixture of that article with chicory? This, then, affords us an excellent means not only of detecting coffee, but estimating its quantity by a kind of approximation test.

If we add to the mixture of chicory and coffee, which has been boiled with the bichromate of potash, a few grains of sulphate of copper, and then boil the liquid, we cause the formation of a flocculent precipitate of a more or less deep sepia brown colour—the intensity of which varies with the quantity of coffee contained—from which by a series of experiments with known quantities it is easy to adjust a graduated standard of tints, as follows :—

All Coffee.	Three-quarters Coffee.	Half Coffee.	Quarter Coffee.	All Chicory.

The following will be found to be the best method of procedure.

Take an equal weight of chicory and coffee, and make separate infusions or decoctions in a given quantity of water, filter the liquors, put them into vials and label respectively.

Then take a teaspoonful of the infusion of chicory and dilute with water until the liquid be of a brown sherry-wine colour—boil this in a whiteware dish, and add a small fragment of crystallized bichromate of potassa—the liquid will be scarcely altered in colour.

Next treat a similarly diluted infusion of coffee, boil, and throw in a fragment of bichromate, the liquid will now assume a deep porter brown colour; a reaction which is very decided.

By the addition, as before stated, of a few grains of sulphate of copper, and boiling, a precipitate will be obtained from both infusions, but that from chicory, if viewed in a glass vessel, is of a clayish yellow colour, while the precipitate from coffee liquor is sepia brown. By thus noticing the shades of the precipitates when mixtures of chicory and coffee are the subject of investigation, we are enabled to judge of the quantity of coffee as well as chicory from the reactions which take place and a reference to the scale of tints.

M. Lassaigne has noticed the reaction which takes p lac when a persalt of iron is added to an infusion of coffee.

A few drops of tincture of the sesquichloride of iron impart to it a dirty blue green, but I do not find, as M. Lassaigne states, that a precipitate forms. This reagent does not produce any sensible change with an infnsion of chicory.

Again, the diacetate of lead produces with pure chicory a deep brown gelatinous precipitate: but with coffee a gelatinous grey-coloured precipitate. No reagent, however, that I am aware of, is so decided in its character, as that which I have proposed.

MEDICAL NEWS.

University of St. Andrews.—List of gentlemen who had the degree of Doctor of Medicine conferred upon them October 19, 1855 :—

Anderson, John, M.R.C.S. Ed., Hamilton.
Banks, William Rogers, L.A.C., Birmingham.
Burg, William Henry, M.R.C.S., London.
Darby, Edmund, M.R.C.S., Bath.
Duncan, George, M.R.C.S. Ed., Elgin.
Elborough, Philip James, M.R.C.S. and L.A.C., Cuba.
Gardiner, Arthur, M.R.C.S. and L.A.C., Dublin.
Gillies, Josiah Dashwood, M.R.C.S., H.E.I.C.S.
Ince, John, M.R.C.S. and L.A.C., Surrey Dispensary.
Jones, Edwin, M.R.C.S., Flintshire.
Kavanagh, Patrick, M.R.C.S.I., county Kilkenny.
Martin, F., M.R.C.S. and L.A.C., Ticehurst, Sussex.
Mason, Joseph Wood, M.R.C.S and L.A.C., London.
Muscroft, Charles, M.R.C.S. and L.A.C., Pontefract, Yorkshire.
Newell, John B., M.R.C.S.I., Dublin.
Poulton, C. W., M.R.C.S., L.A.C., Cricklade, Wilts.
Pruen, William Ashmead, M.R.C.S., Bristol.
Rogers, G. G., M.R.C.S., Kensington, Middlesex.
Scott, Alex. Robertson, M.R.C.S. Ed., Edinburgh.
Simms, William Cawley, M.R.C.S. Ed., Newfoundland.
Stocker, Alonzo Henry, M.R.C.S. and L.A.C., London.
Suckling, Cornelius Benson, M.R.C.S., Birmingham.
Tait, Robert, M.R.C.S. Ed., Coldstream.

Todd, George Michael, M.R.C.S. and L.A.C., London.
West, Robert Uvedale, L.A.C., Alford, Lincolnshire.
Wilbe, Richard H., M.R.C.S. and L.A.C., London.
Wilkins, Jacob, M.R.C.S., Dover.

Marischal College and University, Aberdeen.—At the late Examination Term of the present month, the degree of M.D. was conferred on the following gentlemen:—

Davies, Albert, Hants.
Johnson, John Felix, R.N.
Mackenzie, William, H.E.I.C.S.
Stratton, John Proudfoot, H.E.I.C.S.
Williams, Caleb, York.

And the degree of M.B. on the following:—

Best, Alexander Vans, Aberdeen.
Fussel, Edward Francis, London.
Shinkwin, Thomas Crofts, Cork.

APPOINTMENT.

The York Dispensary.—Two vacancies for Physicians at this Dispensary have recently occurred—one by the election of Dr. Laycock to the Chair of Medicine in Edinburgh, and the other by the lamented death of the late Dr. Goldie. On Monday last, at a meeting of the Governors, Dr. Swaine and Dr. Tuke were unanimously elected to the vacant offices.

DEATHS.

Derriman.—On the 5th of October, at the Royal Navy Hospital, Therapia, Edward H. Derriman, Esq., M.D., Licentiate of the Royal College of Physicians, London, M.R.C.S.E., aged 38. Dr. Derriman had served in the Channel Islands, in South America, the West Indies, North America, and during the last awful winter, on the heights of Balaklava, Crimea. His professional abilities were of a very high order, but these were surpassed by his eminent social and Christian virtues. His death will be lamented by a large circle of relatives and friends, to whom his warm heart, and amiable character, had greatly endeared him. He has left a young widow, and an infant son.

Young.—October 14, at Wells-next-the-Sea, Norfolk, James Young, Esq., M.D., aged 62. M.D., Glasgow, 1854; L.F.P. and S., Glasgow, 1814; Certif. R.C.S. Eng. for E.I.C.S., 1815; formerly Surgeon in the H.E.I.C.S.; Medical Officer of Walsingham Union; Local Secretary of Sydenham Society.

TESTIMONIAL.

A Testimonial, including a silver inkstand, a microscope, a tea-kettle, coffee-pot, and salver, together with several volumes of books, has been presented to Dr. Fergus, the Medical officer of Marlborough College, by the parents of some of the pupils of the college who suffered from illness during the last half-year. Scarlatina, which prevailed throughout the country, visited the college early in the year; a large number of the pupils were attacked by it. All of them, however, made favourable recoveries, and no trace of the disease has manifested itself since the re-assembling of the college, after the customary vacation.

Christian Medical Association.—The first annual meeting of this Association took place on Friday evening at the Freemasons' Tavern. Amongst the gentlemen present we noticed Dr. Habershon; Professor Miller; Dr. Williams; Dr. Hughes; Dr. Stewart; Dr. Hamilton, of the National Scotch Church; Professor Balfour, of Edinburgh; Dr. R. Bennett; — Ball, Esq., Secretary of the Chinese Evangelical Society, &c., &c. There was also a large attendance of Medical students.

Medical Salaries for Poor-Law Unions.—This subject is still before the Guildford Board of Guardians. On Saturday last a letter was read from the Poor-Law Board, refusing to sanction the appointment of Mr. I. K. Eager to the district vacated by Mr. A. C. Gall, and recommending an increase of £10 a-year to be given to that gentleman. Notice of motion was given to rescindt he former resolution on the subject at the next meeting, November 3. A motion to re-advertise at the original salary, £50 a-year, was negatived. The following memorial has been forwarded to the Poor-Law Board by Mr. James Stedman, Esq., a county magistrate and a distinguished member of the Profession:—

"To the Poor-Law Board.

"The Memorial of the undersigned *ex officio* members of the Board of Guardians of the Guildford Union—

"Showeth, that your Memorialist was present at a meeting of the Board of Guardians of that Union on Saturday last, that he there heard letters read from Mr. Gall, the Surgeon of the Ripley district, tendering his resignation of his office in consequence of his application for an increase of salary having been refused by the Board; Mr. Gall's statement being that he could not do his duty to the poor of that district in a satisfactory way to himself upon the sum given by the Board. Your Memorialist has had much experience in Medical attendance on the poor, and has watched the progress of the changes in that department for more than forty years. He finds that the sum allotted to the Medical officers of the Ripley district is in proportion to the other parts of the Union, but he feels that it is impossible that a population of more than fifteen hundred, which the Ripley district contains, (the greater part of whom are paupers,) residing over an area of 9160 acres, can be attended to and provided with medicines on the present salary, without much loss to the Medical office.. Your Memorialist, therefore, hopes that your Honourable Board will cause some inquiry to be made into this case, and that you will send for that purpose such a commission as shall be fully competent to investigate the general state of the Medical management and attendance to the poor of this Union.

"I have the honour to be,
"Your obedient Servant,
"James Stedman, J.P., and M.R.C.S.
"October 9, 1855."

[Copy of reply.]

"Poor-Law Board, Whitehall.
"October 11, 1855.

"Sir,—I am directed by the Poor-Law Board to acknowledge the receipt of your Memorial of the 9th instant, and to inform you that the statements which it contains will meet with their consideration. I am, Sir,

"Your obedient Servant,
"Grenville C. L. Berkeley, Secretary.
"James Stedman, Esq., Bishopscroft, Guildford."

The Vaccination Act.—The President of the General Board of Health (the Right Hon. W. Cowper) is actively engaged in preparing a new bill, to repeal the Act 16 and 17 Vic. cap. 100; also to make Vaccination more compulsory and stringent.

Monument to Surgeon Thomson, 44th Regiment.—The *Chronicle* has the following:—"Subsequent accounts, and especially the well-written history of Mr. Russell, the *Times* correspondent, who combines the advantages of an eye-witness and an historian, show clearly the dangers to which Surgeon Thomson was exposed. He states that while the army were moving along the banks of the Katcha towards Balaklava, the first villa they came to was the residence of a physician or country surgeon, which had been ruthlessly destroyed by the Cossacks. The verandah was filled with broken furniture, the windows were smashed, the walls and doors were hacked with swords, the physician's account lay open on the table with an unfinished entry, alongside a Pharmacopœia in Russian, and everything betokened the hasty flight of the inmates. The reader of Mr. Russell's book will naturally think that if a Russian doctor could be thus treated by his own countrymen, but a faint hope of safety could be entertained by a Medical officer in British uniform from these Cossacks. Besides this, the patients themselves, whether influenced by fever arising from their wounds, or by mere brutal ferocity, could not be trusted. They had on the previous days fired at or stabbed the humane individuals who were dressing their wounds or assuaging their thirst. Five days, however, did Surgeon Thomson pass in the midst of such people, whose language was unknown to him, without any companion but a private soldier acting as his servant.

Often were these two Englishmen obliged to extricate the wounded from beneath the dead before their gashes could be healed, and also to bury the dead because of the pestilential smell arising from the mutilated carcases. Their scanty supply of food began to fail them, but fortunately the Russians, whom he had restored by his skill, and humanized by his kindness, drove in sundry bullocks, which were killed and dressed. A large horde of Cossacks now appeared in sight, but simultaneously the Avon and other English vessels approached the shore, and the sailors then came up to the village, where the doctor had nearly completed his labours. It was, however, beyond the range of the ships' guns and the moment was critical; therefore 340 wounded men, who five days previously lay in helpless agony on the ground, walked away with Surgeon Thomson to the shore, and, after overwhelming their deliverer with expressions of gratitude, sailed for Odessa. The surgeon himself escaping from the Cossacks reached the English head-quarters on the 4th October, but died of cholera next day, worn out by the hardships he had undergone. Surely James Thomson, of the 44th regiment, has earned a monument, for in his own noble character were united the Physician's skill, the soldier's courage, and the Christian's humanity.

Tuscany.—Accounts from Tuscany represent a fearful state of increasing distress, caused partly by bad harvests, and partly by cholera.

Camomile as an Emmenagogue.—Dr. Brown states that he has found camomile one of the most efficient remedies in amenorrhœa, regulating both the period and amount of the flux. He gives it in the form of tincture, prepared by infusing 2 ounces of the flowers in a pint of dilute alcohol, and giving a tea-spoonful three times daily. In the case he relates he also applied the following embrocation to the pelvo-lumbar region:—℞ Sp. camph. ʒvi., ol. tereb. ʒi., sp. ammon. 2ʒ.

Hæmorrhage after Tooth-Drawing.—Dr. Cartwright says, for many years past he has treated this often alarming occurrence with complete success by passing a common tourniquet somewhat obliquely over the head, placing the pad outside the cheek opposite the bleeding gum, and the screw over the pad. As soon as the screw is brought to bear, the bleeding ceases. All styptics, plugs, etc., are to be avoided, the cavity of the gum being filled with a little cotton, which exerts no pressure. The tourniquet gives ease to the patient, instead of pain.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	2	1	9	2	5	6
North	490,396	2	3	14	4	12	4
Central ..	393,256	..	1	18	7	3	7
East.....	485,522	7	1	17	5	12	15
South	616,635	5	..	18	16	9	11
Total..	2,362,236	16	6	76	34	41	43

Deaths in Public Institutions for the Week ending October 20:—

	Males.	Females.	Total.
Workhouses	36	41	77
Prisons	3	..	3
Military and Naval Asylums ..	1	..	1
General Hospitals	43	16	59
Hospitals for Special Diseases ..	5	3	8
Lying-in Hospitals	1	1	2
Military and Naval Hospitals ..	8	..	8
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	3	2	5
Total	101	63	164

Mortality Notabilia.—In the week that ended on Saturday, October 20th, 927 deaths were registered, showing an increase of 57 deaths over the number that was registered in the previous week. The mortality is below the average rate of London, but 91 in excess of the deaths that would have happened under a satisfactory sanatory state. Through he neglect of vaccination small-pox was fatal to 12 children, and to 4 adults. Scarlatina is very prevalent, and has taken away the lives of 73 children and 3 adults. The wife of a bricklayer's labourer, aged 40, died on October 11th of malignant cholera, after 5 days' illness, at 19, New Peter-street, Westminster. A dock-labourer, aged 49, died on October 13th, from diarrhœa (8 hours), Asiatic cholera (36 hours), at 16, St. George's-court, St. George-in-the-East. Twenty-four persons died of cancer. A foreign seaman (black), aged 17, died of "suffocation from charcoal, ignited for the purpose of killing rats," in the West India Dock basin.

Births.—The births of 915 boys and 810 girls, 1725 children were registered. Average, 1391.

Meteorology.—The moon was in her first quarter on Thursday; the elasticity of the atmosphere increased, and the barometer rose from 29·375 in. to 30·069 in. on Saturday. The temperature of the air ranged from 36·8° to 64·8°; the mean temperature was 50·1°, or near the average of the season. The mean dew-point was 46·1°. The thermometer on the grass fell below the freezing point of water (31·4°) on Tuesday night. The water of the Thames was 54·7°. The wind was calm, or blew gently from the west, uetil Saturday, when the north-west wind passed over Greenwich at the rate of 210 miles a day. Electricity was positive and strong on five days; half an inch (0·54) of rain fell on four days.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, October* 20, 1855.

Causes of Death.	In the Week ending Saturday, October 20, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 50·1						° 50·4
All Causes	927	463	154	150	129	25	985·0
Specified Causes	919	461	154	150	129	25	976·8
Diseases:—							
1. Zymotic Class	242	192	20	24	6	..	285·4
2. Dropsy, Cancer, and others of uncertain seat	51	6	12	16	15	2	42·9
3. Tubercular Class	159	55	67	31	6	..	166·5
4. Of Brain, Nerves, etc. ..	103	51	8	23	20	1	99·9
5. Of Heart, etc.	43	5	13	14	10	1	34·0
6. Of Respiratory Organs ..	114	61	10	17	24	2	133·3
7. Of Digestive Organs ..	54	13	9	15	16	1	62·5
8. Of Kidneys, etc.	10	1	..	2	5	2	11·6
9. Of Uterus; viz. — Puerperal Disease, etc. ..	8	..	7	1	..	..	8·0
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	2	4	2	1	..	6·7
11. Of Skin, etc.	3	1	1	1	..	..	2·0
12. Malformations	2	2	..	..	..	..	3·8
13. Debility from Premature Birth, etc.	29	29	..	..	..	..	21·8
14. Atrophy	36	30	..	..	6	..	26·9
15. Age	35	..	..	..	19	16	39·8
16. Sudden	2	..	1	..	1	..	6·9
17. Violence, Privation, etc...	19	13	2	4	..	..	24·8
Causes not specified.. ..	8	2	..	..	..	..	8·2

BOOKS RECEIVED.

Experimental and Clinical Researches on the Physiology and Pathology of the Spinal Cord, and some other parts of the Nervous Centres. By Dr. E. Brown-Séquard. 1855.

Recherches Expérimentales sur la Transmission Croisée des Impressions Sensitives dans la Moelle Epinière. Par le Docteur E. Brown-Séquard. Paris. 1855.

Propriétés et Fonctions de la Moelle Epinière. Rapport sur quelques Expériences de M. Brown-Séquard. Par M. Paul Broca. Paris. 1855.

Experimental Researches applied to Physiology and Pathology. By Dr. E. Brown-Séquard. New York. Baillière. 1853.

Thèse pour le Doctorat en Médecine. Par G. H. Brandt. Paris. 1855.

The Art of Perfumery, and the Methods of obtaining the Odour of Plants. By G. W. S. Piesse. London: Longman and Co. 1855.

Practical Remarks on the Treatment of Spermatorrhœa. By John L. Milton. London: Highley. 1855.

Notes on some Remarkable Objects exhibited in the French, Foreign, and British Colonial Departments of the Paris Universal Exhibition. Part I. London: Chapman and Hall. 1855.

Introductory Lecture of the Session 1855-56, delivered at the Liverpool Northern Hospital. By Dr. R. W. Scott. Liverpool. 1855.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

Amended Regulations in regard to the Transmission of Newspapers to British Colonies and Foreign Countries:—

General Post-office, August, 1855.

Henceforth it will not be neeessary that Newspapers sent abroad, whether to the British Colonies or to Foreign Countries, should bear the Impressed Stamp (the old Newspaper Stamp); but, as at present, a Postage of One Penny must be prepaid (either by means of a Postage Label or in Money) on every Newspaper sent to a British Colony, with additional Postage (aeeording to the Table in Instruetions No. 45), when a Newspaper passes through a Foreign Country.

The Postage on Newspapers to Foreign Countries remains the same as given in Instruetions No. 45; but, as already stated, it is no longer necessary that the Newspaper should bear the Impressed Stamp.

In future the Impressed Stamp will be required only in eases of repeated transmission of the same Newspaper in this Country, though it will of eourse be available also for single transmission in this Country.

In the transmission of Newspapers abroad (whether to the Colonies or Foreign Countries), the use of the Impressed Stamp will entirely cease; it will neither be required nor will it eount as Postage, as it will be presumed that, where it is employed, it has already served for the transmission of the Newspaper in the United Kingdom.

From these Regulations it will neeessarily follow—

1st. That every Newspaper going abroad must hereafter have the Postage to whieh it is liable represented by adhesive Postage Stamps, or paid in Money.

2nd. That a Newspaper, whether published with or without the Impressed Stamp, will be placed in the same position for transmission abroad.

3rd. That the Impressed Stamp will hereafter apply only to transmission and retransmission within the United Kingdom.

Rowland Hill, Seeretary.

All eommunications intended for this Journal, should be sent, *Post paid*, to the Editor, No. 11, New Burlington-street.

We cannot insert Mr. Anderson's letter, whieh is left for him at the Offiee. Believing, as we do, that Homœopathy is neither more nor less thau a system of quaekery, we ean no more insert a defenee of it in a Medieal Journal, than we eould publish a eulogium on Holloway's Ointment, or Morison's Pills.

Dr. Cumming's request shall be attended to.

Dr. Speer will pereeive that he has not been forgotton.

Mr. G. M. Jones.—The Report has been received and will appear shortly.

The Ghost of Garth.—We have read the poem, and been much pleased both with its matter and its manner; and we regret that the limits to whieh we are eonfined do not allow us to insert it entire, while a mutilated portion of it would give a very inadequate idea of its spirit and pungeney.

F.R.C.S.E.—A Surgeon ean recover for medieines, lotions, and other neeessary appliauces iu a case whieh is strietly surgieal.

Mr. Hitchings is quite iu error in supposing that we have "fathered the scutiments of the editor of a provineial paper," in our remarks upon the late eleetion at the Oxford Board of Guardians. Our observations were founded solely upon the publisbed report of the proeeedings, whieh appeared to us to be given with the strietest impartiality, and without any accompanying expression of opinion whatever. Our assumption that Mr. Hitchings had ouly "partially studied" his Profession, was found ed upon the statement made by some of the speakers at the Meetiug of Guardians that he required some months to complete his studies: and, in fact, it was to give him time for so doing, that the propositiou was made for Mr. Godfrey to hold the offiee *in commendam* for a year.

[We have reeeived the following from a Correspondent. Comment is superfluous.]

To the Workmen in the employ of Messrs. Hawkes, Crawshay, and Sons, Gateshead-upon-Tyne.

Dear Friends,—As at present there is no Medical man engaged by you eollectively, I beg to offer my services.

I propose to attend upon any of you, who may require me professionally, at any time, and as often as neeessary, in return for One Penny per Week, from each Workman. To the Fathers among you, I may state, that I will be happy to arrange eoneerning attendanee on your families.

The advantages in your favour, by thus engaging a Surgeon, are many, *e.g.* in calliug a Surgeon to an individual case, the expeuse, for a few visits, is great; whereas, by engaging a Medieal man, in the way now suggested to you, he can be had at any time, and at less per annum than the priee of two visits from a respeetable Surgeon. Even to those of you who lay past money for the time of siekness, it will be an advantage to adopt the proposed system, beeause you will not only be able to use the sums required for a Doctor's visits, in other and neeessary ways, but you ean call your Medieal attendant, without hesitatiou, both sooner and oftener than you might perhaps be inelined to do otherwise; and early attendanee iu sickness as well as accident, is of the greatest importance; for one day's treatmeut in the beginning of a disease, is of more avail than a week afterwards; besides, you would have the satisfaction of knowing that it would be your Surgeon's interest to keep you well, and if ill, to mend you as soon as possible, so that I can eonfidently reeommend this system to you, as being one of the best modes of ensuring to yourselves good health, without which, there is really little pleasure on earth; while possessed of it, you have the key to all enjoyments.

To those of you who find use for your mouey as you earn it, the advantages are not only the same but greater, so that it is you who ought to take the eonsidcration of this subject more partieularly to heart, aud bear in mind, that it is in the day of trouble that you will best appreeiate the valuc of the system I now submit to you.

Copies of my Testimonials are in Mr. Bruee's hands.

Dear Frieuds, you have now an opportunity of enjoying, at a low figure, a Surgeon whose diploma is of the first class. Desiring that my professional serviees may be aceepted by you,

I have the honour to be,
Your obedient Servant,
John C. Murray,
147, High-street, Gateshead. Surgeon.

[We do not find Mr. Murray's name in the "London and Provincial Medieal Directory," but we understand that he is a Licentiate of the Edinburgh College of Surgeons.]

Mr. Husband's ease shall appear shortly.

Y. X.—There is no *compulsory* clause in the Vaeciuation Act by whieh Surgeons are bouud to deliver eertifieates to the Registrar. The parocbial Vaeeinators may, of eourse, run the risk of losing their fees by non-compliance, but this does not apply to private Practitiouers. In some parishes, all the Practitioners who ehoose to aeeept the terms are made public Vaeciuators.

A late Member of the Provincial Medical and Surgical Association.—We must decline to publish any letters upon the affairs of this body, without the names of the writers. The questions involved are public ones, in whieh freedom of opinion is desirable; but we cannot make this Journal the vehicle for anonymous attaeks or iusinuations against any person eonnected with the Assoeiation.

Mr. G. A. Walker will reeeive a private note.

Mr. John Mewburn.—We quite agree with the writer that the late alteration connected with the postage of uewspapers has produeed eonsiderable obstruction to the diffusion of information from one eountry to auother. We shall take the earliest possible opportunity of calling attention to the subject.

COMMUNICATIONS have been reeeived from—

Dr. Andrew Smith; Dr. Cormack; Dr. H. Hunt; Dr. Marcet; Inquirer; Mr. John Anderson; Mr. John Mewburn; Dr. Speer; Mr. Callaway; The Royal Medical Benevolent College; Dr. Crowdy; Dr. Cumming; Y. X.; X. Y. Z.; Dr. M'Intyre; Dr. Day; Dr. Fergus; F.R.C.S.E.; Dr. G. Ogilvie; Mr. John Coward; Mr. Hitchings; Dr. Rigby; Mr. Husband, York; Mr. Jackson; Mr. Tinsley, Sheffield; Mr. Hardwick, Leeds; Mr. Morris; Mr. Holmes, St. George's Hospital; Dr. Peacock; Mr. Callaway, Guy's Hospital; Dr. Ramskill; Mr. G. A. Walker; Mr. Edmund Snell; Mr. T. Turner; Dr. R. U. West; J. B. A.; Mr. J. F. Sanger.

APPOINTMENTS FOR THE WEEK.

OCT. & NOV.	Miscellaneous Register.
27. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m. Medical Society of Loudon.—J. B. Brown, "On Ruptured Perinæum."
29. Monday.....	
30. Tuesday	Operations at Guy's, 1 p.m.
31. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m. Hunterian Society, Blomfield-street, 8 o'clock.—Mr. Crichett will read a communication on "Some Cases of Extirpation of the Globe of the Eye."
1. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m. Harveian Society.—Aunual Address by Dr. Sibson.
2. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m.

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,
DELIVERED IN THE
Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

LECTURE V.

(Concluded from page 361.)

WOUNDS OF THE SCALP—CONTUSION OF THE BONES—*continued.*

THERE are, however, cases of this kind, in which we can be in no doubt as to the propriety of applying the trephine; cases in which coma, and better still, hemiplegia, is added to the local signs about the bone, and to the symptoms of suppuration. And, let the issue of such cases be what it may, the trephine is here imperatively called for. Matter, in all probability, lies between the bone and the dura-mater; the bone must, therefore, be removed, and we must give the patient the only remaining chance of escape, however small that chance may be.

A man, aged 46, was admitted into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in April, 1836, with a large scalp wound exposing the right parietal bone to a considerable extent. He had been pitched out of his cart, but he was not stunned, and he had little or no headache. Save some puffiness and redness about the scalp, which subsided as soon as the wound was re-opened, he went on favourably for several days. But, on the eleventh day after the accident, he was seized with a slight rigor, which was succeeded by great heat and copious perspirations. The wound put on an unhealthy aspect; the bone became dry. There was no pain about the head, but there appeared to be some tenderness about the liver. From this time, the rigors became more marked, and the perspirations profuse. Still there was no pain in the head, and he only complained of feeling exceedingly weak. On the thirteenth day, it was thought advisable, notwithstanding the absence of cerebral symptoms, to apply the trephine over the piece of bone which appeared to be dead. The bone proved to be of immense thickness, and, long before it was cut through, some very fetid pus escaped from the diploë. Some concrete lymph was found on the surface of the dura-mater, with a drop or two of pus. The operation afforded no relief. On the sixteenth day, the patient was seized with twitchings, followed by a comatose state, and he died on the third day after the trephining. On removing the skull-cap, the inflammation of the dura-mater proved to be strictly limited to the spot where the trephine had been applied: this membrane was of a dark, mottled colour, and covered with lymph. Large quantities of pus were found in the cavity of the arachnoid, covering the right hemisphere, and extensive sero-purulent effusion had taken place in the sub-arachnoid tissues of both hemispheres. The cortical structure of the right hemisphere was of a dark slate colour, and the substance of the brain was throughout very much congested. Two bruised patches existed on the right hemisphere; one at the point where the blow was struck, and the other at the under part of the posterior lobe. No traces of purulent infection were detected in any part of the body, and the lungs and the liver presented a healthy appearance.

A man, aged 31, was admitted into St. George's Hospital, under the care of Mr. Walker, in November, 1840, with a small scalp wound, exposing the bone close to the left frontal eminence. The accident had been caused by a measuring rod, which had fallen a distance of about thirty feet on to his head, but he had been stunned for a few minutes only. He went on perfectly well for a fortnight, when, without any apparent cause, he was seized with violent sickness and "crushing" pain in the head, accompanied by feverish symptoms. Redness and puffiness of the scalp soon followed, but they were relieved by a crucial incision. He was purged freely, and put upon salines, with antimony. On the following day, as the symptoms were on the increase, he was bled, and he was ordered some calomel and conium every three hours. He was bled again the next day, as there was still a good deal of pain about the head. In a few hours, however, he became quite incoherent, and had a severe rigor, followed by complete coma and stertorous breathing. Two crowns of trephine were immediately applied over the exposed bone, under which the dura-mater was found to be smeared with pus and lymph; a small hole having been detected in the dura-mater, the opening was enlarged, and half a teaspoonful of fetid pus evacuated. The diploë of the bone was filled with matter, some of which flowed out when the bone was being cut through. The patient died a few hours after the operation. On removing the skull-cap, the dura-mater corresponding to the portion of bone which had been trephined, appeared in a sloughy condition, and a small quantity of pus was smeared over it. Large quantities of puriform fluid were found in the cavity of the arachnoid, especially in that part corresponding to the left hemisphere. Lymph and blood were traced in the superior longitudinal sinus, as well as pus in some of the veins opening into it. The brain itself was quite healthy. In both pleuræ, there was a large quantity of recently effused fluid. Some patches of secondary deposit existed both in the right lung and in the liver. The other organs were quite healthy.

A lad, aged 16, was admitted into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in August, 1843, with slight concussion of the brain, and a small scalp-wound exposing the frontal bone, which had been caused by a fall from a horse. This patient went on well for nine days, when he was attacked with feverish symptoms, and pain in the head, which were relieved by bleeding and purgatives. On the twelfth day there was vomiting, with a rigor and profuse perspiration, but there was no pain in the head. On the thirteenth day, the wound presented an unhealthy aspect; the bone was quite dry, the right eye-lid drooped, and the pupil was sluggish; there was also loss of power on the left side, but sensation still remained. One crown of trephine was applied over the denuded bone, and a small quantity of matter was evacuated from between the bone and the dura-mater; some matter also appeared to come from the diploë itself. The relief was but partial, and the patient died comatose on the following day. The diploë of the frontal bone, in the neighbourhood of the spot where the trephine had been applied, was infiltrated with pus, and very offensive. The dura-mater was separated from the bone to the extent of the size of a shilling, and the cavity from which the matter had been evacuated was strictly limited to this spot. There was extensive effusion of purulent fluid in the cavity of the arachnoid, and in the subarachnoid tissues; the corresponding portions of the brain, of a slate colour, were soft and pulpy. The lungs and the liver were quite healthy.

A man, aged 45, was admitted into St. George's Hospital, under the care of Mr. Keate, in May, 1845, with a large scalp wound, extending nearly the whole length of the right side of the head, and partially exposing the bone. Everything went on favourably for thirteen days, but the wound then put on an unhealthy aspect, and the patient appeared drowsy; he made no complaint, however, and the pulse was natural. On the seventeenth day, there was a slight rigor, which was thought to depend upon some matter confined to the scalp; this was let out, but, on the following day, there was a fit, accompanied by a rigor, and the right side of the body became paralyzed; there was occasional wandering, and, at other times, the mind was apparently not affected. Two portions of the parietal appearing of a dark-green colour, the trephine was applied over them; some yellow lymph was found on the surface of the dura-mater, and the bone itself evidently contained matter in its diploë. The cerebral symptoms went on increasing, and the patient died on the third day after the operation. In addition to the mischief on the outer side of the dura-mater, there was extensive effusion of puriform fluid in the cavity of the arachnoid, and in the subarachnoid tissues. Pus was found in the diploë, and in the superior longitudinal sinus. There was also purulent infection of one lung, with pleurisy and pneumonia.

A man, aged 25, was admitted into St. George's Hospital, under the care of Mr. Cæsar Hawkins, in November, 1849, with slight concussion, and two large scalp wounds, one o

which exposed the bone on the vertex. The wounds were followed by erysipelas of the scalp, from which he recovered; but, on the tenth day, there was a rigor, with slight delirium and great prostration. On the twelfth day, partial paralysis of the left arm and leg supervened; this became complete on the following day, when there was also loss of power over the rectum and the bladder. The bone corresponding to the wound on the vertex was quite dry. Two crowns of a trephine were applied here, and half an ounce of fetid pus and grumous blood was evacuted. No relief followed the operation, and the patient died on the following day. In addition to the mischief between the bone and the dura-mater, there was an extensive effusion of puriform fluid in the cavity of the arachnoid on both sides, as well as in the subarachnoid tissues, and there was a small abscess in the substance of the brain. Pus was found in the diploë, and in the superior longitudinal sinus, and there was puriform effusion in both pleuræ, with purulent infection of both lungs. The other organs were quite healthy.

A middle-aged man, of dissolute habits, was first seen at St. George's Hospital, in September, 1851, as an out-patient, for a large wound on the left side of the fore-part of the scalp, caused by a glass which had been thrown at him in a drunken quarrel; there was a good deal of bleeding, but the bone was not exposed. The wound was dressed, and he was ordered to come up next day. When he made his appearance again, three or four days afterwards, the parts in the neighbourhood of the wound being in a sloughy condition, he was taken into the Hospital under the care of Mr. Keate. For the first forty-eight hours he was threatened with delirium tremens, but these symptoms subsided under proper management. The sloughs separated, leaving a portion of bone exposed; the wound put on a healthy aspect, and he subsequently went on perfectly well for a fortnight. He was then, without any apparent cause, seized with violent pain in the head, which was followed by feverishness and restlessness; he was purged freely, and put upon salines with some laudanum, but, as the symptoms increased, he was ordered some calomel and opium every four hours. Symptoms of compression subsequently made their appearance, and two crowns of a trephine were then applied over the portion of bone, which was exposed and dry. A considerable quantity of matter was let out from between the bone and the dura-mater, and some pus was also found in the diploë. No relief followed the operation, and the patient died on the following day. In addition to the mischief between the bone and the dura-mater, there was extensive effusion of puriform fluid in the cavity of the arachnoid, and in the subarachnoid tissues corresponding to the left hemisphere, but there was none on the right side. The cerebral structure was very much congested throughout. Some pus was found in the diploë as well as in some of the superficial veins of the scalp. Pus existed also in the left orbit, and in the frontal sinuses. There was recent effusion in the right pleura, with secondary deposits both in the right lung and in the liver. The other organs were quite healthy.

A man, aged 20, was admitted into St. George's Hospital, under the care of Mr. Cutler, in January, 1852, with a large scalp-wound exposing the bone on the crown of the head. The accident had been caused by a pail falling on his head from a height of some fourteen feet. There was no concussion, and he could remember all about the accident perfectly well. The wound bled a good deal. He went on well for eight days, but he then began to complain of pain in the head; he was purged freely. On the following day, the pain still continued, and he had several rigors, accompanied by feverishness; he was bled, and put upon calomel every four hours. On the tenth day, the pain in the head was much less, but the rigors continued; in the evening the pain recurred, and he was bled again. On the eleventh day, he was again bled, as the pulse was full, and the pain had not subsided. The rigors continued from time to time. On the twelfth day, he became comatose, with some loss of power over the right side. The bone being yellow and dry, a trephine was applied, and a small quantity of pus was evacuated. The symptoms were not in the least relieved; the skin became perfectly yellow, and the patient died on the following day. The friends objected so strongly to a post-mortem examination, that it was impossible to obtain one.

A man, aged 40, was admitted into St. George's Hospital, under Mr. H. C. Johnson, in July, 1853, with a sloughing wound of the scalp, over the left temporal region. He had been attending at the Hospital, as an out-patient, for about a fortnight, when the wound took to sloughing. At the separation of the slough, a piece of bone, of the size of a five-shilling piece, was exposed, but he soon improved, and then went on well for nine days, when he was seized with great pain in the head and sickness, notwithstanding which the wound still looked healthy. Subsequently slight chills made their appearance, and the wound assumed an unhealthy aspect. This was followed by delirium at night, with violent pain in the head; he was put upon calomel and opium. On the eighteenth day, however, the right side became paralyzed, and he was quite unconscious. The trephine was then applied over the exposed portion of bone, which was quite dry; before it was half cut through, however, a quantity of pus was seen flowing out of the veins of the diploë; the dura-mater, separated from the bone, was covered with concrete lymph. The patient died a few hours after the operation. On removing the skull-cap, matter was traced from the inflamed patch of the dura-mater, along the branches of the middle meningeal artery, down to the base of the skull. Large quantities of sero-purulent fluid were found in the subarachnoid tissues covering the whole of the left hemisphere. The diploë of the bone was extensively infiltrated with pus, and the superior longitudinal sinus was blocked up by fibrin and pus. There was recent effusion in the right pleura, with secondary deposits in both lungs. The other organs were quite healthy.

In all these eight cases it will be observed that the diagnosis was perfectly correct. Matter was found immediately under the bone in every instance, but its evacuation proved of no avail. The cases went on as if nothing had been done, and so it has been with every case in which I have seen the trephine applied under similar circumstances, and so, too, has it been with every case which Mr. Cock has seen. The successful issue of a case of trephining for matter between the bone and the dura-mater is, I believe, all but unknown to Surgeons of the present day.

In the edition of Sabatier's "Médecine Opératoire," revised, under Dupuytren's auspices, by MM. Sanson and Bégin, it is stated that Dupuytren had several times trephined for suppuration between the bone and the dura-mater, and that five or six of these cases were successful ones. I must say, however, that I have in vain sought for a record of these cases. They are not alluded to in either of Sanson's elaborate articles on Injuries of the Head, subsequently published in other works. They are not alluded to either by M. Velpeau, or by M. Chassaignac, or by M. Denonvilliers in their Thèses de Concours, all of which are considered as standard essays on this subject. Neither are these cases mentioned in the Surgical works of M. Nélaton, or of M. Denonvilliers.

In a subject of so much importance, where failure has, for years past, been so constant, it is certainly strange that nothing should be known of these successful cases, which Dupuytren is said to have had.

There was a time, however, when the results of trephining for matter between the bone and the dura-mater were not so unfavourable. In Pott's hands, trephining, in these cases, appears to have been a most successful operation. This great success on the one hand, and the all but constant failure on the other, must naturally make every modern Surgeon anxious to ascertain, if possible, whence arises this great contrast, this extraordinary difference.

By what was Pott guided in his application of the trephine under such circumstances? Was it by the state of the brain? In no single instance of the eight cases which were operated upon by Pott is paralysis mentioned in reference to the application of the trephine. The trephine was applied; matter was let out, in some cases, in very large quantities, and yet there was no paralysis. The most striking illustration of this extraordinary feature in Pott's cases is to be found in Case viii.—"Escape of matter in large quantities, which continued for several days—no paralysis;" in Case ix.—"so great was the escape of matter, on the third application of the trephine, that it was thought impossible for the patient to recover—no paralysis;" and in Case xii.—"considerable quantity of pus—no paralysis." It is not that the paralysis was not observed, for in one case it is mentioned as having come on after the operation. Coma is only mentioned in one case out of the eight as having occurred before the trephine was applied, and even delirium is only mentioned in two cases out of the eight. Thus, in the state of the brain, Pott's

cases afford a most extraordinary contrast with those observed in the present day.

Spontaneous secession of the pericranium, following a blow on the head, is the point dwelt upon by Pott; and, accompanied by pain in the head, fever, and rigors, it formed for him an almost infallible guide as to the state of the dura-mater.

Experience has, however, proved that, of all indications, this secession of the pericranium is one of the most fallacious, and one which ought never to be trusted to.

The time at which the trephine was resorted to could not have made the great difference in the results. In some of Pott's most successful cases, we find large quantities of matter which must have been some time in collecting under the bone, and in our cases, we seldom or never find even a dessert spoonful of matter. One would have supposed that such large collections of pus, extensively detaching the dura-mater from the bone, would have been the more dangerous, and yet it did not prove so.

Was it that inflammation of the dura-mater generally wore a different aspect to that which it is found to do with us? We can hardly admit this, when we look into contemporaneous writers, and especially into Dease. There we find cases precisely similar to our own,—cases with the smallest amount of matter, sometimes only a speck, on the dura-mater, terminating fatally.

Pott must have had to deal with a number of cases, such as have not fallen to the lot of any other Surgeon. In the majority of his cases, the inflammation of the dura-mater was strictly limited to its outer surface; whatever the quantity of pus on the outer side, there was none within in the arachnoid. Pott, indeed, expressly states, that frequently the matter is altogether external to the dura-mater; but that it sometimes happens that matter is formed beneath this membrane. This strict limitation of the inflammation to the outer surface of the dura-mater, I have never seen. Even in the earliest stage, long before suppuration had set in, where there has only been a patch of circumscribed lymph on the outer surface of the dura-mater, I have found a corresponding patch of lymph on the parietal arachnoid. In all Mr. Cock's cases of suppuration between the bone and the dura-mater, where a post-mortem was made, there existed extensive suppuration within the arachnoid.

The truth is, that Pott's successful cases of trephining, recorded in his second section, with their large quantities of matter strictly limited to the outer surface of the dura-mater, and without either paralysis, coma, or delirium, are so totally unlike the cases observed in the present day, that we cannot, and ought not to be guided by them.

Guided by these cases, we shall be doing what Dease did, and what has been done by many a Surgeon since his day: we shall be applying the trephine in cases where the dura-mater is perfectly sound.

Having perforated the skull, and having found no matter on the dura-mater, are we to proceed further, and divide this membrane? Yes, if there are evidences of matter underneath this membrane. It but too frequently happens, however, that the suppuration is diffused under such circumstances, and then the case is altogether a hopeless one. Dupuytren, thinking that he might succeed in getting the matter out, resorted to various means in nine different cases of this diffuse suppuration, in one of which he went so far as to pass a small seton through two perforations which he made in the skull, hoping thereby to drain off the matter; but, in every instance, as might well have been anticipated, he was utterly foiled.

But cases do occur, now and then, in which there is some hope, cases in which the matter is circumscribed; cases in which the dura-mater, bulging into the opening made by the trephine, is tense, and without any pulsation. This condition of the dura-mater has been, for a long time past, strongly dwelt upon by the French Surgeons, and lately it has been prominently brought before our notice by Mr. Guthrie, who very justly lays great stress upon it.

Where this occurs, the matter, instead of being diffused, is circumscribed; and, in several instances, matter thus situated has been found in the cavity of the arachnoid, adhesive lymph having been thrown out around it, glueing together the two layers of the serous membrane, and thus forming a species of abscess.

A very interesting case of this kind has been lately described by Mr. Simon(a). The cavity was a large one; corresponding to the anterior superior third of the hemisphere, it was perfectly circumscribed by recent adhesions of lymph, which glued together the two layers of the serous membrane, and formed a hollow, with very soft flocculent walls, resembling the cyst of an abscess. The surface of the hemisphere retained a sensible flattening, where it had been subjected to the pressure of the encysted effusion.

In cases such as these, the matter, when situated near the falx, may run down between the two hemispheres, and reach the corpus callosum. If trephined, such cases may, by the depth of the collection, give rise to the supposition that a large abscess has been formed in the substance of the brain.

Pott (b) mentions a well-marked instance of this kind. "The dura-mater in the neighbourhood of the coronal and sagittal suture was detached, black, and sloughy, and a considerable quantity of matter lay under this part, communicating with an abscess formed between the two hemispheres of the brain, on the right side of the falciform process." Another case is described by Soulier (c). "About a teaspoonful of matter was found on the dura-mater; this membrane was dark-coloured, and underneath it was a small abscess, of which some of the matter had made its way between the falx and the brain."

It is possible that De la Peyronie's (d) celebrated case of abscess in the brain may have been an instance of this kind: the situation of the abscess certainly favours the supposition. The injury corresponded to the upper and front part of the left parietal bone: the trepan having been applied, at the end of a month, for some symptoms which had existed a few days, the dura-mater was found to be soft, and of a dark colour; an incision was made into it, and immediately a large quantity of ill-conditioned pus, mixed with some shreds of brain-like substance, escaped. The cavity passing down by the side of the falx was supposed, from the depth to which an instrument reached, to extend as far as the corpus callosum. The hollow was perfectly circumscribed, and large enough to contain four ounces of the fluid with which De la Peyronie used to inject it. The shreds of brain-like substance, mentioned in the details of the case, may have been simply fibrinous exudations from the walls of the abscess, which, in these cases, are sometimes very soft and flocculent.

Since I came to the conclusion that De la Peyronie's case of abscess in the brain may have been one of circumscribed suppuration within the arachnoid, I have had an opportunity of examining a case which will, I think, tend to throw some light on this subject.

A middle-aged man, having met with some slight accident, attended at St. George's Hospital, as an out-patient, with two small scalp wounds, not exposing the bone. Subsequently this patient was admitted into the Hospital, under Mr. Cutler, on account of some cerebral symptoms, which were, however, never very well marked; neither was there any marked appearance about the scalp or the wounds, both of which were, in fact, all but healed. Within a few days, serious mischief showed itself about the chest, and the patient was then placed under the care of Dr. Nairne. The symptoms went on increasing, and the patient died in about three weeks after the accident. The examination of the body was made in the presence of Dr. Nairne.

In the left parietal bone, immediately under one of the scalp wounds, suppuration was detected within the diploë; the spot was not larger than a fourpenny piece; the external plate and the diploë of the bone were soft and easily broken down, but the internal plate was not affected, neither was there any suppuration between it and the dura-mater.

In the cavity of the arachnoid, on the left side, was a large quantity of thick, greenish matter, part of which formed, in the neighbourhood of the central part of the falx, a kind of circumscribed abscess. From the upper surface of the brain, matter was traced over the margin of the hemisphere, which was depressed, down the longitudinal fissure, as far as the corpus callosum. The matter, thus situated between the hemisphere and the falx, was circumscribed by adhesions which had formed between the two contiguous layers of the serous membrane. We had here, then, a cavity extending partly over the upper surface of the hemisphere, and perpendicularly down the side of the falx, the boundaries of which were perfectly limited. The parts of the brain, in contact

(a) Lancet, 1850, p. 141,

(b) Injuries of the Head, p. 107.
(c) Mem. de l'Acad. de Chir., Vol. I. p. 159.
(d) Mém. de l'Acad. des Sciences, 1741. Sur le Siège de l'Ame.

with this cavity, were all very much depressed, presenting deep, cup-like surfaces, the boundaries of which were thick and elevated from the effusion of concrete, plastic lymph, which had taken place in the membranes of the brain. Such was the depression of the convolutions of the brain, and so thick was the effusion of plastic lymph around the margins of this cup-like cavity, that the appearances, at first sight, certainly looked like an abscess of the brain, with ulceration and great loss of substance. When a stream of water was poured into this cavity, after the evacuation of the matter, large shreds of concrete lymph were washed away, which, when floating in the water, might easily have been mistaken for brain-substance. The membranes of the brain were dissected off; the brain had lost none of its substance; it was merely depressed. Well-marked evidences of purulent infection were found in the chest.

The appearances observed in the cavity of the arachnoid, in this instance, were certainly such as might have led to the supposition that this was a case of large abscess in the brain. The hemisphere, pushed away from the falx, presented a cup-like cavity circumscribed between the brain and this fold of the dura-mater—this cavity, extending as far as the corpus callosum, might easily have been mistaken for the depth of the abscess, had an instrument been passed through a trephine-hole made in this region—and the large shred-like pieces of plastic lymph, which came away in the water, might, unless very carefully examined, have been taken for brain-substance.

De la Peyronie's case is generally quoted as one of abscess in the brain itself. It is mentioned as such by Quesnay (e), and by Mr. Guthrie (f), but Mr. South thinks that it was a circumscribed collection beneath the dura-mater. Mr. South's (g) opinion is not founded on the especial situation of the abscess, but simply on the escape of the matter when the dura-mater was punctured. The fact of the matter having escaped by puncturing the dura-mater, does not, however, prove that the abscess was not in the substance of the brain. An abscess in the substance of the brain may lie so close to the dura-mater, that the matter may even come away, if the membrane is in a sloughy condition, when a piece of bone is removed. In a case, operated upon by Mr. Cæsar Hawkins, some very foul matter, with brain-like substance, flowed out of a large abscess in the brain, through an opening in the dura-mater, immediately the bone had been removed by the trephine.

That circumscribed collections of matter within the cavity of the arachnoid may be let out, and, ultimately, do well, is admirably proved by the two following cases:—

Mr. Guthrie (h) punctured the dura-mater, in a case where this membrane rose up into the opening made by the trephine, and remained without any pulsatory motion. A large quantity of matter immediately oozed out of the opening, and went on for some time, until it gradually diminished, and ceased with the formation of granulations, and the drawing in, and the cicatrization of the part.

In the year 1820, Roux had under his care a young man with a fistulous opening, discharging large quantities of matter, which was found to perforate the bone, at the back part of the parietal region. No precise details could be obtained as to the history of the case; but it appeared that he had, some four years before, received a blow on the head; this, in a few months, was followed by cerebral symptoms, and an abscess, which was opened, and had remained fistulous, discharging more or less matter at different periods. The patient had, ever since, been subject to attacks of drowsiness, and a sense of weight about the head, varying according to the more or less free exit of the matter. His general health became affected, and he lost ground daily. The bones were laid bare, and, upon the application of the trepan, in the immediate neighbourhood of the fistulous opening, three ounces of matter escaped. An opening, of the size of the top of the finger, was then discovered in the dura-mater, leading into a cavity, the deep surface of which was red, and presented a cup-like depression, where some faint traces of the convolutions of the brain were just perceptible. No untoward symptom followed the operation, and the patient was cured at the end of two months.

(e) Mem. de l'Acad. de Chir., Vol. I. p. 250.
(f) On Injuries of the Head, p. 128.
(g) Chelius's Surgery, Vol. I. p. 399.
(h) On Injuries of the Head, p. 127.

ORIGINAL COMMUNICATIONS.

ON RUPTURED PERINÆUM.

By I. BAKER BROWN, F.R.C.S.,
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My object in bringing before the Medical Society of London this, my third, Paper on "Ruptured Perinæum," is still further to establish the truth of the four propositions laid down in my second Paper, viz.:—

1st. That the oldest and worst forms of ruptured perinæum can be cured by the operation already described.

2nd. That the worst forms can be cured by operation, immediately after the lesion.

3rd. That the new perinæum is not materially torn by, or prejudicial to, subsequent parturition.

4th. That these forms of rupture, where the sphincter is not torn through, should be cured, to prevent prolapsus uteri, etc.

And to add to these a 5th, viz.:—

That the operation may even be performed three or four days after the accident, although the parts may be in a sloughy condition; and to adduce instances illustrating all five, as well as to refute some objections still entertained against the operation itself, I propose, in the first instance, to record some cases, making remarks upon some, or all, as I may consider expedient; and to conclude by offering a tabular statement of all the operations which I have yet performed for this distressing lesion; and then to offer a summary of cases operated upon by the late M. Roux, as related by him in his first volume on "Reparative Surgery," so as to enable the Fellows of the Society, and of the Profession generally, to form their own deductions, not only as to the expediency of the operation, but as to the best mode of performing it.

Case 1.—*Ruptured Perinæum—Operation—Success.*—(The following case is quoted from the Note-book kept by the Resident Medical Officer of St. Mary's Hospital):—

H. W., aged 48, admitted July 2, 1854, into Boynton Ward, St. Mary's Hospital, under Mr. I. Baker Brown. The patient is a stout, scorbutic-looking woman; states that about six months since she consulted Mr. World in the City Road for great pain and difficulty in making water, stating at the same time that she was very seldom able to control the action of the bowels; that on his carefully examining her he said there was nothing the matter with the bladder, but that her sufferings arose from her perinæum having been ruptured at her last confinement, and advised her to place herself under Mr. Brown's care in the Hospital, telling her that the necessary cure for the rupture would also relieve the difficulty of the bladder. Soon after her admission she was ordered 10 grains of ox-gall, with 2 grains of calomel in a pill, a few hours after which she passed a gall-stone, and had an attack of jaundice, which lasted fifteen days.

On making a careful examination, it was found that the perinæum was torn, that the laceration had extended through the sphincter, but that an artificial band of mucous membrane enabled her occasionally, when the bowels were not relaxed, to have some slight control over it.

On the 20th she was operated upon in the usual way; opium was given, and all the usual after-treatment followed. On the 24th the quill sutures were removed; on the 26th the superficial sutures were removed, perfect union having taken place. For some days there was a slight irritation after passing water, with a considerable quantity of leucorrheal discharge. This gradually diminished, and she was discharged on the 24th of August, perfectly cured.

This case offers no particular feature worthy of remark, excepting that in one month from the date of the operation, all her distressing symptoms had disappeared, and she left the Hospital to resume her domestic duties, in perfect health.

Case 2.—*Ruptured Perinæum—Operation—Success.*—J. A., aged 27, admitted into the Boynton Ward, St. Mary's Hospital on the 20th November, 1854; having been kindly placed under my care, by Mr. Marshall of Bedford Square.

She gave the following history of herself:—that five years ago, she had her first child, the labour lasting three days; instruments were used, and she was delivered of a living child.

After which she could not control her motions at all. She continued suffering from this for six months, when she placed herself under a Surgeon, who performed an operation for its cure, after which treatment, being confined to her bed more or less for nine months, she was still not at all relieved. She has since that period suffered much from bearing down of the womb. It has never protruded, but has caused her much inconvenience, from its constant dragging downwards. Her menstruation has been quite regular. She has felt always anxious and ill, and unfit to perform her usual duties, so that she had begun to despair of finding relief, until Mr. Marshall kindly assured her that her case was one well fitted for operation.

On examination, I found it to be a severe case of complete rupture, the anterior half of the sphincter being gone, and some portion of the recto-vaginal septum. Knowing as I did, that Dr. Robert Lee was a disbeliever in this operation, I specially invited him and some other gentlemen to visit her in the ward. Dr. Lee made a very careful examination, and took notes of her own statement and history.

November 22.—I performed the usual operation, taking especial care in denuding the posterior surface just around the laceration of the recto-vaginal septum, and also keeping well back the first deep suture. She was then placed in bed, and the usual treatment followed.

On the 25th the deep sutures were removed.

On the 26th the superficial ones.

On the 4th of December the bowels were relieved by injection.

On the 22nd, a very careful examination, in the presence of several Surgeons, was made, and the union was found complete; and the patient declared she had perfect control over the motions, but that she fancied occasionally there was some escape of flatulence.

She was accordingly discharged from the Hospital.

Two months after this, the patient called upon me in good health and cheerful spirits, and stated that she still fancied that occasionally there was an escape of flatulence into the vagina, but that on no occasion had there been the slightest portion of fæculent matter, even under the most relaxed condition of the bowels. But on the most careful and patient examination that I could make, I could find no vestige of a recto-vaginal opening, so that even if there be any passing of wind, it is not of the slightest moment to the well-being of the patient.

Remarks.—This case has especial interest, as having been subjected to a scrutinizing examination, and is in itself a very striking illustration of the quickness and the certainty of the operation.

Case 3.—*Rupture of Perinæum, with Recto-vaginal Fistula.—Operation—Success.*—The following case I relate by permission of Mr. Harper, of Farringdon-street, who called me in to see the patient.

M. G., aged 24. 1st December, 1854, was confined with her first child 14 weeks since, at Balham, near Clapham, and during the expulsion of the child, after a speedy labour, the perinæum was lacerated. The following day, she complained to the Surgeon in attendance of the accident. He made light of it, and said it was of no consequence. However, her husband anxiously suggested that I should be sent for. This, however, was objected to by the Surgeon, who sent for Dr. Murphy instead. This gentleman objected to any operation, and advised nothing to be done, at all events, for the present; and she shortly discovered after this that all the motions from the bowel passed through an opening in the vagina, subject to no control of her own will. As soon as she could be removed, she accordingly came up to town, and placed herself under the care of Mr. Harper, who requested my attendance.

Upon examination, laceration of the perinæum was found to be complete down to the deep muscles of the sphincter ani, but not through all of them. A few lines upwards there was discovered a recto-vaginal opening, which had been originally the size of the index-finger, but which was now reduced to the size of the point of a probe, through which, however, flatus passed involuntarily, and with a loud report, and when the bowels were relaxed, the fæces passed through into the vagina. There is a disposition to prolapsus of the bladder, and she suffers much from bearing-down pain when not in a recumbent posture. I recommended that the usual operation for ruptured perinæum should be quickly performed, so as to bring within the enclosed surface the fistulous opening. Accordingly, on December 7th, Mr. Harper, assisted by Mr. Hutchinson and myself, performed the operation, and very nicely and carefully brought the parts in apposition. The following notes of the case have been given me by Mr. Harper:—

"December 10th.—The patient has suffered much from the effects of the chloroform, and for the first forty-eight hours had constant vomiting. The bowels have been kept confined by opium. The urine has been regularly drawn off by a catheter. Both superficial and one deep suture were removed. December 12th.—The remaining suture was removed, when the parts were found united, except a small portion at the back of the part immediately in front of the sphincter. She takes mutton-chops, good beef-tea, port-wine, and stout.

"18th.—The small portion not healed at the last report is now filled up and completely cicatrized. To-day an enema of castor-oil and gruel was administered, and the bowels relieved for the first time since the operation.

"20th.—Her bowels now quite natural, without pain. She passes her water without the catheter, the perinæum completely restored, and the recto-vaginal fistula ceases to exist.

"June 20.—Since the last report the patient has improved rapidly in health; takes long walks without any inconvenience, has no bearing down pain, although in the erect position the whole day, and the sphincter ani appears to have recovered its natural tone. The case is a complete cure.

"*Remarks.*—This case has been one of the strongest reasons for my again bringing the subject before the Profession, for it will be observed that a young married lady with her first child, meets with an accident which might happen to any one, in the hands of a Practitioner of great experience as an Accoucheur, and yet, when applied to by the husband of the patient to consult me, with a view to some remediable measure, declines to do so, and, on the contrary, does nothing."

Case 4.—*Rupture of Perinæum.—Prolapse of Rectum.—Operation.—Cure.*—The following case was kindly placed under my care by Mr. Spencer Wells just before he left town for Smyrna:—

C. R., aged 42, was admitted into Boynton Ward, St. Mary's Hospital, suffering from rupture of the perinæum and prolapse of the rectum. She stated that she had had three children, the first of which was delivered after craniotomy; the second, with forceps; and the last, thirteen years ago; the presentation was abnormal, and the child was turned, and that after a few days she discovered her misfortune, viz., ruptured perinæum; that she had never mentioned her sufferings to any Medical man, but had continued to endure them for the last thirteen years, until she applied to Mr. Spencer Wells, at the Samaritan Hospital. On making an examination I found it was one of the very worst forms of ruptured perinæum, a great portion of the recto-vaginal septum having been torn away; and, to add to her sufferings, the mucous membrane of the bowel was completely prolapsed. I determined to operate for the latter affection before attempting the operation for the rupture of perinæum. Accordingly, on March 8th, she having been placed under chloroform, I proceeded to tie the prolapsed bowel, by passing a needle through three separate portions, armed with a double ligature, and carefully tying every portion of the prolapsus. After the operation, opium and ice were given as usual. She went on very well to the 15th, when the ligatures came away. She then began to complain of abdominal pain and tenderness; the pulse rose in frequency, and became very weak; the tongue very red, and appeared as if entirely denuded of its epithelium.

In the course of a few days she became semi-delirious at night, and, from the date of the separation of the ligatures, she suffered from almost constant diarrhœa. From the more urgent symptoms, however, she gradually recovered, but her general health appeared to be so unsatisfactory, that she was sent out of the Hospital to recruit her health.

On May 8th she was re-admitted in good health. On the 9th she was operated upon under chloroform, more than usual care being taken in denuding the parts, especially towards the rectum. Owing to the existence of fatty heart, and constant cerebral insensibility to chloroform, there was some difficulty in managing this agent—for a few inhalations of pure air sufficed to restore her to sensibility, and a very few of chloroform brought the pulse down to an alarming extent. In applying the sutures it was found necessary to draw the

deep sutures posteriorly rather tighter than usual, in order to obtain a complete closure of the recto-vaginal septum. Œdema consequently took place very shortly after the operation; a few punctures, however, sufficed to relieve the tension. Two grains of opium were given; immediately after removal to bed the catheter was applied in the bladder, with a bag attached to it, and ice was given to suck. Opium ordered every four hours. In the evening doing well; tongue clean; pulse rather low. Ordered beef-jelly and port-wine, 4 ozs. daily.

10th.—Has passed a tolerable night; complains only of foreing pains in the womb. Continues opium pills every four hours; tongue but very slightly furred; parts again punctured, and with good effect.

11th.—Has had little or no sleep, the forcing pains being more urgent; general aspect good.

The patient is hypochondriacal; her statements as to pain etc. are, therefore, taken *cum grano salis*, unless there are symptoms bearing out her assertions.

Skin moist and warm; pulse better; tongue as before, and the parts healthy. Continue all the remedies.

12th.—Continues pretty well.

13th.—The deep sutures removed.

14th.—Ordered 2 ounces more wine daily.

15th.—Interrupted sutures removed. The track of one of the deep sutures looks rather sloughy.

22nd.—Perinæum firmly united; orifice of bowels of the natural dimensions, and general health much improved.

25th.—Bowels open for the first time by an injection.

June 9th.—The perinæum perfectly sound, and the recto-vaginal septum complete. She has perfect control over the functions of the bowel; does not suffer from diarrhœa; is gaining flesh; walks about without any discomfort from bearing down of the womb, and is, in fact, in good and cheerful health, and was discharged from the Hospital accordingly.

I have seen this patient since, and her improvement in general appearance is most striking, and she is now earning her living by her own industry, which she has been unable to do for the last thirteen years.

Remarks.—This case has peculiar interest, from a combination of prolapsus of the rectum with a severe rupture of the perinæum. It must be observed that, in this case, it was extremely important first to cure the prolapsus of the bowel, before any attempt could be made to unite the ruptured perinæum, and is altogether a very striking illustration of the happy results of the operation.

Case 5.—Ruptured Perinæum.—Operation on the 5th day afterwards.—Success. June 7th, 1855.—Mrs. M., aged 38, residing in the neighbourhood of Grosvenor-square.

I was requested by Dr. Jones, of Manchester-square, to see this lady. He stated that, on Sunday last, he had been called to this patient, who stated that she had had a difficult labour; that forceps had been applied to the head for the purpose of delivery, she having had a dose of ergot of rye given her a short time previously, and that, while the accoucheur was waiting for a pain, one suddenly came on, expelling the forceps and head, and tore the perinæum completely through the sphincter. Dr. Jones called in a Consulting-Surgeon, who recommended that nothing should be done at present, beyond keeping the parts quiet, and her thighs in close apposition; and that, after two or three months, an operation was to be performed for restoring the perinæum. The patient, however, becoming urgent for another opinion, Dr. Jones requested me to see her. On proceeding to examination, I found the parts looking sloughy and unhealthy, with a considerable swelling of the labiæ; with considerable lochial discharge, the pulse low, and the milk decreasing; she having been kept principally upon gruel. The patient was most anxious to have something done. I told her that the hope of cure was but little, from any operation at the present moment, and that even if any operation were performed, she was still too weak to have chloroform administered, and that I could not, therefore, recommend her to have anything done at present. Still, I did not apprehend any increased mischief from the trial of an operation, and, consequently, at her urgent request, I proceeded to make the experiment. Accordingly, at four o'clock in the same day, assisted by Dr. Jones, Mr. Moullin, and Mr. Arthur Lawrence, I placed her in the lithotomy position, without giving her chloroform, and carefully removed all the sloughy surface, pared the edges, and vivified generally the torn surfaces. I also removed, by excision, a large external pile. I then carefully applied two deep, and three interrupted, sutures; I then gave her opium, to restrain the bowels, having, two hours previous to the operation, completely emptied them by injection, and ordered the catheter to be applied frequently, as usual. Ordered her a most generous diet. Strong soup, port-wine, and porter.

On the 8th the parts looking well, patient comfortable. One grain of opium night and morning; generous diet continued.

9th.—One of the deep sutures beginning to ulcerate, I removed both. The patient comfortable. Pulse quiet.

10th.—Pulse a little quicker, and the patient says she has but little milk. To discontinue the opium. The parts looking very healthy.

On the 11th removed the superficial sutures, and found there was perfect union; the milk has returned plentifully.

On the 12th, all going on satisfactorily. Takes her nourishment well.

On the 14th the bowels were relieved by injection, and the patient was surprised to find she could retain the water injected.

On the 15th, examined carefully the parts, both per vaginam and per rectum, and found a firm and good union.

22nd.—Day by day this case has improved, and now she daily has a natural action of the bowels, and the perinæum is sound and well. Up to this time the patient has continued in good health; has nourished her child entirely by suckling.

Remarks.—This case proves the 5th proposition, which I am anxious to establish by this paper, viz., that, contrary to my previous opinion, the operation may be performed a few days after the accident, the parts even being in a sloughy and unhealthy condition, as they were in this; and that it is, therefore, advisable in such cases, to attempt an operation, rather than allow the patient to continue two or three months to suffer from the results of the accident. Still, I think that, considering the experience of the past, the Surgeon consulted was quite justified in giving the opinion he did, that "the patient should wait for two or three months before attempting any operative procedure." Indeed, such has always been my opinion up to the time of this case. I now feel satisfied that the plan adopted here is the one for future guidance.

Since writing the above, I have seen with much pleasure two cases recorded by Dr. Oldham in Guy's Hospital reports, where a poor woman was brought into Guy's with lacerated perinæum nine days after the accident, and where an operation, performed immediately, succeeded well in restoring the part. Dr. Oldham very kindly says, in his remarks on the case, "The foregoing case is recorded to illustrate the mode of repairing a lacerated perinæum, in the way recommended by Mr. I. B. Brown." Dr. Oldham mentions another case operated upon by my old and respected preceptor, Mr. Hilton, on the ninth day after the accident, and with complete success. With such additional testimony in favour of early operation, I can more strongly recommend its adoption.

Case 6.—Ruptured Perinæum.—Operation.—Success.—June 15th, 1855, H. M., aged 38, the mother of two children, was sent to me by Dr. Cape, stating that at her first confinement in Warwickshire, she was seventeen hours in strong labour, and that the day after delivery, the monthly nurse told the doctor she was torn, but that he replied, "It was impossible." Since then, however, she has never had control over the bowels. On examination, I found a very severe case of ruptured perinæum: half the sphincter was gone, and some portion of the recto-vaginal septum, and the anus drawn up by the action of the levator ani. The patient is of full habit and inclined to corpulency.

Ordered her warm baths, injections, aperients, etc., preparatory to the operation, and on the 18th, assisted by Dr. Cape, Mr. George Brown, and Mr. Moullin, I operated in the usual way, and brought the parts fairly together. Gave opium, ice, port-wine, and strong beef tea, afterwards, as usual.

19th.—All going on well.

20th.—Removed the superficial sutures.

21st.—Removed the deep sutures, as there was evidence of suppuration in their course. Examined the perinæum per vaginam, and found it had united by the first intention.

22nd.—Everything progressing satisfactorily. In the evening she fancied the bowels must act, and therefore I passed up two grains of solid opium into the rectum, and gave one grain in addition to the one she had already taken.

23rd.—Very comfortable.

26th.—Discontinued the use of the catheter, and ordered her to pass the urine on her hands and knees, and to have the vagina syringed out with tepid water every morning.

28th.—Bowels relieved for the first time, by injections of castor-oil and gruel, freely and comfortably.

July 11th.—Dr. Cape saw the patient with me, and carefully examined her. Found a sound and good perinæum, with complete sphincter action and control over the bowels. There is some little irritation up the rectum, to which I promised to apply some caustic, should the lady return to town on account of this inconvenience. As I have never, however, heard from her from the time of her leaving town (which she did at the end of a month), I have no doubt that she has continued quite well.

Remarks.—This case offers no particular points for observation, beyond the quickness of the results aimed at by the operation.

Connaught-square, Hyde-park.

[To be concluded in our next.]

NOTES ON THE DISEASES MOST COMMONLY TREATED AT THE SCUTARI HOSPITALS.

By R. HALL BAKEWELL, M.R.C.S. Eng., and L.S.A.

Late acting Assistant-Surgeon in the Army in the Crimea, formerly House-Surgeon to the Middlesex Hospital, and to the Staffordshire General Infirmary.

The notices which I have seen in the Medical journals of this country, of the diseases most prevalent in the army of the Crimea, have been very slight. It seemed to me, that a short review of these diseases, noticing the chief peculiarities in their symptoms and treatment, might not be uninteresting to the Profession in England. I am conscious that these notes are wanting in that scientific precision which is so desirable in Medical treatises, but which cannot be attained without careful, accurate, and copious, case-taking. To take cases properly, however, was, in the circumstances in which the Medical officers of the army were placed in the winter and spring of this year, an impossibility. The patients were so numerous, the labour so great, and the air of the Hospitals at Scutari so enfeebling, that to visit, examine, and prescribe for patients, in addition to the other duties falling upon a Medical officer, exhausted all their strength and energies, and too often brought upon them disease and death. The following observations, therefore, have no claim to rank higher than as Medical gossip.

I will commence with the most prevalent and the most troublesome of the diseases we had to treat:—

Dysentery.—There were very few, indeed, of the patients who were admitted into the Scutari Hospitals from the Crimea, whether from fever, scorbutus, or frost-bite, who were not suffering also, more or less, from this complaint. All the cases called diarrhœa, with hardly an exception, were, on close examination, found to be cases of mild dysentery. I never met with one in which the patient did not pass mucus, muco-pus, or blood from the bowels. Many of these mild cases were free from tenesmus. The symptoms of the dysentery were, in no-wise, peculiar. There was only one point with respect to the character of the evacuations, which I had not seen noticed in systematic works. In addition to the mucous, muco-purulent, purulent, shreddy, and sanguineous discharges, I often observed small, round masses, about the size of pistol-bullets, which, at first sight, looked like fæces, but, on examination, turned out to be pellets of mucus. These, when mixed with otherwise solid fæces, would, if mistaken, give a very erroneous view of the extent of the disease of the intestine.

I might sum up my account of the treatment by saying that everything was tried, and that nothing succeeded. At least, I can say that I never cured a case, and I never saw a case cured. Those cases which seemed to get well recovered so slowly, and generally under such a variety of remedies, that the recovery could only in fairness be attributed to better food, greater cleanliness, and cessation from the work of the trenches. Opium, in some of its forms and combinations, certainly gave relief to some of the most distressing symptoms. It relieved the tenesmus, gave the patient frequently rest at night, and lessened the action of the bowels. I used it generally in the form of pil. saponis co., or pulv. ipecac. co. The use of opiate enemas or suppositories was frequently of considerable service. I have often known a patient whose bowels had acted previously eight or nine times a-day, brought down to three or four by the use of these medicines. Acetate of lead was not successful, except in those comparatively rare cases in which there was profuse hæmorrhage. The whole tribe of astringents, including tannin, catechu, kino, etc., I found of very little benefit. I tried a combination which is often used in England, namely, a small dose, ʒi. or ʒss. of castor-oil once a-day, with one grain of opium two or three times a-day. I was obliged, after several trials, to give up the use of this, as I invariably found that even the smallest dose of castor-oil so purged the men that they could not bear it. I may remark, *en passant*, that the same was the case with cod-liver oil. Of the numerous cases in which I tried it, only one man could take it, in consequence of the purging it brought on. It was not the fault of the oil, which was of the best quality, and supplied by Savory and Moore. The Indian bael, which has been so highly recommended for dysentery, was never tried at Scutari, as there was none in store. Ipecacuanha was frequently combined with other medicines, and in some cases used alone. I never perceived any beneficial effect that could be fairly traced to the action of the drug. The use of an enema of nitrate of silver in the following form:—℞ Argenti nitratis gr. x., aquæ dist. ʒii., was of remarkable use when administered at bed-time in procuring for the patient an undisturbed night. This form was communicated to me by 2nd Class Staff-Surgeon Dr. Lang, who has used it extensively in India with great success. It seems to act by allaying the irritability of the ulcerated rectum.

Scurvy, or Scorbutus.—Such was the name given to a disease, of which the following were the leading symptoms. A patient, frequently admitted on account of dysentery or frostbite, often of a plethoric appearance (presenting thus a remarkable contrast to most of the cases), had about the trunk and lower extremities, more frequently the latter, seldom the upper extremities, an eruption of elevated, flattish, dark purple, hard nodes, from the size of a fourpenny-piece to that of a half-crown. These nodes were generally covered with a thin scab, and, in some cases, were ulcerated. In addition to this, in some cases, on the calves of the leg were indurated nodules, not discoloured. In some cases, the gums were spongy, and bled when touched, in others nothing, except a slight redness around the tooth, was perceptible. These symptoms were nearly always coincident with rheumatic pains in the limbs and joints of a most intractable character. Œdema of the feet and ankles was also a very constant symptom. The state of the urine, for reasons mentioned hereafter, was not ascertainable, a circumstance very much to be regretted. This assemblage of symptoms was called by some scurvy; others asserted that it was not true scurvy, but only a peculiar development of the syphilitic poison, as, of course, all the men had had syphilis. As I had never seen a case of true scurvy in my life, and had never heard the disease described by any one who had, I was rather puzzled by these contradictory opinions of my superior officers. Lemon juice, potatoes, and oranges were freely given, but, certainly, without the effect of curing the disease. On the contrary, no progress seemed to be made in many cases, although the system was persisted in for several weeks. Liquor potassæ was recommended by the principal Medical officer, and was accordingly tried. Some cases certainly improved under its use, but I found more benefit from iodide of potassium and decoction of sarsaparilla than from anything else.

Fever.—It is well known that during the winter and early spring, while the Scutari Hospitals were so much crowded and so dirty, a peculiar form of fever broke out which proved fatal to great numbers both of patients and Medical officers. Even after the removal of the dirt, the wards still continuing very crowded, and occupied by bad cases, patients were constantly attacked by a form of continued fever. My experience of this fever dates only from the commencement of March. At that time the Hospitals were beautifully clean, and with the exception of the privies, as well arranged for the comfort and convenience of the patients as any London Hospitals. But still the fever hung about the place, assuming, according to the accounts of some of the Medical Officers, a very serious and dangerous character, and according to others (myself among the number) being a very tractable and simple disease. According to the former the disease was ushered in by rigors, with violent headache frequently, or by sickness, or by

epistaxis. The usual febrile symptoms then followed, speedily becoming complicated with violent delirium, black tongue, feeble, rapid pulse, and great prostration of strength, ending frequently in death. The disease, as I saw it, was ushered in by the symptoms enumerated, but pursued a totally different course. The patient complained of great languor, lassitude, aching pains of the back and limbs, generally headache. The skin was hot and dry, the pulse accelerated, the tongue coated, sometimes dry, very rarely brown; there was thirst, anorexia, and frequently considerable restlessness at night. Occasionally, but not often, there was slight delirium at night. This state of things continued, getting neither much better nor much worse for a week or ten days, when the febrile symptoms generally somewhat suddenly abated, and the patient gradually recovered his former state of health. Relapses were exceedingly common, the same patient being not unfrequently attacked two or three times by the fever.

On comparing notes with my friends I found that, without exception, those who had the first-mentioned class of cases were in the habit of treating their patients with quinine from the first, giving a large dose (gr. x.) to begin with, or else of administering wine, beef-tea, bark, and ammonia almost or quite from the very first; on the other hand, those whose cases were of the milder character, generally commenced their treatment by the administration of an ipecacuanha emetic, and, if this did not cut short the disease, they adopted a mild antiphlogistic treatment. A saline effervescing draught was given, with, perhaps, liquor ammoniæ acetatis, a milk diet, with a light pudding, or some arrowroot, and a small quantity of beef-tea alone was allowed. Oranges and lemonade as drinks. If the tongue became dry, a few doses of hydr. c. cretâ and carbonate of soda almost invariably improved it, and relieved the other febrile symptoms at the same time. A dose of Dover's powder was frequently of use at bed-time. Under this plan of treatment, followed by tonics and wine when the fever had entirely gone, I never lost a case; while a friend of mine assured me, that his cases absolutely required a different plan of treatment, as he lost about one in five! To this young gentleman, who always commenced his treatment by gr. x. of quinine, as he was only a Dresser, and possessed no qualification, I ventured to hint an opinion very prevalent among those who adopted the antiphlogistic or rather the expectant plan, that his exceedingly active treatment was the cause of the disease assuming such a severe form. He was not convinced, however, by my arguments.

Frost-bite.—The only point worthy of notice with respect to those very numerous cases, was, that it was found as a general rule, much better to allow the mortified parts to separate naturally than to remove them by operation. As the cut surfaces invariably sloughed, a greater loss of substance was occasioned by operative procedures, and a risk of further gangrene occasioned.

Anasarca.—Frequently a patient suffering from chronic dysentery would be suddenly attacked with acute dropsy, the whole body swelling in the course of a few hours. The urine, at the same time, was deeply coloured with blood. I greatly regret that owing to the want of a microscope and of test tubes, etc., I can give no account of the state of the kidneys or urine in these cases. They terminated fatally sometimes, but often under the use of appropriate remedies they were cured—at least as far as the removal of the dropsy can be considered a cure—whether the urine contained albumen or not we were unable to determine. It was not until just before I left Scutari for the Crimea that a urinometer and test tubes were supplied to the General Hospital. As for a microscope, I believe I was regarded as slightly insane by the senior Medical officers for making a requisition for such an article.

Cholera.—The symptoms of this disease offered no peculiarity, nor was there any novelty in the treatment adopted. The plan in most general use at Balaklava was the administration of 2 grains of calomel every ten or fifteen minutes, copious drinks of water, mustard plaster to the epigastrium, hot flannels, friction of the limbs for cramps, etc. On one point the Medical officers were generally agreed, viz., that the administration of brandy, and other stimulants, was most injurious. The proportion of deaths was about 45 per cent. I think it is only right to state that, though the calomel was ordered every ten or fifteen minutes, I believe it was never given so often; indeed, it was a physical impossibility for the orderlies to administer the medicine in this way, and also perform their other duties. In several cases, where large quantities of calomel were administered, the patients passed blood per anum for some time after their recovery from the collapse. The system of treatment seemed to cure the disease when the patient was once in the state of collapse; they recovered, or they died, entirely irrespective of the remedies administered. So firmly was I convinced of the perfect uselessness of any medicine, that I absolutely refused to take anything but laudanum, when I was attacked with cholera. The cramps occasioned such horrible pain that I begged for opium. I was, however, tricked into taking a scruple of calomel by a very kind friend who attended me, and who was quite of opinion that I owed my recovery to the dose. I believe I owed nothing to it, except salivation three or four days after.

The above were the chief diseases treated at Scutari; those which have not been noticed, presented no peculiarities calling for remark.

The patients were so weakened by improper food, hard work, and the other debilitating causes in operation in the Crimea, that active remedies were entirely contra-indicated. The great object was, by careful attention to diet and cleanliness, and by the use of mild palliative medicines, so to restore the strength as to enable Nature to work a cure herself.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING SEPTEMBER.

NOTE.—From unavoidable circumstances some of the cases operated on at King's College and St. Bartholomew's Hospitals, are omitted in this Report. They will be included in the Report for the present month.

(Continued from page 418.)

THE subjoined Report includes, as usual, the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

REMOVAL OF THE TESTIS.

A labouring man, aged 28, apparently in good health, was admitted into Guy's Hospital, under the care of Mr. Cock, on account of great enlargement of the right testicle. He was of temperate habits, and knew of no injury to the part having occurred. The disease had existed four or five months, and for the past two weeks pain had been complained of. In some parts the gland, which was the size of a small fist, was of almost stony hardness; a small quantity of fluid occupied the tunica vaginalis. The cord was not enlarged, and a most careful examination of the chest and abdomen failed to discover any evidences of internal disease. There was a slightly enlarged gland above the right clavicle. Excision of the gland was performed on September 4, and after its removal, it was found to be one mass of firm medullary cancer. The cord was quite sound. The man went on fairly afterwards, the wound healing; the gland over the clavicle, however, increasing rapidly in size. The wound being nearly closed, it was intended that he should be discharged, when suddenly rigors occurred, and he sank into a state of low fever. It now became evident a large growth was forming in the right lung; the gland also continued increasing. Death took place on October 16. At the autopsy, the cord was found healthy until its lymphatics joined the lumbar glands, which latter were enlarged and cancerous. Malignant deposit was found in the right lung, and a large mass above the right clavicle.

REMOVAL OF MALIGNANT TUMOURS.

The case left under care by last month's report has since resulted in recovery.

Case 1.—A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a return of cancerous disease in the right antrum and adjacent parts. Three opera-

tions for its removal had been previously performed, and considerable portions of the upper maxilla removed. The last operation was in May of the present year. Mr. Cock dissected up the integument, and scooped out the diseased parts as freely as possible. The wound has healed, but even now the growth is reappearing. *Case* 2.—A woman, aged 42, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a tumour the size of a walnut in the mammary gland. The breast was excised, and the tumour was found to present all the characters of scirrhus. In another part of the gland was a small tumour the size of a pea, which, both to the naked eye and under the microscope, exactly resembled one of mammary glandular nature. The patient recovered. *Case* 3.—A woman, aged 37, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a scirrhous tumour, the size of an orange, in the breast. The whole gland was removed. Erysipelas came on four days after the operation, and death took place on the fourteenth. At the autopsy a cancerous tumour, the size of a pea, was found in the right lung. The heart presented under the microscope the appearance of fatty degeneration in an advanced stage. The latter fact is of interest, inasmuch as no untoward symptoms had attended the administration of chloroform during the operation. *Case* 4.—A woman, aged 50, under the care of Mr. Birkett, in Guy's Hospital, on account of cancer of the breast of twelve months' duration. The whole gland was excised, and its clavicular lobes were found infiltrated with scirrhous deposit. The patient recovered well. *Case* 5.—A woman, aged 58, under the care of Mr. Birkett, in Guy's Hospital, on account of a circumscribed mass of cancer in the breast, adhering to the skin, but not infiltrating the lobes of the gland. Excision. Recovery. *Case* 6.—A woman, aged 40, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital, on account of scirrhous disease of the breast of a year's duration. Excision of the whole gland. Recovery.—*Case* 7.—A healthy-looking woman, aged 47, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, with a large scirrhous tumour in the right mammary gland. The mass adhered to the skin and nipple, but was movable on the pectoral muscle. An axillary gland was enlarged. The disease had existed for seven years, but had latterly increased fast. The whole breast was excised, as also the gland from the axilla. The patient recovered without an unfavourable symptom. *Case* 8.—A woman, aged 43, under Mr. Hilton's care, in Guy's Hospital, on account of cancer of the breast of six years' duration. She was much out of health. The whole gland was removed. Doing well. *Case* 8.—A woman, aged 66, under the care of Mr. Marshall, in University College Hospital, on account of scirrhus of the mammary gland of three years' duration. The tumour was small. The whole breast was removed. Recovered.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A woman, aged 24, under Mr. Cock's care, in Guy's Hospital, on account of a recurrent fibroid tumour in the inner side of the right thigh. The growth had been removed twelve times before, being always reproduced beneath the cicatrix. The dissection on the present occasion nearly exposed the femoral vessels. Doing well. *Case* 2.—A delicate woman, aged 26, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of two tumours on the mammary gland. The larger one, the size of a walnut, was quite moveable, but the smaller one was attached to the capsule of the gland. After removal, both were proved to be of glandular structure. The wound soon healed. *Case* 3.—A woman, aged 30, in good health, under the care Mr. Lawrence, in St. Bartholomew's Hospital, on account of a tumour, the size of a walnut, in the left breast. It had been growing for three years. A similar one had been removed from the same breast by Mr. Lawrence nine years ago. The tumour showed after removal a glandular structure. Recovered. *Case* 4.—A healthy woman, aged 23, under Mr. Wormald's care, in St. Bartholomew's Hospital, on account of a mammary glandular tumour, the size of a walnut, which had been gradually increasing for three years. Excision. Recovery. In this, and the two preceding cases, the patients were all married, but childless, and in the first there had been a troublesome dysmenorrhœa for some time. *Case* 5.—A woman, aged 36, under Mr. Tatum's care, in St. George's Hospital, on account of a warty growth in the cleft of the nates, of large size, and against which escharotics had been ineffectually used. Excision. Recovery. *Case* 6.—A girl, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of an isolated fibro-cellular growth on the inner side of the right knee. It had existed six months. Excision. Recovery. *Case* 7.—A man, aged 26, under care in St. Thomas's Hospital, on account of a warty growth, the size of a small orange, over the back. It was tied in a double ligature by Mr. Tyrrell, (House-Surgeon), and sloughed away. The wound healed well.

REMOVAL OF THE EYE-BALL.

A man, aged 42, under the care of Mr. Pollock, in St. George's Hospital, on account of melanosis of the eye. The globe was extirpated in the usual manner. The parts healed well.

TRACHEOTOMY.

Case 1.—A healthy boy, aged 5, was admitted into St. Bartholomew's Hospital, with the statement that he had swallowed a nut, and had since appeared to be choking. He was gasping for breath, and quite livid in the face. Mr Morris, the House-Surgeon, at once introduced his finger into the pharynx, and, in so doing, felt it to displace some small substance just at the back of the tongue. The urgent symptoms immediately subsided, and the child regained his natural breathing. During that day, and the succeeding night, his respiration was in no way impeded, but, about nine o'clock on the next morning, while sitting at his breakfast, he was suddenly seized with violent dyspnœa. The House-Surgeon having been summoned, found him lying on his back, livid in the face, quite insensible, and almost pulseless. Nothing could be felt in the throat. Tracheotomy was at once performed, and immediate and complete relief to the breathing followed. Soon after the operation, it was observed that the chest did not expand on the left side during inspiration, and on auscultation it was found that no air entered the lung. Percussion over the left side gave a resonant note. The tracheal tube was now removed, a ligature being placed in each lip of the wound to secure its patency. During the day, the child was kept in a warm atmosphere, and appeared tolerably comfortable. About fifteen hours after the operation, he was suddenly seized with a violent paroxysm of coughing, during which the foreign body was shot out through the opening in the trachea. It proved to be the stone of a damson plum. Shortly after its expulsion, the breathing became much less laboured, and vesicular respiration was audible over the left lung. A slight attack of pneumonia afterwards supervened, but it subsided under treatment by antimonials, and the child made an excellent recovery. The wound healed by granulation. *Case* 2.—A child, aged 4, was admitted, nearly moribund, into St. Mary's Hospital, with the statement that he had choked from swallowing a portion of a crab's claw. Mr. Watkins, the House-Surgeon, at once performed tracheotomy, and with much immediate relief. The foreign body was, however, not expelled, nor was it deemed wise to make any search for it. On the following day, Mr. Lane examined the trachea, but was not successful in finding the offending body. The child died of pneumonia on the fourth day. At the autopsy the end of a crab's claw was found in the trachea, just above the wound. The mucous membrane of the trachea was congested and thickened, and there were evidences of extensive pleuro-pneumonia.

PLASTIC OPERATIONS.

For Vesico-Vaginal Fistula.—A woman, aged 26, under the care of Mr. Baker Brown, in St. Mary's Hospital, having been previously operated on unsuccessfully. On the present occasion no urine had escaped up to the thirteenth day, and the case seemed to promise well.

For Cleft Palate.—A lad, aged 18, under the care of Mr. Pollock, in St. George's Hospital, having been previously operated on for hare-lip, and partially for the cleft in the palate. The present operation consisted in closing the cleft in the posterior half of the hard palate. Union took place. The soft palate remains for a future operation.

For Hare-lip.—In one case, under the care of Mr. Quain, in University College Hospital, successful.

OPERATIONS FOR NÆVUS.

Case 1.—A child, aged 1, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, having a nævus, the size of a penny, on the abdomen. It was limited to the skin. The whole was excised, the excision being carried through healthy integument. But little blood was lost, and the wound

afterwards healed well. *Case* 2.—A child, aged 3 months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of a subcutaneous nævus, involving the whole region of one breast. The subcutaneous ligature was employed, and was successful. A small cutaneous nævus, on the same child, was subsequently tied on needles in the usual way.

INJECTION OF CYSTS WITH IODINE.

A girl, aged 3, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of a congenital cystic tumour extending from one labium to the spine of the ilium. It measured six inches and a half in its long diameter by three across, and had several constrictions, which gave it the appearance of several cysts, though in reality but one. Four ounces of yellow albuminous fluid having been drawn off, some tincture of iodine was injected. Within a very few hours the tumour refilled, but there was not much inflammation. Subsequently steady diminution took place, until, at the end of a fortnight, the child being attacked by scarlet fever the cyst suppurated. A free incision was now practised, and the case has since done well.

POLYPUS OF THE RECTUM.

A man, aged 25, under the care of Mr. Quain, in University College Hospital, on account of a polypus, growing by a long pedicle within the rectum. It had existed for many years. Excision was practised, and the man soon recovered.

REMOVAL OF FIBROUS TUMOURS FROM THE UTERUS.

A woman, aged 33, under the care of Mr. Baker Brown, in St. Mary's Hospital, suffering from fibrous tumours within the uterus. She was very anæmic, from frequent losses of blood. One of the tumours protruded from the os, about the size of an egg, and had contracted firm adhesions to the cervix. The operation, which lasted an hour and a-half, consisted in dragging the tumours down by means of a ligature passed through the lower one, and then by means of the hand in the cavity of the uterus enucleating the others. But little blood was lost. The whole mass, when detached, weighed more than four pounds; it consisted of numerous fibrous growths joined together. The patient remained very feeble after the operation, and on the eleventh day, whilst being raised in bed, became much exhausted, and sank into collapse, from which she never rallied. There had been swelling of the left leg since the sixth day. At the autopsy, phlebitis of the left iliac vein was found, but there were no purulent deposits in either lungs or liver. The aortic valves of the heart were diseased. In the uterine wall, near the fundus, was a fibrous tumour of considerable size, and in the cavity of the organ a small one of similar character to those removed. The os was much dilated, and the body of the womb contracted.

PUNCTURE OF THE BLADDER.

In the case mentioned last month under the care of Mr. Lloyd, in St. Bartholomew's Hospital, in which puncture above the pubes had been performed, the catheter has since been passed through the stricture, and the artificial opening allowed to heal. No. 8. can now be introduced, and the man may be considered well.

A man, aged 71, the subject of bronchitis, and much out of health, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of retention of urine, from prostatic disease. Catheterism being found impracticable, the instrument was pushed through the opposing part of the gland. On a second occasion, however, it being again found impracticable to pass a catheter, it was determined to puncture by the rectum. This was done in the usual way, and a large quantity of bloody urine removed. The canula was left in until the time of death, which occurred forty-eight hours after the operation. At the autopsy the track of the puncture was found in a healthy condition. The third lobe of the prostate was very large and hung valve-wise over the opening of the urethra. The kidneys were diseased, and there was extensive lobular pneumonia.

PUNCTURE OF THE URETHRA.

A man, aged 53, in broken-down health, and almost at death's door, from the effects of a stricture of twenty years' duration, was admitted into Guy's Hospital under the care of Mr. Cock. No instrument could be passed, and on the second day it was determined to relieve him by opening the urethra behind the stricture. Hitherto the urine had merely oozed away. The operation was performed in the usual way, no attempt being made to divide the stricture. No blood was lost, and the urine afterwards flowed freely by the wound. Although thus relieved of the local distress, the man had not power to rally. He remained low and without appetite, and sank on the seventh day. The autopsy showed a cartilaginous stricture in the membranous urethra, which could only just be made to admit a punctum probe. No sloughing or infiltration had occurred, but there was a small abscess in the prostate. The kidneys were almost sound, and the bladder less diseased than might have been expected. The opening had entered the urethra just behind the stricture.

CYST IN THE ANTRUM.

A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a cyst distending the right antrum and projecting under the cheek. The bone in front of it had been absorbed. The operation consisted in dissecting up between the gum and the cheek, and removing as much of the cyst wall as could be got away by means of scissors. A glairy fluid was evacuated, the cyst wall being tough and fibrous. The cavity was stuffed with sponge. Suppuration followed, and the parts healed, the cyst being apparently destroyed.

EXCISION OF NERVE TRUNK.

A man, aged 59, is under Mr. Hilton's care, in Guy's Hospital, on account of painful stump. Amputation below the knee was performed six years ago. Mr. Hilton excised about an inch and a-half of the peroneal nerve. The relief has, of course, been complete, as far as the parts supplied by that nerve are concerned, but in some others the pain still remains.

LIGATURE OF VARICOSE VEINS.

In three cases, under care in St. Thomas's Hospital, the operation of ligature of veins, by passing a needle under their trunk, and employing the twisted suture, has been performed. In one the patient had rigors, and some febrile excitement, but these subsided after removal of the needles. All proved successful.

OPERATION FOR URETHRAL STRICTURE.

A man, aged 34, a shoemaker, of pale complexion and much out of health, was admitted into St. Bartholomew's Hospital, under the care of Mr. Paget, on account of retention of urine. He had suffered from a close stricture of the urethra for fifteen years, the disease having followed a neglected gonorrhœa. He had attended many surgeons, and had many times suffered from complete retention. His first attack of retention was twelve years ago. On many occasions it had been found impossible to introduce instruments, and for a month prior to his present admission he had attended at the Surgery of St. Bartholomew's almost daily, and on one occasion only had it been found practicable to pass the stricture. On the day previous to his admission, in the out-patients' room, after a very patient trial, a most dexterous surgeon had failed to introduce the smallest instrument. The retention being urgent, and the House-Surgeon having been foiled in his endeavours, Mr. Paget was called to the case at midnight, and after a long trial succeeded in forcing a No. 4 through the stricture. During the next fortnight, No. 2 was passed daily, and occasionally No. 3; but, as no permanent gain seemed to accrue, and the history of the case indicated a stricture of extreme obstinacy, Mr. Paget determined to perform perineal section. This was accordingly done, a Syme's staff, No. 2 being used, and the stricture cut freely through in the median line of the perinæum. A silver catheter was afterwards passed and retained for four days. During this period all went on well, but after the removal of the catheter on the fourth day the man had a severe rigor, which was followed by almost complete suppression of urine for twenty-four hours. For three days he continued ill, but subsequently the symptoms passed entirely away. The wound was quite healed at the end of two weeks. At present the man is quite well in every respect, and more comfortable as regards his urinary apparatus than he had been for fifteen years before. A No. 10 catheter can be passed with ease, and the stricture shows no tendency to again contract.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE NOTTINGHAM INFIRMARY.

POISONING BY OPIUM.—SUPERVENTION OF SYMPTOMS AFTER TWELVE HOURS.—RECOVERY.

(Reported by JOHN SLOANE, M.D., late Resident Surgeon.)

The following case is very important, on account of the unusually long interval which elapsed after the opium was taken before the symptoms of poisoning commenced. They usually come on, as is well known, "in from half-an-hour to an hour after the poison has been taken." Dr. Taylor further states, that "they sometimes come on in a few minutes, especially in children, and at others their appearance is protracted for a long period." In Christison's valuable work there is a case mentioned where the symptoms supervened in about a similar number of hours; but the facts, I believe, are not so well authenticated, and this is the only one I have found recorded where such a long time elapsed before the poisonous action of the drug was manifested.

Edward Newton, aged 62, of Silverwood-place, was admitted into the General Hospital, near Nottingham, on January 23, 1855, under the care of Dr. Ransom, who kindly gave me permission to publish the case. He was in a state of insensibility at the time, and the history of the occurrence was obtained after his recovery. He then stated that he was married, very temperate, not an opium eater, but five years ago took a poisonous dose of laudanum. Parentage healthy; has been troubled much with a pain at the stomach and lumbago; with these exceptions has enjoyed very good health. Between nine and ten o'clock on the night previous to admission, he took half-an-ounce of laudanum, which he had purchased in the evening from Mr. Shepperley. During the night, as he stated, he had no sleep, and on the morning of the 23rd he went to the school where he teaches about nine o'clock, and feeling heavy, he laid his head upon a coke bag, and does not remember anything more that occurred till he had been some time in the hospital. His statements are corroborated by Mr. Shepperley and his daughter, an intelligent child, aged nine years. She states that during the night she heard him moan a good deal, and that she last saw him at 8½ a.m., when he looked ill. He took no breakfast, and was found by another child, soon after 9 a.m., insensible, lying on the floor in the school-room. Was seen about 11 a.m., by Dr. Ransom, who accompanied him to the hospital. He found him in the same position on the floor, in which he appeared to have fallen perfectly insensible, his head in a corner; could not be roused; countenance vacant, eyes closed, respiration slow, scarcely perceptible; surface cold and livid, muscles perfectly relaxed. Pulse slow, small, and faltering, but not irregular. Pupils very small, immovable. He frothed a little at the mouth. When put in a cab the motion and exposure to the air appeared to rouse him a little, the inspiration becoming deeper, the expiration moaning. Brought into hospital in the state above described, he was immediately undressed and put to bed. Bottles containing hot water and warm blankets were applied. The stomach pump was used, a little warm water injected, and stomach emptied. The product, which had no smell, appeared to be simply mucus and water. Mustard and water were then injected to the extent of twenty-four ounces, and again withdrawn by the pump, as it did not cause vomiting. As yet no change, and the respiration was occasionally so slow as to lead one to fear it had ceased altogether. Sixteen ounces of strong coffee, with a scruple of sesquicarbonate of ammonia, were next injected. The tube was withdrawn from the stomach, but retained in the œsophagus. He was then left for a quarter of an hour. During this time, the stomach first began to contract, and almost four ounces of coffee were ejected by the tube. A galvanic current, by a coil machine, was passed through the trunk, about the level of the diaphragm, with the immediate result of a more active contraction, and emptying of the contents deeper, and more frequent respiratory movements, improved colour of face. After seven minutes' continuation of the current, there were violent convulsive movements of the upper and lower extremities, and attempts to rise in bed. He was still unconscious. The convulsions continued for fifteen minutes, at the end of which time he gave evidence of returning consciousness, by opening his eyes, and looking round, when addressed. He was kept awake by an attendant, and gradually recovered.

At four p.m. the following report was made:—Sitting up; countenance placid; pupils about the size of a pin's head; great tendency to sleep, but is easily aroused; head feels hot; respirations, eight in the minute. Pulse, 76; full, regular. Tongue moist, furred in centre. Complains of much thirst; passes water freely; skin moistened by a slight perspiration; extremities cool.

February 3.—Pulse 80; respirations, twenty-one in the minute. Discharged cured.

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 50.—Sweet Whey in Pertussis.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—In your number for October 13, it is said that Dr. Löwenthal states, as the result of numerous trials, that sweet whey cures the disease (pertussis) more rapidly and more pleasantly than any other substance. I shall feel obliged if you can inform me in what way it is made, as it is not there stated how it may be procured. If you can find a corner for the recipe among your Notes and Queries in the next number of the *Medical Times and Gazette*, I shall esteem it a favour, and remain, Yours, etc.

Wallingford, October 24, 1855. J. B. A.

No. 51.—Cider in Gout.

Sir,—Some of your west-country correspondents have lately favoured us with their experience of cider as a prophylactic of cholera. Would these gentlemen be good enough to give us their opinion as to the relation which cider and its cognate beverage perry, bears to gout? Is the habitual use of them by gouty individuals likely to cause more frequent attacks of the malady, and assist in the formation of tophaceous deposits; or does the malic acid which predominates in them tend (like citric acid) to the more easy elimination of free lithic acid from the system?

I am certain that many of the old-fashioned ideas on the subject of drinks for the gouty, are susceptible of improvement. My experience coincides with that of those Physicians who recommend to their gouty patients the cautious use of Rhenish and sub-acid French wines, especially the white varieties (Sauterne, Chablis, etc.) If the stomach can manage them at the outset, I am of opinion that they are much more suitable than the Spanish wines, in the process of secondary assimilation. I think the virtues of (so-called) "Sherry," are very mythical in the cases I am alluding to.

Bath, October 31, 1855. I am, etc. F.R.C.S.

ANSWERS.

To Query No. 47.—Iodine Injections in Ovarian Dropsy.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—In answer to the question put last week on this subject, I beg to state that the practice of injecting ovarian cysts with iodine is still pursued in Paris and Lyons, although ovarian cysts are rarely opened at all in France. I believe the practice is attended with success.

Paris, October, 1855. E. S.

Cholera Riots in Sicily.—According to a despatch received lately in Paris from Marseilles, the cholera had on the 24th diminished in Sicily. An *émeute* had taken place at Catania. The populace wished to set fire to the brandy distilleries, accusing the owners of these establishments of contributing to the spread of the scourge.

The Death of the late Secretary of State for the Colonies in the Belgrave sub-district, at the age of 45, is referred to "gastric fever and low peritonitis."

Medical Times & Gazette.

SATURDAY, NOVEMBER 3.

THE TREATMENT OF THE POOR IN ST. PANCRAS WORKHOUSE.

In our last Number we briefly alluded to an inquest held upon a pauper who died in the Workhouse of the Parish of St. Pancras; and although in the particular case in question it did not appear that the deceased came to her death by any other than natural causes, yet the course of the inquiry elicited some particulars with regard to the management of the sick poor in this establishment, which are far from being creditable to the parties concerned. It was shown in evidence that the persons placed as nurses in charge of the unfortunate patients in the Workhouse Infirmary were themselves paupers, that half of them were aged and decrepid persons, and that nearly the whole of them were of intemperate habits. Whether from the recommendation of the Coroner and the Jury, or from the publicity given to the proceedings by the newspapers, it would appear that some investigation has been ordered by the authorities of St. Pancras; and accordingly we find that the executive lately assembled in considerable numbers to take into consideration the condition of the sick poor.

At this meeting, Mr. Waldegrave, the Assistant Medical officer, who had previously given evidence before the Coroner as to the incapacity of the nurses, produced a Report upon the treatment of the sick poor in the workhouse, which does him infinite credit. The document is written in such graphic language as to bear upon its surface the impress of truth; and as a specimen of parochial mismanagement exposed in terse and feeling terms by one who must necessarily be well acquainted with the horrors he details, we extract it entire:—

"Some months have now elapsed since, at my request, the attention of the Board was directed to the impropriety of converting the receiving wards into places of accommodation for casuals admitted nightly, and I very much regret that no steps have as yet been taken to remedy the evil in the female ward.

"There are many serious objections to appropriating these wards to such a purpose, and, apart from the danger of crowding in such a confined space so large a number of individuals, the majority of whom are in the most abject poverty, in a filthy condition, covered with vermin, and frequently suffering from a loathsome disease; the average number admitted nightly is, adults, 50; children, 15.

"I desire more especially to direct your attention to the fact, that patients are frequently admitted moribund, and, therefore, incapable of being removed with safety to the sick ward, and their detention in the small apartment filled with the individuals I have described is highly improper, and would, I firmly believe, in many instances, hasten dissolution.

"To these wards all classes are taken on their admission, and among the numbers, in many instances, are persons who have been many years contributors to the parochial rates, but through adverse circumstances, over which they have had no control, are reduced to the deplorable necessity of being recipients of that to which they had formerly contributed. Now, if there be one class more than another whom extra care and attention should be bestowed upon, it should be those who, in addition to the sting of poverty, have to endure the depressing influence of bodily suffering, the natural concomitant of disease.

"I desire now to place before you the admission of an individual belonging to the class I have alluded to, in a dying condition, forced by an imperious necessity to separate from relations on whose love reliance could be placed for support and comfort—in the last moment of life compelled to leave a home endeared by many happy associations, to seek a shelter in a building against which a natural antipathy must ever exist; the mind tortured by painful recollections, and the contemplation of that from which all sentient beings shrink back with instinctive terror—the termination of existence—suddenly ushered into the society of beings who in point of kindly feelings are far below the brute; compelled to breathe an atmosphere of moral and physical pollution, and to have their last moments disturbed by the obscene jest and blasphemous expression. This is, indeed, a sad picture for contemplation, and is a state of things that would not be allowed to exist in our criminal gaols, and if not promptly and effectually remedied may lead to the most serious results, involving not only a moral, but a legal responsibility.

"In again directing your attention to the existing evil, I have discharged my duty. The Medical man in the exercise of his professional avocations makes no distinction between rich and poor, and holds as sacred a trust for the life of the humble inmate of the parish workhouse as the lordly owner of the broad domain. I can only say that I sincerely hope and trust that this Report, having for its object the welfare of the really deserving poor, may meet with a more favourable reception than the Board has been in the habit of bestowing on former ones. (Signed) Samuel Waldegrave.

"St. Pancras Infirmary, Oct. 23, 1855."

The reading of this report seems to have excited considerable tumult among the Vestrymen, and no doubt drew down some abuse upon the head of Mr. Waldegrave, for his boldness in divulging unpalatable truths, and for advocating the cause of the destitute and friendless poor. In the newspaper account from which we derive our knowledge of the transaction, we find that the attempt to browbeat Mr. Waldegrave was met by the declaration of that gentlemen, that no personal consideration should ever induce him to swerve from his duty; that the report was his own, and being upon a Medical question, he was the proper person to deal with it; and that he would not be deterred from the honest discharge of an onerous duty by any personal or ungentlemanly remarks. He then proceeded to strengthen his case by adducing further evidence of the gross inattention manifested towards the poor, and of the filthy and over-crowded condition of the wards. Having succeeded, in spite of opposition, in establishing his case, a Committee was appointed to examine into the truth of his allegations, with instructions to report upon the matter to the General Board.

What follows is so extraordinary, that we have some difficulty in believing it; and if it be true, then the proceedings are disgraceful to a civilized country. Having been instructed to examine into the truth of a report, made by the Medical officer upon the treatment of the sick poor, the Committee commenced their important labours at one o'clock, by repairing to the workhouse, and—*sitting down to dinner at the parish expense!* Having been expected to present their Report at two o'clock, and the Board having waited for them till three o'clock, *they never returned at all!* Whether the hungry delegates had eaten the parish beef and pudding until they had sunk into a lethargy, or had obfuscated their brains with tobacco, or had imbibed so much beer that they had rolled under the table, does not appear; but it seems certain that the Committee disappeared entirely, and there can be no doubt that a considerable quantity of the St. Pancras commissariat stores disappeared too.

An episode, however, is furnished by the newspaper reporter, who was taking notes of the proceedings; for this gentleman, who was evidently not invited to the banquet spread before the Committee, seems to have amused himself in collecting the information which they were ostensibly appointed to obtain; and while they were regaling upon the Workhouse delicacies, he was inspecting the Infirmary accommodation, and verifying by ocular demonstration the statement of the Medical officer, that the children were sleeping nine in a bed in an unwholesome apartment; and he also learned that

the Surgeon's Report upon the incapacity of the nurses was strictly correct. What might have been the effect upon "Our Reporter," if he had been admitted to the Workhouse symposium, it is impossible to conjecture; but, as it was, he discovered, in the course of his inquiries, that the parties who had been appointed to examine into the truth of the Surgeon's Report, "*had dined at the Ratepayers' expense* (the italics are not ours) off the tempting fare which is *provided twice a week*, and paid for out of the parish coffers." Much allowance must be made for the virtuous indignation of a Reporter placed in such a tantalizing position, and we must receive *cum grano salis* the statement of a man who is investigating, *impransus*, the condition of a multitude of wretched paupers, while those who are selected for the duty, are carousing, under his very nose, upon the parish provisions in the same mansion.

Dropping the sentiments of ridicule and contempt which are naturally excited by the record of such proceedings, we cannot but advert in the strongest terms to the shameful manner in which the sick poor appear to be treated in some of the largest parishes of this metropolis. We have witnessed with satisfaction and with gratitude, the efforts which have been made, and made successfully, to improve the condition of the lunatic, and to soften the doom of the felon; but it would be well for Christian England to inquire into the fate of the PAUPER, who, because he is not bereft of reason, and because he is not tainted with crime, undergoes, in some of our Workhouses, (we hope not in many,) a worse than the felon's doom, and is exposed to physical and moral contamination, the full record of which would excite a shudder of horror and disgust in the most hardened heart. That our Workhouses are often the receptacles of the idle and the vicious, is most true; but they are often also the last and the only home of many, whose crime is their poverty or their old age; and nothing but a cold-blooded and cruel legislation can connive at the ill-treatment of any of our fellow-creatures when overtaken by sickness or adversity.

When once the pauper has entered the gates of a Workhouse, too often the light of hope is withdrawn from his eyes, and the voice of sympathy and friendship no longer greets his ear. The cold duties of the officials of the establishment are mechanically performed, as by persons accustomed to view the dark side of human nature, and therefore callous to the sight of suffering, and deaf to the cry of misery. The Medical officer, sometimes, alas! himself ground almost to poverty by the meanness of the authorities, is the only human being to whom the pauper can communicate his tale of woe; and although, from the fear of consequences, some of our brethren are reluctantly compelled to stifle the feelings of humanity which fill their breasts, yet we rejoice to find that there still are a few, like Mr. Waldegrave, who, regardless of personal consequences, can come forward as the friends of the destitute, and reveal to the world the secrets of pauper mismanagement and cruelty.

Since the above was written, a placard has been issued by the authorities of St. Pancras denying the statements made as to the state of the Workhouse, and inviting a public inspection. A number of ratepayers, including some Medical men, agreed to accept the invitation, and having inspected some of the departments of the establishment, have made the following unpalatable report:—

"October 30, 1855.—We, the undersigned ratepayers of St. Pancras, have this evening, at half-past nine o'clock, visited the workhouse in accordance with the public invitation of the Board of Directors, and hereby testify that we found the state of things as follows:—In the female casual receiving ward we were informed by the master that there were last evening 72 persons admitted, and that the number this evening was somewhat less. There were upon the floor in the lower room, stretched upon straw beds, 16 females. Their covering was simply a rug. Some of the women were preparing to lie down, one of whom, recently admitted, showed her head, which was swarming with vermin. We found in the lavatory six other females, who, without any light, were endeavouring to dry their clothes by the heat of the copper, the evening being exceedingly wet. We next visited the 'Able Men's Ward,' where we found, in similar beds, and with the like covering, 36 men in a state of nudity; they had hung their shirts upon pegs in the wall to preserve them, as they said, from the vermin which swarmed in the beds. In one corner of this room we found three men huddled together in a bed about three feet six inches wide. We then went to the dormitory of the girls' school, the lower room of which was in a sufficiently decent state, except as regards ventilation, which was very defective. In the upper room, however, the state of things was highly unsatisfactory. In some of the beds there were seven children, and in others six. No extra room had been provided until the night before; and the schoolmistress said that during the last week there were as many as nine children in each of two beds, and eight in several of the others. We then proceeded to the male receiving ward, where we saw eleven men in bed, and breathing an atmosphere which the members of the Medical Profession among us declared unfit to sustain human life. There were seven more below stairs, some of whom were also to sleep in the upper room. We have to add, that in all cases we found the space much too narrow, and the ventilation most defective. In the last room visited, the stench was so overpowering, that those who entered it were obliged to leave almost immediately. This minute was drawn up in the board-room of the workhouse immediately after the inspection, and approved and signed by all present, as a faithful record of what we had witnessed."

DUTIES OF THE PRACTITIONER TO THE DYING.

In our last Number we endeavoured to show the unpleasant impression made by some Members of our Profession, when they presume to tell patients that their days are numbered, and when patients dare to live on and get well in spite of the prophecy. There can be but few of our readers who are not acquainted with some case or other which has been too hastily condemned in consequence of cavity in lung, or imperfect valves of heart, or albumen in urine. We speak not merely of gloomy anticipations, which have not been realised—nor yet merely of suspicions of danger, plainly, yet cautiously intimated to the patient or to his family; but we speak of positive, peremptory statements that Mr. A or Mr. B cannot live six weeks, or whatever the term Dr. Rhadamanthus may be pleased to allow. Of course, patients so sentenced give up their faith in the Profession, and lend a willing ear to any quack who may promise them relief. Nor is this to be wondered at. It is a serious injury to the Profession, but one for which the Profession itself is to blame.

But the whole question involved is a very serious one; and as we write for men whose avocations are daily exposing them to the possibility of error, we make no apology for taking up a few moments of their time in discussing the right principles of action under certain circumstances.

In the first place, we are bound to set before us, in its fullest extent, the idea of LIFE as the most precious of all gifts of the Creator. It is the gift which includes all others. It is, so far as we know, the only opportunity which man has of improving his own moral being, or of contributing to the carrying out the designs of the Creator. No life whatever can be set at nought, nor can we venture to call it of no possible service. Life, therefore, is to be upheld, maintained, struggled for under all circumstances, by the Practitioner of Medicine; and it is his very first duty to avoid all things which may shorten it, even for an hour.

Equally is it the duty of the patient himself to cling to life with the most unflinching purpose. It is his time of work

and improvement: and, till all possible work is done, and all further moral improvement impossible; till the body has reached the term of natural decay; till all the duties of life are accomplished, we hold that to desire death, or not to desire life ardently, and not take every rational means of prolonging it, is an offence against religion and nature. The fear of death, and love of life, were implanted in our bosoms, like all the other instincts, for the wisest purposes.

Here we must bestow a passing word of condemnation upon that prevalent idea of the peculiar sanctity of early death—the detestable and unnatural notion that Consumption, for instance, is *la mort des élus*, the fate of those whom the Almighty regards with his most especial favour. All the analogies of heaven and earth cry out against a doctrine so shocking. Work—work, inward and outward; work in subduing his own passions; work in subjugating the earth to the use of man; work in the rearing of a succeeding generation, and in promoting the improvement of the human race; —this is the real lot of man, and he is most blessed whose lot is in this respect the richest. But in what we say, do not let us be understood as denying the "sweet uses of adversity." Some there are to whom Providence has denied active work, and yet whose example of suffering patiently the loss of health and of all the enjoyments of youth, is felt as a most blessed influence upon all around them. Meekness in suffering is exquisite; but yet the great ends of our being are and must be carried on by the work of the strong and healthy. To resign life without a murmur is good; to employ it actively is better. View it in what aspect you will, it is life which is our most precious possession; resign it we must, without a murmur, when called on; but to despise or throw it away, or not to desire to keep it, is a sacrilege. *Vivens! vivens! ipse confitebitur Tibi* is the soul of the *religio medici*.

Holding life, then, in this most sacred light, we are prepared to lay down the exact motives which should influence the Practitioner, when it is in danger, or supposed to be so.

For example: we believe that it is a positive duty, never to be neglected, to remind the patient, or those about him (if a reminder is necessary) of the expediency of availing himself to the utmost of the consolations and offices of religion. But this should not be done merely because the patient is likely to die, but simply because, being ill, he cannot seek the offices of religion in public; because he has time to attend to them, and requires the comfort they afford; and more especially because they afford the means of living on—if life be spared—more usefully and happily. We repeat, that religious offices should never be degraded into mere nostrums for the dying; the Clergyman coming when the Physician gives up the case; as the ancients put money into the mouths of the dead to propitiate the ferryman of Hades: but they should be resorted to as means of better life; as the daily bread of the living, and not merely as the viaticum of the departing.

So let us imagine the case of a person ill, or hopelessly ill. It is the duty of the Physician still to adopt every means for his benefit. But is he to inform the patient in every case that there is little or no hope?

We can conceive that such a course is justifiable if the patient wilfully and recklessly neglect to settle his worldly affairs, or persists in a course of profligacy and wickedness. Scarcely otherwise

"Gravi me terrore pulsas, vitæ dies ultima."

So said a poet, with whom our readers ought to be acquainted, and so says human nature. To tell a man that he must be cut off, inflicts a pang sharper than that of the knife, and it should not be done unless some great end is to be attained. We are not meaning to imply that the Physician is to conceal *danger* from the patient's friends, or to state anything positively untrue; but we do say, that his paramount duty of preserving life to the utmost may render it imperative on him not always to tell the whole truth to the patient, if, by so doing, he lessens by one jot or tittle the chances of his recovery. For our own part, we should always desire to know if our own life were in jeopardy, and should feel bound to give the same information to any patient who desired it, and was able to view the matter in its proper light. But there are many to whom such an announcement would be dangerous and unjustifiable.

THE WEEK.

A MILLER at Bromsgrove was lately fined for using alum in the adulteration of flour. No less than 600lbs. of alum were found in his corn mill. The defence was that the alum was used for dressing the millstones, but the bench of magistrates disbelieved the plea, and the defendant was convicted. The use of alum in adulteration, is to give a factitious whiteness to the bread; and this species of knavery is, to some extent, encouraged by the public, who attach an exaggerated value to the whiteness of bread; whereas brown bread is quite as wholesome and perhaps even more so, at least in certain cases, than the white.

Who is responsible for poisoning and killing the prisoners at Millbank prison? "Cholera has appeared in that ill-situated and unhealthy prison, the Millbank Penitentiary. On Monday, an inquest was held on a third victim. There had been seven cases." Very many of the inmates of this pest-house are persons who have been acquitted of charges against them on the ground of insanity, and these have a special claim on the consideration of the authorities; but we hold it to be a most iniquitous proceeding, if, while confining any class of prisoners for their amendment and the security of society, we surround them with influences which lower their physical powers, and which have so often, in the case of Millbank, changed a trivial punishment into a sentence of death. The laws of nature, the constitution of our country, common justice demand—"Raze it, raze it!"

The state of the Provincial Association continues to occupy a considerable share of Professional attention. It is said that a coalition has been formed between considerable sections of the belligerents upon the basis of the maxim, "Measures, not men." The leaders of the reform party are to be shelved by their followers, and Sir Charles Hastings is to convene an extraordinary general meeting of the members, at which he is to move for the name being changed from "Provincial" to "British," and in which he is to come forth with promises of a liberal policy and great concessions. Among other changes to be proposed is, we hear, the elevation of Birmingham to be the Medical metropolis of the kingdom in place of Worcester. The projects of a new weekly journal and a new Medical Association are either abandoned or in abeyance.

There is a shaking among the parishes. In the course of the present month, the elections under the Metropolis Local Management Act are to take place. Under Hobhouse's Act, Vestry elections had proved worse than a farce; and instances recorded in this Journal have shown what might be done, or left undone, by parish representatives—the public interests notwithstanding. Islington and St. Pancras to wit! Now, however, it will be the fault or the sin of the ratepayers, if, under Sir Benjamin Hall's New Act, a Medical officer is to be spurned from office for pointing out nuisances, and suggesting remedies,—if "casual poor, to the number of fifty or sixty, afflicted with the most loathsome diseases, crawling with vermin, are huddled nightly into the same apartment

with the decent and deserving poor, with nurses not one of them sober; and as many as nine children placed in each bed at a time;"—if a woman in the pangs of labour can be driven from the door of a public institution, to which she has a *legal right* of admission; and if the ill-paid Poor-law Medical officer is snubbed, and his efforts frustrated by men elected by their fellows as *Guardians* of the Poor. We wish to impress it upon those of our readers who are ratepayers, that, during this month, they have a most important duty to perform to society, no less than to themselves. By the New Act, most important sanitary and other duties will devolve on Boards, Vestries, and all parish officers—*now* the representatives of the ratepayers; and it behoves those who have suffered from, or are cognizant of, the abuses of the present system, so to use the franchise entrusted to them as to put the right men in the right places. Immense powers are conferred by this Local Management Act; and the character of the men to be entrusted with them is the only guarantee against the abuses under which all classes have suffered.

It will be seen by our advertising columns that the Naval Medical Reform Association having completed the object for which it was organized, has handed over the balance of the amount of money remaining in the hands of the Treasurer of the Association, to those two excellent charities, the Royal Medical Benevolent College and the Fund for the Relief of the Widows and Orphans of Medical Men. We cannot too highly commend this magnanimous appropriation of funds subscribed by Medical men to such worthy objects. We congratulate the Naval Medical Reform Association upon the attainment of its object and the conclusion of its labours; and we cannot forget that this satisfactory result has been achieved by the *junior members* of our Profession, who have thus succeeded in spite of the indifference shown to their exertions by many of their seniors.

If all the deaths of British soldiers in the Crimea during the last three months were added to the deaths in England, the sum would be less by some twenty thousand than the deaths registered in England during the three summer months of 1854. In fact, it results from the Report of the Registrar-General, for the Quarter ending September, 1855, that the summer months of the present year have been unusually favourable as regards health, notwithstanding the undoubted disadvantage under which the poor have suffered in respect to the price of provisions. The causes assigned for the improvement in the public health, by the District Registrars, are various, but they are quite in unison in respect to the inestimable advantages accruing from sanitary improvements. The deaths in the summer quarters of the five years 1851-55 were as follows:—

1851.	1852.	1853.	1854.	1855.
91,499	100,382	92,201	113,939	87,934.

It is a curious circumstance, in reference to the means of livelihood of the people, that while in the interval of two years the price of wheat has risen 48 per cent., and that of beef 15 per cent., there has been a fall of 37 per cent. in the price of potatoes, an article of large consumption among all classes, and which has operated as a set-off against the high price of other articles; thus, perhaps, partly accounting for the fact that the public health is better than in the summer of 1853. In reference to the Meteorology of the quarter, Mr. Glaisher reports that the departures from the average values of the temperature have in no cases been large during the quarter, and that other subjects of investigation have been about their average. Such being the facts of the case, it remains only that, eschewing the insignificant few who, for peculiar reasons, are *sans* olfactories, we steadily pursue the work of sanitary reform, having confidence in the aphorism, "*Aide-toi, et le Ciel t'aidera.*"

REVIEWS.

Hydro-Therapeutics; or, the Water-cure considered as a Branch of Medical Treatment. By Dr. William MacLeod. London. 1855. Pamphlet, pp. 93.

If Dr. MacLeod were not the Physician to a Water-cure establishment; if he did not use the customary treatment of disease merely as an adjunct where water alone fails to be effective; and if, in accordance with experience, he taught that water, like calomel or potash, was a powerful therapeutic agent, adapted to fulfil certain indications, and too much neglected by practical men, his pamphlet would be received with more cordiality than he can anticipate for it under present circumstances. The stigma of quackery still adheres to the water-cure, carried on in establishments professedly Hydropathic, even though the officers in charge of them repudiate, as Dr. MacLeod does, the universal efficacy of the remedy. The public are still led to believe what is not true, namely, that the drinkings and bathings are the agents by which they get rid of all their complaints, that without them other means would be ineffective, and that any medicine administered only assists the action, but plays no prominent part in the cure. Else, why should such persons as the author of this work keep water-cure establishments at all? Will they assert, that the remedy cannot be applied with equally good results, at the residence of their patients, under the control and direction of their customary Medical adviser? Although objecting to the quackish manner in which the therapeutical benefits derived from the use of water are paraded and applied, we are quite prepared to admit the remedy itself into legitimate medicine; in fact, it has ever held a distinguished position there, and we have no doubt that its application will be more general as scientific research improves our acquaintance with its physiological operation upon the human body in health. To this end, however, hypothesis must give place to the facts which strict observation and chemical inquiry can establish. Dr. MacLeod, however, does not choose to go to work in this way. He denies that increased waste of tissue, with sufficient supply of nourishment, has anything to do with the curative action of water; and asserts that "quantitative experiments, made upon the amount of matter excreted by patients under treatment, show that it is usually not more than what takes place during active exercise in health." He prefers the hypothesis, that "the water treatment seems rather to bind the molecules more firmly together, and in this way developes heat, while, at the same time, it does not prevent the amount of waste necessary to the sufficient development of vital force." In fact, he cuts away the only basis on which hydro-therapeutics can rest, and denies that which commends it most to the practitioners of legitimate medicine.

That cold water improves the tone of muscular fibre, voluntary and involuntary, by the impression made upon the nerves of the skin, when applied in the form of baths, or upon those of the stomach when swallowed, is generally admitted; but that it decidedly has a further action in augmenting the metamorphoses of tissue, and of increasing the solid matter of the secretions, is a point equally well established by modern chemists. Bidder and Schmidt have shown that the free ingestion of water, not only increases the quantity of the bile secreted, but also the solid constituents of that fluid, and Böcker and others have established that, besides an increase in the quantity of urine, the daily discharge of solids is also augmented. Hegar, Gruner, and Breed have established this increase, in respect of the chlorine, phosphoric acid, and sulphuric acid of the urine. As respects the intestinal secretion also, Bidder and Schmidt have shown that after the absorption of water from the stomach, an increased secretion is observable, and that this takes place, not by mere dilution, but by absolute increase of its solids, as well as of its liquid element. As to the waste of tissue which follows on the external use of cold water, we would refer Dr. MacLeod to the recent experiments of Dr. L. Lehmann, in his own person upon the cold-sitz bath. This observer, taking his ordinary daily exercise, found that after a quarter of an hour's application of the bath, the loss of weight that his body underwent was 61 per cent. more than when he did not use the bath, and that, while the urine was increased in quantity, the solids of the secretion, the urea, uric acid, fixed salts and chlorides were also augmented, the urea being increased as much as 29

per cent. As to the results of active exercise, with which our author compares the operation of water, Simon and Lehmann, it is true, both found that the urea and sulphates were augmented; but this, as the former writer informs us, was produced by such violent exercise for two hours, that the pulse continued for some time above 100, but the uric acid and extractives of the urine were diminished. But when the nervous exhaustion occasioned by such an amount of exercise is taken into consideration, it must be evident that no comparison of the effects of the two agencies can fairly be made. Is it to be believed that the increase of tissue-change thus indicated without the nervous exhaustion, which cannot fail to accompany a similar amount of metamorphosis as a result of severe bodily exercise, plays no part in the beneficial results which follow the judicious use of water as a remedy in disease? We should like Dr. MacLeod, when next he publishes upon hydro-therapeutics, to reply at length on this question.

Human Osteology; comprising a Description of the Bones; with Delineations of the Attachments of the Muscles; the General and Microscopic Structure of Bone and its Development. To which is added, A Brief Notice of the Unity of Type in the Construction of the Vertebrate Skeleton. By Luther Holden, F.R.C.S., Demonstrator of Anatomy at St. Bartholomew's Hospital. Pp. 204. London: 1855.

Mr. Holden truly remarks in his first page, that "whosoever would become a good Surgeon, must make himself master of human osteology." The thorough knowledge of the bones is absolutely essential for the comprehension of the attachments of the muscles, and the course and position of the muscles are the guides to the distribution of the arteries, veins, and nerves. Hence an acquaintance with osteology is the foundation of anatomy, and anatomy is the Alpha and the Omega of the Surgeon's art. The present work gives a complete view of human osteology; commencing with the chemical, microscopical, and physiological history of bone, and then describing *seriatim* all the bones of the human skeleton. The concluding chapter is on the "Unity of Type in the Vertebrate Skeleton," and contains a brief but comprehensive *résumé* of the views of Oken and Owen upon this curious and difficult subject.

The book is profusely illustrated with plates, which are exceedingly well executed, and present us with views of the bones in every conceivable position and stage of development. Their minutest foramina, elevations, and depressions are so accurately figured, that the bones themselves seem to stand before us; and in order to assist the Student to the recollection of the origins and insertions of muscles those spots are distinguished by red and blue lines on the plates. But the Student must be aware that the terms "origin and insertion" are often convertible terms, and are used chiefly for the sake of description. Nevertheless, this novel feature in Mr. Holden's book will be duly appreciated as a powerful aid to the memory. There can be but one opinion, and that a favourable one, of Mr. Holden's present contribution to Human Osteology.

On the Pathology of Hooping-Cough. By Graily Hewitt, M.B. London. 1855. Pamphlet.

The title of this pamphlet does not correctly express its subject. It does not treat of the *Pathology of Hooping-Cough*, but is intended to direct attention to the frequency with which "collapse of the lung" is met with after death from this disease. In several instances the so-called "bronchial abscesses" were discovered in the collapsed portions. Assuming as correct Dr. Gairdner's view of the method in which a portion of healthy lung may become freed from air, and re-assume the fœtal condition, (ataelectasis,) viz., that the force of expiration is naturally greater than that of inspiration, and that hence tenacious mucus, obstructing a particular bronchule, will permit of air passing more readily from, than to, the air-cells, Mr. Hewitt points out that, *à fortiori*, the violent and prolonged respiratory efforts of a fit of hooping-cough, and the inefficient corresponding inspirations will, under similar bronchial obstruction, favour the emptying of the air-cells. He considers that the sudden occurrence of dulness in the parts most liable to this change, viz., at the infra-mammary regions, and lower posterior regions of the chest, with more or less absence of vesicular murmur, and a substitution for it of a rather fine sub-crepitant rhonchus, may be regarded as the physical signs, giving a probability of this state having supervened in a case of hooping-cough. He gives a table of nineteen fatal cases of hooping-cough, with their leading post-mortem appearances, in support of his views. The pamphlet is a creditable production, and well deserves perusal.

Annual Report of the Royal Lunatic Asylum of Aberdeen, for the year ending 31st March, 1855. Aberdeen. Pamphlet.

This is a satisfactory statement of the condition of the Asylum, which, it appears, is undergoing enlargement and modification. There are several tables appended, which may be regarded as contributions to the statistics of insanity.

Physiological Psychology. A Case of Suspension of the Mental Faculties, of the Powers of Speech, and Special Senses, with the exception of Sight and Touch, continuing for many months; with a Commentary on some of the more important of its bearings upon the Philosophy of the Human Mind, and the Physiological Psychology of Man. By Robert Dunn, F.R.C.S. London. 1855. Pp. 44.

This case, reprinted with the Commentary, from the pages of the *Association Journal*, would, by most people, be called one of very aggravated Hysteria. The phenomena of the state which we thus designate, have long been a puzzle to Physiologists, and we question if there are many fields of inquiry which would better repay investigation, such as that which the author has bestowed upon this case. Our readers will find both interest and instruction in the perusal of Mr. Dunn's case and commentary.

Surgical and Pathological Observations. By Edwin Canton, F.R.C.S. London. 1855.

This work consists of a reprint of eight papers, some of which appeared in our own pages, and some in those of a weekly contemporary. The Profession, among whom they have, consequently, been freely circulated may be gratified by their republication in the present form.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON ENURESIS IN CHILDREN.

By Dr. SLADE.

The subjects of this affection may be separated into three categories. In the first, the incontinence, due to special causes, is constant; in the second it is intermittent, occurring both by day and night; and in the third it is only nocturnal. Passing over the first form, Dr. Slade observes that examples of the second are of by no means rare occurrence, and are of more difficult treatment than when the affection is merely nocturnal. The urine passes away involuntarily several times in the day, the patient being unconscious of having emptied the bladder. He makes water, too, oftener than proper during the day, and is at once obliged to attend to the impulse. Sometimes he is entirely free of the affection. It is oftener met with in children of lymphatic temperament requiring tonic treatment, and, like the nocturnal form, it seems sometimes to be hereditary. In some cases the urine is copious, pale, and of low specific gravity, but frequently its condition is quite normal. Dr. Slade adopts M. Caudmont's explanation of the nature of these cases. According to this, they are dependent upon what he terms a contraction of the neck of the bladder, comprising under the term "neck" not only the urethro-vesical orifice, but the prostatic and membranous portions of the urethra, extending from this orifice to the triangular ligament. The involuntary and permanent contraction of the muscular fibres of this portion of Guthrie's and Wilson's muscles gives rise to a variety of symptoms,

which are generally attributed by authors to a neuralgia or neurosis of this region. It is by the relief it affords to such contraction, that M. Caudmont explains the beneficial effects of belladonna in enuresis.

The treatment must be both general and local. The first has for its object the counteracting the effects of hereditary predisposition, which has a tendency to debilitate the constitution, by means of a nutritious though plain diet, open-air exercise, regulation of the bowels, tonics, and, when it can be borne, cold bathing. The morbid irritability of the neck of the bladder must be combated by means of sedatives, due attention being also paid to the condition of the urine. Locally, we must apply cold douches to the sacro-lumbar region, and blisters to the sacrum or perinæum, occasionally passing a bougie, and, in very obstinate cases, gently cauterizing the neck of the bladder. In treating the nocturnal form, we must remember that, in many instances, this undergoes a spontaneous cure about the age of 4 or 5, and, therefore, not resort to any very active measures prior to that period. When necessary to interfere at all, moral means, of a gentle character, must be first tried. The diet, too, must be mild and unirritating, supper being given early, and nothing afterwards. The child should sleep on a mattrass, with only enough clothing to keep it comfortable; and it should be aroused two or three times, if required, in order to empty the bladder. The position maintained in bed exerts no influence on the affection. Belladonna, as recommended by Trousseau, constitutes the best internal remedy for nocturnal enuresis; and it is also of great use in the other form, although less efficacious. Trousseau gives one-fifth of a grain of the extract at bedtime, increasing it by the same quantity in a week, and again in another week. When during fifteen days the child has remained free of the infirmity, the dose is to be diminished, or given only every second or third day. Even if the habit does not recur, it is to be again resorted to after two, three, and sometimes five months' cure, the intervals between the periods of resumption being made longer and longer. Dr. Slade states, that he has found a larger dose than that recommended by Trousseau to be required, but he does not specify the amount he administered.

American Journal of Med. Science. Vol. XXX. pp. 71—77.

CASE OF VICARIOUS SECRETION OF MILK.

By Dr. MITCHELL.

Dr. Mitchell relates the case of a patient who, suffering from severe bronchial irritation, was directed to wean her child, then a year old. At an early period of suckling, she had already suffered from mammary abscess, and the breasts now became very painful and swollen. In a day or two this inflammation abated, and the cough, which had been hard and constant, became looser, and she expectorated firm white sputa. These were freely brought up for a fortnight, during which her previously declining health much improved. At the end of this time, the milky sputa gave place to mere mucus. Some of these sputa, which were sometimes thrown up in Dr. Mitchell's presence, were collected and rigidly examined. They were found to consist of white clots, floating in a whitish fluid, and mixed with ordinary mucus. Often some yellowish mucopus was surrounded by a covering of thickened milk. The lacteal odour was very strongly marked, and the microscope exhibited milk globules mingled with compound granular cells, mucous corpuscles, and epithelium. At the period of the birth of a second child, the patient was far advanced in phthisis, and although her breasts were well filled she was too feeble to suckle. Seven days after the birth she began to cough up a thin white fluid, mixed with pus, from a cavity, the sputa regaining their colour two days later. Examined by the microsope, this white fluid exhibited milk globules.

Dr. Mitchell also refers to a very singular case of vicarious menstruation that occurred some years since in the person of a sempstress. The menstrual flow took place with great regularity from beneath the finger-nails, and obliged her to relinquish all work for the time. She recovered by the aid of iron, etc., and the uterus resumed its lost function.

American Journal of Medical Science. Vol. XXX. p. 83.

CASE OF GASTROTOMY.

By Dr. JOHN BELL.

Dr. John Bell, of Iowa, records the following remarkable case:—A man engaged (December 25) in some juggling feats, let slip a bar of lead, that he professed to swallow, so that it really descended into the stomach. As he for some days suffered so little from the occurrence, his story was at first discredited; but gastralgia, with vomiting, and threatened prostration, at last rather suddenly appearing, it was resolved to operate January 9. Having been placed under the influence of chloroform, an incision was extended from the point of the second false rib on the left side, to the umbilicus; and the peritonæum was afterwards divided through the entire extent of this incision. Some little delay ensued, from the protrusion of omentum and intestines; but the bar, having been felt through the walls of the stomach, an incision, of sufficient size only for its extraction, was made on the left anterior side of this organ, apparently about an inch above the pyloric orifice, and it was removed by means of a forceps. No bad symptoms impeded recovery, and the patient was discharged on the fifteenth day. He is now pursuing his calling as a village shoemaker. The bar measured ten inches and one-eighth, and weighed nine ounces and a-half avoirdupois.

American Journal of Medical Science. Vol. XXX. p. 272.

ON UMBILICAL HÆMORRHAGE IN INFANTS.

By Dr. STEPHEN SMITH.

Dr. Smith, having met with two fatal cases of this dangerous affection, has analyzed all the published accounts of it he can find recorded, and, as the result, presents us with a tabular view of the particulars of, and references to, seventy-eight cases. In his preliminary remarks he observes, respecting the ætiology of the affection, that about two-thirds of the cases occurred in male infants. The male sex is also found predominating in like manner in the histories of other forms of the hæmorrhagic diathesis, that have been published. The nature of the labour, when this has been noted, has been easy, and the children have been generally, at the time of birth, well formed, and apparently healthy. Within two or three days, icteric symptoms have usually appeared; and although infantile jaundice is not, generally, a serious affection, it so often precedes or accompanies this hæmorrhage, that it is deserving our careful attention. A much more serious symptom, as indicative of the hæmorrhagic condition of the system, is purpura. Although a most intractable hæmorrhage may occur, near the insertion of the cord, prior to its detachment, either of a traumatic or idiopathic nature, the funis, in general, has separated prior to its manifestation, and the umbilicus has undergone partial or complete cicatrization. There is nothing symptomatic in the period of desiccation, the cord separates usually on the fifth or sixth day, which is the average period stated by Churchill. There is one condition connected with the process of cicatrization that is worthy of attention, viz., the occurrence of a granulating or fungoid surface, which is often persistent, and productive of hæmorrhage, and therefore demanding prompt attention. The hæmorrhage generally occurs during the second week, when the closure of the vessels is in progress; but, as in the normal state, the vessels are still patulous during two or three weeks, the existence of such a condition does not alone explain the occurrence, and the frequency with which it has been met with at post-mortem examinations possesses no particular significancy. There are no reliable precursory symptoms of the hæmorrhage. The character of the prognosis may be judged of by the fact, that, of the seventy-nine cases here tabulated, only nine recovered. In regard to treatment, the consideration of what has been done in the various cases, leads Dr. Smith to the following conclusions:—1. That mild, but active, cathartics, and anti-hæmorrhagic remedies, are of the first importance. 2. That compression and styptics are useful for the temporary arrest of the hæmorrhage, but rarely effect a permanent cessation. 3. That cauterization is injurious, except in conjunction with compression. 4. That ligature of the umbilicus *en masse*, with two needles transfixing it at right angles, offers the best chance of permanently arresting the hæmorrhage.—*New York Journal.* Vol. XV. p. 73.

EXCERPTA MINORA.

Chloride of Zinc as a Caustic in Chancre.—Dr. Conway strongly recommends the employment of this substance in place of the nitrate of silver, for the purpose of the local destruction of chancre, a single application usually sufficing. He employs usually saturated solution, or the salt that has been allowed to deliquesce. He applies it

by means of pieces of paper, which are twisted to a point and filled with the solution. The chancre having been dried, one of these is applied, and the sore again wiped, in order to prevent the fluid spreading. This is repeated until a white eschar is formed, and then it is dressed with dry lint. If it is too freely applied, it may be easily mopped off with a little water.—*New York Journal.* Vol. XV. p. 156.

FOREIGN CORRESPONDENCE.

FRANCE.

[From our Paris Correspondent.]

PARIS, October 23, 1855.

SIR,—An important practical discussion having taken place at the *Académie de Médecine*, I will try to give you a summary of it, and postpone to my next letter almost all the other things of which I intended to give you an account.

This discussion had been caused by the reading of a paper by M. Bouvier, on the utility of setons, and on some modifications of the thread and of the instrument to introduce it.

Instead of making use of a bistoury, or of the instrument usually called a seton-needle, he employs a common needle, rendered flat at its point. As to the thread, instead of making use of a twist of cotton, or of a strip of cloth, he employs a single thread, or a very fine cord, plastered with an impervious substance, as wax, able to prevent its becoming altered by pus. To avoid the difficulty of introducing the cord, in place of the eye of the needle, there are very small forceps to take the thread.

The advantages of this mode of operating are, that the pain is slight, and that there is no need of changing the thread. In the cases where a single thread does not produce a sufficient irritation, it is easy to put several.

Professor Gerdy does not approve of the employment of setons. He says that they produce, not only an inflammation in the neighbourhood, but also an irritation at much greater distances. They sometimes increase previously existing congestions or inflammation of the eye, so that they do exactly the reverse of what is expected. Patients frequently attribute to setons the production of these effects, and they complain of dizziness, of a bewildering sensation, and of tinnitus aurium. Blisters also produce sometimes the same effects; so that Professor Gerdy has been led, in certain cases of diseases of the head or of the eyes, to apply small cauteries on the back of the head on the shaved scalp.

M. Bouvier answers, that bad effects resulting from setons, according to Professor Gerdy, exist sometimes, but very rarely.

Professor Malgaigne says that he disagrees completely with his colleagues, and censures the prolonged employment of all kinds of exutories. He doubts their being of any use. Their introduction in the practice of medicine has no rational ground. Setons, cauteries, moxas may be excellent for eight or ten days, but not more.

Professor Velpeau says that he employs the seton, and highly praises its therapeutical action. As to the novelty of the employment of thread, he says that setons originally were made of a single silk thread. He thinks that the filiform seton of M. Bouvier cannot replace, with advantage, large setons. The therapeutical effects of these last are a revulsion and a suppuration, which are in proportion to the pain, and to the irritation they produce. Professor Velpeau says he has seen the children operated on by M. Bouvier, and he does not believe in the efficacy of setons in these cases. In opposition to Professor Malgaigne, he says that exutories may be very useful, but that they must not be employed indiscriminately. One of them is good in cases where the others would not be. Blisters, for instance, are very useful in acute, superficial ophthalmia, and particularly conjunctivitis, while setons in these cases would not be beneficial. Cauteries are employed with advantage in deeply-seated chronic affections. Setons are very useful in cases of amaurosis, which do not depend on an organic disease. He says that the dangers of the application of setons, spoken of by Professor Gerdy, are of very rare occurrence. They arise from inflammation of the lymphatics, which vessels are not numerous in the neck. He asserts that abscesses are very rarely produced by setons. He employs setons, not only against amaurosis, but also against keratitis becoming chronic, and after the following modes of treatment have failed:—bleeding, blistering, purgatives, calomel, etc. Setons are not so useful in vascular keratitis, but they do succeed sometimes.

M. Bouvier answers to Professor Velpeau, that he has not proposed to make use merely of the filiform setons, but also of a gradually increasing number of threads. If serious accidents rendered an energetic and immediate revulsion necessary, he does not say that then a large seton should not be employed. He asserts that he himself was cured of amaurosis by the seton, and that the same was the case with the illustrious Fabricius, of Aquapendente. In a case, related by Ruysch, cephalalgia was cured by a seton, and returned after the suppression of this exutory. It was cured a second time by the same means, but re-appeared after the cessation of the treatment, and then was cured for a third time by the seton. M. Bouvier insists upon the superiority of setons to blisters.

M. Desportes says that he proposed long ago to employ filiform setons, with openings and many threads, so as to produce a greater revulsion.

M. Clot-Bey, who usually resides in Egypt, says that the Arabs employ small setons, placed near the eyes, and sometimes on the eye-lids themselves, to cure diseases of the eyes. He has often witnessed the success of this mode of treatment.

Another discussion has taken place at the Académie de Médecine, mostly between Professors Piorry and Bouillaud, the first stating that it would be very important to study auscultation on dead bodies, the second, asserting that very little could be learned by such means.

The French are beginning to think that there is something as good in England as in France. *A propos* to the publication made by Lieutenant-Colonel Tulloch and Dr. Graham Balfour, containing such interesting statistical reports, Dr. Tholozan says, in the last number of the *Gazette Médicale de Paris:* "The Medical service of the British army, which has been so much and so unjustly attacked lately, has the honour of having furnished, during the last fifteen years, the most important, positive, and fruitful information upon the etiology of diseases, the Medical geography and the hygiene of climates." We read, also, in the same journal, that great praise has been given to the service of the British Physicians attached to the army of Omer Pasha.

GENERAL CORRESPONDENCE.

THE CRISIS OF THE PROVINCIAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—The proceedings of the late anniversary meeting of the Provincial Medical and Surgical Association have for some weeks past been under discussion, in the pages of the *Association Journal;* to this discussion I paid the closest attention, in the hope that some explanation would be demanded, or voluntarily offered, on some points which, to my mind, appeared inexplicable. In deference to Dr. Cormack, (to his honour be it said,) I deferred my own observations on those points, until, finding that the discussion was about to die out without the desired information being given, I addressed the accompanying letter to the Secretary (Dr. Williams). It was returned to me without recognition of its receipt in the *Journal*, and, of course, without reply; and I have now to ask the favour of its publication in the *Medical Times and Gazette*, the Executive Council having passed a resolution to exclude such correspondence from the *Journal.*

I am, etc.,

Dorchester, Oct. 30, 1855. CHARLES COWDELL, M.D. Lond.

SIR,—As an old member of the Provincial Medical and Surgical Association, I hope to be permitted to say a few words on the crisis in which that Institution is at present involved.

A delay in responding to the circular issued by Dr. Cowan and Mr. Hampson, has afforded me an opportunity of acting after the fullest deliberation, having given a full consideration to the arguments weekly advanced in the Journal against the course pursued by those gentlemen, and such as may be indueed to join them.

On both sides it seems to be admitted, that the duties of Editor, if performed in an independent manner, are onerous, often annoying to himself, and sometimes also to individual members. I conclude, therefore, that our late Editor and Secretary has only yielded to an unavoidable necessity, in not universally and invariably pleasing every one. And, when it is remembered that he took a most manly part in the discussion of the Sabbath desecration and the Autobiographical-puff questions, we can easily comprehend some of the hostility his conduct has evoked. One was not, however, prepared for such an attack as was directed against him at York, on the question of finance, when members appeared to have forgotten that the confusion in the accounts had existed under the old *régime*, that is before the Oxford meeting, when Dr. Cormack, unfortunately for himself, consented to an official connexion with the Association.

But, Sir, in the discussions at the York meeting some circumstances seemed so anomalous, and some of the decisions so inconsistent with each other, that I must take the liberty of asking for an explanation of them, that I may, if possible, be relieved from disagreeable perplexity in reference to this matter. It appears that a committee had been appointed at the Manchester meeting, to revise the laws of the Association; the president of the council was elected on that committee, and there was a clause in the resolution (unanimously carried) for that appointment—"That their report be submitted to the next annual meeting, having been put in the hands of the members at least four weeks previously." (See *Journal*, No. XC. p. 871.) This committee did prepare a report, and did submit it first to the members, and subsequently to the annual meeting, in exact accordance with the terms of the resolution. In the discussion upon this "Draft code of laws," (reported at page 784-5, No. CXXXVIII. of the *Journal*,) Sir Charles Hastings stated to the meeting at York, that "since the draft of the committee, referred to by Dr. Cormack, was issued, various important amendments have been suggested by influential members of the Association. The committee met yesterday to deliberate on these suggestions, and agreed to an amended report," etc. I shall content myself in reference to this point, by stating my opinion, that the committee exceeded their powers, as limited by Dr. Barclay's amendment at the Manchester meeting; and that they had no right to listen to suggestions made after the publication of their report; but Sir Charles Hastings thought otherwise. Several other matters were put down for discussion at the meeting, and in regard to these a resolution had been passed at the Manchester meeting to the effect, that a report on them should be put into the hands of each member four weeks previous to the annual meeting. Surely, if, in spite of such a resolution, suggestions subsequently made were thought of importance sufficient to justify an amendment of the committee's report, *à fortiori*, the suggestions offered in a memorial signed by 453 members, some of them influential too—suggestions having very much the character of amendments to resolutions,—surely these might have been deemed worthy of some attention, and at such a time as could alone have allowed to them any influence on the proceedings of the meeting. Such, however, we all know was not the fate of the memorial—was not the influence of the 453 members who had signed that memorial; their suggestions were made after others had framed and had announced their resolutions, and notwithstanding that their number was in the ratio of a little more than four to one of the whole number of members present at York, their suggestions did not come from members of the Association influential enough with the council to deserve attention.

Now, Sir, to me, who have never been able to attend one of the annual gatherings of the Association, who have been alike unacquainted with all the *dramatis personæ* of the annual exhibitions of our internal conflicts, but who have, nevertheless, done my little in support of the Association, having resuscitated, and thrice performed the duties of president of the Dorset Branch, and having been in some degree successful in recruiting its ranks,—to me it is disappointing in the extreme, to witness the waste of effort in these collisions; and, further, it is vexatious to witness their lasting evidence in the ever-varying form of the Association periodicals, as they stand side by side on my book-shelves:—Transactions in cloth boards, Transactions in paper covers; the Journal differing in size at different times, now published fortnightly, now again weekly; at one time in Worcester, at another in London. All this, to one interested in the machinery annually employed by ingenious members to vary the exhibition of our professional kaleidoscope, is only humiliating and distressing.

As one of the memoralists I feel aggrieved; as an old member (having paid eleven subscriptions) I am disappointed, and as a frequent officer of one of the Branches I am perplexed, and shall indeed feel too thankful, if, when this letter has been published in the Journal, you can by explanation afford me any relief. I am, etc.,

Charles Cowdell, M.D. Lond.,
Physician to the Dorset County Hospital, Dorchester.

Dorchester, Oct. 9, 1855.

TESTS FOR SUGAR AND COD-LIVER OIL.

[To the Editor of the Medical Times and Gazette.]

Sir,—In page 374 of your journal you quote two paragraphs which may lead to error. I waited for some more able pen to remark on them; but lest another week should pass without calling attention to the point, I presume to send you some remarks. The paragraphs are entitled—

1. Rapid detection of sugar.
2. Test for the purity of cod-liver oil.

1. By the first paragraph we learn that if sulphuric acid be added to a solution of biliary matter (cholic acid) a beautiful purpurine or violet colour is manifested. Strecker has shown that this colour will arise if acetic acid be present under similar circumstances. It is therefore not to be relied on as a distinctive test for sugar.

2. M. Berthe's test for the purity of cod-liver oil is the same as the supposed distinctive test for sugar, but merely proves the presence of cholic acid associated with acetic acid, or sugar, the latter of which we know is absent in cod-liver oil. But since the biliary matters are found in the same condition in all fish oils, the sulphuric-acid test fails to distinguish any of them from each other by the presence of the violet colour (which some have considered to indicate iodine!) Nevertheless, it will prove if any vegetable oil has been used to dilute the fish oils. If equal parts of ray-liver oil and whiting-liver oil are added together and mixed with 25 per cent. of sperm oil, the sulphuric acid gives as rich a violet colour as I have seen in cod-liver oil. [Many authorities could be quoted to a similar effect.]

There is one noticeable point of usefulness, however, in the sulphuric-acid test for cod-liver oil; by the rapidity with which the violet tint or purpurine passes into a blood-red, a pretty correct idea may be formed of the quantity of soluble salts retained in the oil—the longer the violet tint remains, the poorer in salts is the oil under examination. Thus oils prepared by maceration of the livers of the fish in boiling water may be distinguished from those in which the salts are more completely preserved by more careful, though more tedious, operations.

Believing that the above remarks may be useful to some who have less time than myself to devote to matters of this kind. I am, etc.

Barnstaple, Oct. 23, 1855. J. Baxter Langley, M.R.C.S.

THE CHOLERA AT EASTBOURNE IN 1854.

[To the Editor of the Medical Times and Gazette.]

Sir,—At the quarterly meeting of the East Sussex Medical Society, which met at Eastbourne a fortnight since, I was requested to make some remarks on the visitation of cholera in 1854, and to communicate to the Secretary the substance of those remarks for insertion in the Minutes of the Society's meeting.

I have forwarded the report and note to you, and if you consider the time is not gone by for its insertion in your paper, the report is very much at your service.

Alfriston, Oct. 1855. I am, etc. T. F. Sanger.

Eastbourne was, until the last four or five years, a watering-place of small resort, with little annual increase to its inhabitants, and was considered very healthy. Since the railroad has been extended to the town, and the landed proprietors have granted building leases, it has rapidly increased in size, and, during the season, is thickly inhabited.

There is a ditch, or water-course, which conveys the over-

flow from Motcombe Pond, near Eastbourne Church. This ditch runs in a south-easterly direction for nearly two miles, surrounding the town, and debouches into the sea at "Sea-side." During two or three months in summer the lower end of the water-course is dry, but had not proved a nuisance until the owners of the houses of the new part of Eastbourne made a common sewer, which emptied itself into this ditch, the stench from which was intolerable, and a fruitful source of disease.

Higher up the stream is an old mill-pond, very shallow, full of decomposing vegetable matter from the trees which grow around it, and into which the drainage from the kennel of the Southdown fox-hounds ran. In the mill-house, which is partly underground, the first cases of cholera appeared. This was on the 17th September, when a man, (Peter Stace,) his wife, and three children, were attacked with cholera, after a very short preliminary diarrhœa. The man and two children died, and a woman, who was employed to nurse them, was seized with the disease, and removed to the Union House, where she died. The wife and other child recovered.

The week ending the 29th September there were—92 cases of diarrhœa, 1 cholera, 1 collapse, 2 deaths.

	Diarrhœa.	Cholera.	Collapse.	Deaths.
On the 6th October . .	81	2	1	3
,, 13th ,, . .	84	1	2	3
,, 20th ,, . .	30	2	..	1
,, 21st ,, . .	23	..	..	..
,, 24th ,, . .	24	..	..	..
Brought down	92	8	..	6
Total	334	13	3	13

There was no reason to suppose the cholera was imported into Eastbourne. The man Stace was an agricultural labourer, and had had no communication with any place where cholera was raging. Diarrhœa had been prevalent in Eastbourne and neighbourhood previous to the occurrence of the first case of cholera on the 17th September. There was no place in the neighbourhood affected with cholera at or previous to that time, except Folkestone and Sandgate, which are forty miles distant from Eastbourne.

In 1833 and 1849, there was a perfect immunity from the disease at Eastbourne; from the absence of those nuisances which, I believe, were the immediate causes of the outbreak of 1854.

Contagion did not appear to play any part in the diffusion of the disease; those living in situations deleterious to health suffered, those residing in more salubrious spots escaped.

The woman who nursed the Staces, after she was attacked was conveyed to the Union House, where she died twenty-three hours after her admission; no other inmates of the House were affected with cholera, and only four with mild diarrhœa; this exemption from the disease I attribute partly to the healthy situation of the House, the roominess of the apartments, the excellent drainage and ventilation, and partly to the liberality of the Guardians in putting the inmates on a very nourishing dietary, both before and during the continuance of the epidemic.

I did not in any case detect any impurity in the water drunk, although, at the time, the wells were low.

T. F. Sanger,
Medical Superintendent, Eastbourne Union.

HÆMORRHAGE IN LABOUR CASES.

[To the Editor of the Medical Times and Gazette.]

Sir,—Dr. Ramsbotham's instructive case in your Number for the 6th instant has brought to my mind cases of a similar character that have formerly come under my observation; and, as they are fraught with the deepest interest, both as regards the reputation and peace of mind of the Medical man, and the welfare of his patient, I venture to make a few remarks on the prevention and treatment of those cases of hæmorrhage occurring after delivery again and again in the same patient.

1st.—As far as concerns prevention I quite concur with Dr. Ramsbotham as to the good effects of the ergot. The time for giving it has always appeared to me important. It should, if possible, be a very short time before the birth of the head, for the first dose, and for the second, immediately after the entire fœtus has been expelled. By so doing, its action on the uterus is secured both for the due expulsion of the placenta and for keeping up steady uterine contraction afterwards. If given too early, the uterus is exhausted by its powerful contractions during the birth of the child, and may be left in a state of atony, or of irregular contraction, while the placenta is still retained. In cases where there is adherent placenta, as in Dr. Ramsbotham's, I think its good effect is questionable, but this cannot, of course, be predicated, although it may be suspected if it has occurred before in a patient prone to hæmorrhage.

As a preventive measure, I am disposed also to think very highly of a moderate bleeding from the arm, viz., to ʒviij or ʒx during the last month of pregnancy. I have seen the best effects from this remedy, patients who have had formidable hæmorrhage in several previous labours having escaped, after its adoption, without other special treatment, with only an ordinary amount of discharge; and pregnant women tolerate loss of blood so well, comparatively speaking, that there are very few instances in which it is not a safe, as well as judicious proceeding.

2ndly. As regards the treatment of these cases of constitutional hæmorrhage, coming on, as it most frequently does, after the natural expulsion of the placenta, and at a time when, but for past experience, and therefore greater watchfulness on the part of the practitioner, all would seem to be well, the uterus contracted and the patient tranquil. I am aware that the administration of opuim is a point on which there is much difference of opinion. I should, perhaps, have placed it amongst those means which are adopted to anticipate hæmorrhage, but, whether this occurred or not, my practice, in those cases where it was to be expected from the history of former labours, was to give a full dose of opium, generally from forty to sixty minims of the tincture, immediately after the expulsion of the placenta, and I have found the result to be a sustained action of the heart and arteries, a warm surface, and a steadily contracted uterus, with very moderate discharge. In no case do I remember to have seen any subsequent undue relaxation of the womb, giving rise to hæmorrhage, internal or external; and if a few coagula collected within it, after the placenta was expelled, I think it probable that they would be thrown off, without severe pain, under the influence of the opium.

In those fearful cases where the uterus is rapidly filled with coagula, or more moderately distended by fibrinous clots after a longer interval, the efforts to expel them being attended by violent pains, and in either case more or less of draining going on, the introduction of the hand, and the careful emptying of the uterus, enforced by the late Dr. Merriman in his excellent practical work, and so successfully practised by Dr. Ramsbotham in the present case, is, I believe, the only efficient remedy.

In a case that occurred to myself some years since, where there was formidable loss of blood, accompanied by very severe pains, in a patient who had never before had hæmorrhage, the relief from the withdrawal by the hand of a moderate amount of coagula was immediate and complete. In that instance, too, some hours had elapsed before this measure was had recourse to, and there was considerable resistance from the mouth and neck of the uterus.

I am, etc.
Brighton, October 20, 1855. C. W. Crowdy, M.D.

SALIVATION PRODUCED BY DENTISTRY (?).

[To the Editor of the Medical Times and Gazette.]

Sir,—I was called to visit a patient, a very few days since, suffering from acute pain in the left side of the lower jaw, together with swollen cheek, and inflammation of the salivary glands and gums, that peculiar redness of the fauces, and flow of fœtid saliva; in fact, all the marked symptoms of salivation. He informed me that, only a day or two previously, he had a carious "wisdom tooth" stopped by a dentist, the filling resembling "Brande's enamel," and which contained a portion of mercury. By combining with it silver, platinum, or gold, a substance is formed, which is generally used by dentists for filling decayed teeth; it forms a cheap compound for their use, and, therefore, a supposed benefit to the "million." When this substance is in close contact with a highly inflamed gum, (for absorption is very rapid,) the result must be salivation, either in a slight form, or very severe, as in the

case of Mr ——. It is most important for those dentists who are in the habit of using a similar compound, to learn the result, and I hope they will be put on their guard in using such a dangerous remedy, as it is far worse than the disease itself. I called on the dentist, and requested him to visit Mr. —— with me, which he did, and was really surprised at the havoc his stopping had made on the constitution of the patient. I have seen instances of this kind before, but never to such an extent as in this case. If you can find a corner in your valuable Journal, it may be the means of rousing the minds of those dentists, who are constantly using this material, from their slumbers, and induce them to apply something more harmless than quicksilver, etc., in filling carious teeth. I am, etc.

Mile-end, October 23, 1855. E. Snell, M.R.C.S.L.

HÆMORRHAGE AFTER DELIVERY.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your number of the 6th inst., page 341, appeared a very interesting case of hæmorrhage after delivery, by Dr. Ramsbotham; and, as one of the same kind has come under my own observation, and presenting, it seems to me, some points of practical importance in the treatment, I would beg its insertion in your columns.

Some years ago, a lady (Mrs. S.), about 35 years of age, who had had several children, called to engage me for her approaching confinement. She says she is always on the point of death, from excessive flooding, after every delivery. She is at present in her usual good health, but seems to me rather ænemic. In due time I was summoned to attend. On being shown into her room, I confess I was considerably startled by the preparations for the expected event. The feather-bed had been removed, and I found her lying on the straw mattrass. On examination, however, all seemed to be right, and going on well so far, and nothing whatever in the character of the case to excite alarm. The waters broke, and a full-sized child was delivered. At this stage, unequivocal symptoms of the hæmorrhagic diathesis began to manifest themselves, a gush of blood following the delivery of the child. I had, previously to this, commenced giving the infusion of ergot, in full doses, freshly prepared, agreeably to a formula published by me some years ago in the *Lancet* (about 1846), and on which I could rely. Uniform, steady, and constant pressure was now applied over the whole organ. A strong binder, fastened with loops and tapes, was applied and tightly drawn, and over this a tourniquet was passed round the pelvis, with a flat book, as a pad, to equalize the pressure, and drawn moderately tight. A number of napkins being provided, were forced, with the open hand, one by one under the binder, so as to make uniformly firm, steadily-maintained pressure over the whole region. With the expulsion of the placenta, came an overwhelming gush, a torrent, of blood, with swooning and prostration. All the pillows were removed, the head was lowered as much as possible, and some wine and ammonia were given. The strap of the tourniquet was gradually drawn tight, reserving the screw as a *dernier ressort*. As soon as the strap was drawn as tightly as I could, I used the screw as long as there was any hæmorrhage to excite alarm, and, in a short time, I had the pleasure to find that the bleeding was completely arrested. This lady recovered without anything untoward, and declared that it was the best confinement she ever had. I am, etc.

Wexford, Ireland, R. M. Nunn.
October 15th, 1855.

REPORT OF THE MEDICAL COMMITTEE OF THE BOARD OF HEALTH.

[To the Editor of the Medical Times and Gazette.]

Sir,—I cannot agree with you in the praise which you award the Medical Committee of the Board of Health for their report. When Practitioners throughout the country were called upon to make out elaborate returns of the results of their practice, they had, at least, a right to expect their labours to be faithfully recorded. I do not know that any other gentleman has reason to complain of the Report, but I do complain, that, when I returned a number of cases treated by depletion, and many successfully, no mention of depletion is to be found in the Report from beginning to end, though room is found for recording a solitary case treated by olive oil.

After the epidemic of 1849, I demonstrated the advantage of moderate depletion, and further experience in the epidemic of last year has confirmed the views which I then put forward, with this difference, that whereas I then pointed out the evil consequences of giving much opium in the early stage, as likely to induce the worst form of consecutive fever, in fact, arachnitis, I last year found the advantage of rejecting its use *in toto;* that calomel, without opium, stopped both vomiting and purging more rapidly than when combined with it; in fact, that opium, in common with all astringents, rather increased than diminished the evacuations, particularly the vomiting.

The omission of any mention of my Report may be accidental; if so, this letter may bring out an explanation. I would have addressed it to the Board, but I have not been able to find out who is the proper representative of the Medical Committee.

The old castor-oil treatment, which occupies so much of their Report, has had its day thirty years ago, as you may find fully recorded in Volume XXIV. of the *Edinburgh Medical and Surgical Journal.* I am, etc.

E. Whittle, M.D. Lond., M.R.I.A.,
Senior Surgeon to the South Dispensary.

1, Parliament-terrace, Liverpool,
October 27, 1855.

ALLEGED HOMŒOPATHIC TENDENCIES AT THE LIVERPOOL MEDICAL INSTITUTION.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Council have published, in your columns, a resolution, denying that the Institution "has identified itself with Homœopathy."

Notwithstanding this official declaration of opinion, and in spite of the special pleading of the Secretary, I still maintain that, setting aside several instances in the annals of the Society in which globulists and globulism have received countenance and favour, the bare fact that, at the present moment, two members are openly practising Homœopathy, is *ipso facto* evidence that the Institution does encourage that system.

I am, etc. A. B. Steele,
Liverpool, Oct. 29, 1855. Member of the Council.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, October 27, 1855.

Dr. Snow, President, in the Chair.

Mr. Francis Hutchinson exhibited a

FIBROUS TUMOUR OF THE UTERUS,

taken from an unmarried woman, aged forty-five. She had laboured for several years under symptoms of uterine tumour, and had been seen by several practitioners. Some of these regarded the disease as uterine, some as ovarian. She was subject to severe attacks of uterine hæmorrhage, which completely blanched her. She had been affected with diseased liver and jaundice, and also with diarrhœa. Three months before death, she was attacked with peritonitis, which was followed by dropsy of the lower extremities, and phlegmonous inflammation of one of the ankles, which ultimately sloughed, and death ensued. On post-mortem examination, nothing very remarkable was observed, except in the uterus, but the spleen was much enlarged. On opening the abdomen, a large uterine tumour presented itself; some parts were slightly adherent to the intestines by lymph of recent formation. The ovaries on each side were enlarged about twice their natural size. On removing this mass from the pelvis, it was found to weigh 5 lbs. 4 oz.; and on cutting through the centre, from the posterior surface, it appeared to consist entirely of a soft,

elastic, fibrous structure, with adipose matter in the interstices. The os uteri was natural, and on passing a blowpipe up the uterine cavity, which was large and capacious, it went to the left side, as if the tumour had been originally formed within the right wall of the uterus, and, pushing the mucous membrane before it, had gradually extended to the left side. There was also a large lumbar abscess, containing about a pint of pus.

In answer to a question from Dr. Routh, Mr. Hutchinson said, that he did not believe the tumour had ever diminished in size from the commencement. He also stated, that it had been thought to be an ovarian cyst, the os uteri being in a natural state.

Mr. I. B. Brown said, a uterine sound would have determined the character of the enlargement. Many such fibrous tumours were amenable to treatment; and, if the present one had been diagnosed, it ought to have diminished under the ordinary method.

Dr. Murphy said, it was sometimes extremely difficult to determine between the existence of a fibrous tumour and an ovarian cyst, the latter being occasionally thick, filled with fluid, and possessing, not the fluctuating, but the elastic character.

Mr. Weeden Cooke mentioned a

CASE OF FALSE ANCHYLOSIS OF THE HIP-JOINT, WITH DISLOCATION OF THE HEAD OF THE FEMUR ON TO THE DORSUM ILII,

producing considerable flexion and shortening of the limb. The patient was a girl, nine years of age. The acute disease came on two years since, and had wholly subsided without any external opening for the discharge of matter, (but leaving the dislocation already mentioned,) a year ago. The child had up to this time moved about on crutches, and was looked upon as a cripple for life by its parents and friends. The usual treatment has hitherto been, to divide the rectus femoris, tensor vaginæ femoris, one or two of the adductors, and, perhaps, the pectonæus, and apply a splint down the back of the thigh, attaching it to the pelvis and knee. In true anchylosis of this joint, which is said, however, by Dr. Little, to occur in only five out of sixty cases, the plan of Dr. Barton, of Philadelphia,—viz., section of the head of the femur—has been employed, for the purpose of establishing a false joint, both in France, by Velpeau, and in England, with varying result. In some, this operation has resulted successfully; but in others it has ended in death; so that it will deservedly fall into desuetude, since no one would, in order to remedy a deformity, run the risk of destroying his patient. Mr. Cooke had employed, in his case, an apparatus, governed by vulcanized caoutchouc bands, of great power, constructed for him by Mr. Heather Bigg, of Leicester-square, by means of which the thigh was in a month's time brought down to a right line with the trunk, without any division of muscles, and the little patient, with the aid of a high-heeled boot, is now enabled to get about, without even a stick, in perfect comfort. Mr. Cooke thought this apparatus might be beneficially employed during the progress of the acute stage of the disease, in order to prevent the flexion which was the invariable result.

INTUS-SUSCEPTION.

Dr. Burke Ryan showed a very perfect specimen of intus-susception, which occurred in the practice of Mr. Henry Guy. The child, 4 months old, was put to bed well on Sunday night the 21st of this month, but awoke screaming at half-past one o'clock a.m. on the 22nd. From that period, it suffered great pain until Wednesday evening the 24th, when it died at eight o'clock.

Autopsy, with Mr. Guy and Mr. Cole, E.I.C.S., 39 hours after death.—The abdomen turned rapidly green, and, on opening into the cavity, the intestines were quite uncovered by the omentum, which was puckered up towards the stomach and transverse portion of the colon. The small intestines were very much distended with fluid and flatus. The descending colon, sigmoid flexure, and rectum were contracted, and quite blanched and empty. A band of peritonæum stretched from the great curvature of the stomach across the middle of the transverse portion of the colon, firmly binding it down, and constricting it as a ligature would do. This seemed so firmly attached to the structure of the colon, as to make it appear as if it were an abnormal structure from birth, formed from the two layers of peritonæum, which pass anterior to the bowels, in order, by their reflection, to form the great omentum adhering to the gut, instead of passing down. So firmly did this constrict, that a probe could with difficulty be passed under it. The entire transverse arch, and beginning of the descending colon, appeared filled with some hard, unyielding substance. A partial invagination, half-an-inch deep, was on this part; and, in looking for the cæcum, it was found, together with the ascending colon, invaginated in the transverse portion, the appendix vermiformis being drawn into half its extent, and this was like spleen, owing to congestion. On opening the outer layer of intestine, this invaginated portion, from beginning to end, looked like a dark and firm clot of blood, one-fourth of an inch thick, unless at the constricted portion, which was thin and deeply indented. This was owing to the structure of the intestine being broken up, congested, and infiltrated by blood. On opening this, another invagination was found throughout its entire length, of the lower portion of the ilium. This would give seven layers in some parts of the invagination. In each of these invaginations, of course, as is observed by Rokitansky, a piece of mesentery is drawn in and kept on the stretch, adding to the danger of inflammation. There was a good deal of venous congestion in the mesentery, and but very little appearance of inflammation in any part, a little plastic exudation being between a fold of the small intestine. The small intestine contained about 10 ounces of a homogeneous, bright yellow, fæcal fluid, of the consistence of castor-oil, with some undigested globules of that oil floating through it, being part of that given by the mother. On Wednesday, a copious discharge of blood took place from the bowels at two different periods. It appeared to Dr. Ryan as if the invagination of the ascending colon and cæcum had been of some standing, and caused by the tight band mentioned; and that of the ilium was of more recent occurrence, and the immediate cause of death.

Mr. Hunt said he had had a similar case; and it was suggested to him, after the death of the child, that it would have been worth while to introduce a flexible tube into the rectum, and inject warm water, with considerable force, into the large intestine, in order to dislodge the intruding portion of the small intestine.

Dr. Ryan thought such a result would have been impossible in the present instance.

Dr. Murphy mentioned that a child of his own, between eight and nine years old, had had intus-susception, and that the stricture was removed by the injection of air through the rectum, as suggested by Dr. West.

Dr. Routh thought the best plan was, as soon as susception was discovered, to give opium, and leave the case to Nature. Persons in ordinary practice were often known to recover after having been fifteen days or three weeks without passing a motion. Dr. Taylor had a case which was early diagnosed; opium was given. In a week or ten days, a large piece of intestine intercepted sloughed away, and the child (12 years old) recovered.

Mr. I. B. Brown read a paper on

RUPTURED PERINÆUM,

which will be found in another part of this Journal.

Dr. Murphy deprecated the performance of the operation immediately after labour. The perinæum was then greatly extended, and it was impossible to ascertain the extent of the injury until the process of contraction had taken place. Moreover, the parts, after a severe labour, were more liable to inflammation than at any other time. There was, no doubt, an inconvenience arising from delay, but this was amply compensated for by the more favourable circumstances under which the operation was performed. Even in the case of severe lacerations there should be no interference for at least a fortnight. Some cases were, in time, cured by Nature, and required no operation at all.

Dr. Winn thought no operation of severity should be performed immediately after delivery, but there was no objection to putting on the sutures. He had himself applied sutures after delivery with great advantage.

Mr. Henry Lee said, when the inconveniences attending ruptured perinæum were considered, it would be seen that the Profession and the public were greatly indebted to Mr. Brown for his exertions. He was perfectly satisfied from experience that Mr. Brown's method of operating was a great improvement on the old method.

Dr. Barnes was more favourable to the operation as recommended by Mr. Brown than he had been. He believed, however, that further experience was required in order to prove the expediency of operating in cases where there was sloughing. He believed there was no necessity for delay; and if the operation was at once performed, the patient would get up from her confinement with a sound perinæum. He doubted the expediency of the large double section by the sphincter ani through all the tissues, thinking that a subcutaneous incision through the sphincter would answer the purpose, and not run the risk of leading to pyæmia. He thought there was some danger in giving large repeated doses of opium after the operation.

Mr. Hird said, that from the facts laid before the Profession no Surgeon could hesitate to give his opinion in favour of the practice of Mr. Brown. He thought, however, with Dr. Murphy, that the operation should not be performed in all cases immediately after delivery; he had doubts as to the expediency of the operation when there was sloughing, and of administering opium (without great caution), or any other remedy likely to produce vomiting.

The author then replied, and the Society adjourned.

HEALTH OF THE ARMY IN THE CRIMEA.

Return of Wounded Men admitted into Hospital for treatment after the assault on the Redan Fort, Sebastopol, on the 8th September, 1855, showing the number Discharged to Duty, Died, and number Remaining on the 15th October, 1855:—

DIVISIONS.	Total number of wounded returned as admitted into Hospital.	Of these were inflicted by musket balls.	By grape, round shot, or shell.	By sword, bayonet, or other means.	Total.	Of the foregoing, were wounded through the chest or upper part of the body.	Discharged from Hospital since 8th September.	Died of their wounds.	Remaining 15th October, 1855.
Ordnance Corps and Men of the Line admitted into Ordnance Hospital	82	52	21	9	82	29	36	27	19
1st Division	3	1	2	..	3	..	2	..	1
Highland do.	67	13	43	11	67	47	55	6	6
2nd do.	502	259	198	45	502	374	337	29	136
3rd do.	12	11	..	1	12	7	5	5	2
4th do.	64	10	54	..	64	..	51	10	3
Light do.	934	485	289	160	934	235	632	80	288
General Hospital Camp	246	172	47	27	246	114	46	69	131
	1910	1003	654	253	1910	806	1164	226	586

THE LATE DR. GEORGE EBENEZER ELY.

The premature decease of this lamented Practitioner presents to our notice a marked and painful instance of a wife and large family being suddenly reduced from a position of competence and comfort to one of great pecuniary difficulty.

Dr. Ely graduated at Edinburgh in the year 1835, and in 1838 he became a L.S.A. He shortly afterwards commenced general practice in Rochester, and gradually acquired a somewhat large but not lucrative practice. He had an unusually large obstetric connexion, and, unfortunately, the harassing duties of this department laid the foundation of his illness. He also was one of the Medical officers of the Medway Union.

During the last few years his practice had been increasing in numbers and respectability, and it began to be evident that the laborious nature of his duties by day, and the frequent deprivation of rest at night resulting from midwifery, were making serious inroads upon his health. About eight years ago he had an attack of illness which lasted some weeks, the chief symptoms of which were obstinate constipation of the bowels, great debility, emaciation, pain, referred to the liver and duodenum, and added to these, a jaundiced tinge of skin, indicative of hepatic derangement.

He consulted Dr. Budd, of King's College, and soon recovered tolerable health, but he not long after began to suffer from modified attacks of a similar kind, accompanied with frequent deposition of the oxalate of lime, and the usual debility and distress which mark this diathesis. Notwithstanding his impaired health he continued to discharge the laborious duties of his increasing practice, any relaxation from which he found incompatible with the wants of his numerous and increasing family. Some months ago he had symptoms of paralysis, the right index and middle finger became benumbed, and he lost the power of extension over them. His declining health now began to excite the anxiety of his friends. Often have I endeavoured to induce him to relax his arduous labours, but his usual reply was, "The pressing wants of my family make it impossible for me to do so." He continued, therefore, to toil on until the evening of the 13th inst., when, after returning home at seven p.m., he became exhausted, and was placed in a warm bed. About an hour from this time he was seized with hemiplegia of the right side, his speech became thick and indistinct, he gradually merged into coma, and died on the 16th inst. at six p.m., at the early age of 42, leaving a wife and eleven children totally unprovided for.

He was possessed of a cultivated intellect, was attached to literature, and his professional attainments were above the usual order.

He was kind and considerate in his profession, an affectionate husband, and a fond and anxious father.

Endeavours are now being made to place two of the younger children in the Infant Orphan Asylum, Walmstead; and two others in the London Orphan Asylum. It is also desired, if possible, to procure admission for two of the boys into the Medical Benevolent College, and it is hoped that those who have votes or interest in either of the above charities, will kindly place them at my disposal in furtherance of the above object.

Rochester, Oct. 30, 1855. Thomas Pearce Beavan.

ACTS OF PARLIAMENT
BEARING UPON, OR OF INTEREST TO, THE PROFESSION.

(Concluded from page 378)

VICTORIA.

11th and 12th. Cap. lviii. To authorize for ten years the regulation of the annuities and premiums of the Naval Medical Supplemental Fund Society.

Ditto. Cap. lxiii. The Public Health Act (1848).

Ditto. Cap. cv. To prohibit importation of sheep, cattle, etc., for purpose of preventing the introduction of contagious or infectious disorders.

Ditto. Cap. cvii. To prevent the spreading of contagious or infectious disorders among sheep, cattle, etc.

Ditto. Cap. cxxiii. For the more speedy removal of certain nuisances, and the prevention of contagious and epidemic diseases. (Renewal and amendment of 9 and 10 Vict. cap. xcvi.)

Ditto. Cap. cxxxi. To amend and continue 9 and 10 Vict. cap. vi.

12th. Cap. xix. To make perpetual 10 and 11 Vict. cap. xlv.

12th and 13th. Cap. xxxiii. To regulate the carriage of passengers in merchant vessels. (Emigrants). § 27. If the length of the voyage exceed 12 weeks, and 50 persons be on board, to have a Medical practitioner. § 28. To have a sufficient supply of medicines in the judgment of the Emigration Officer. § 29. Medical inspection of passengers and medicines. To receive 20s. for such inspection. § 30. Diseased passengers may be re-landed.

Ditto. Cap. lvi. To continue 5 and 6 Vict. cap. cxxiii.

Ditto. Cap. xciv. To continue certain provisional orders of Board of Health.

Ditto. Cap. cxi. To amend the Nuisances Removal and Diseases Prevention Act, 1848. (11 and 12 Vict. cap. cxxiii.)

13th and 14th. Caps. xxxii., xc., and cviii. To confirm certain provisional orders of the Board of Health.

Ditto. Cap. xliv. For taking an account of the population of Ireland.

Ditto. Cap. lii. Metropolitan Interments Act (1850.)

Ditto. Cap. liii. For taking an account of the population of Great Britain.

Ditto. Cap. lxv. For enabling Town Councils to establish Public Libraries and Museums.

Ditto. Cap. lxxi. To continue 11 and 12 Vict. cap. cvii.

Ditto. Cap. ci. To amend laws for relief of the poor.

14th. Cap. i. To amend Passengers Act, 1849. (Does not affect Medical arrangements in previous Acts.)

Ditto. Cap. xiii. To regulate the Sale of Arsenic. § 1. On every sale particulars to be entered in a book by the seller, in form set forth in schedule. § 2. Sale to be made in the presence of a witness known to the seller and purchaser, and who is to sign his name and place of abode before delivery of the arsenic. Arsenic not to be sold to any person under full age. § 3. Arsenic to be coloured with soot or indigo, except where such admixture would render it unfit for a particular purpose—but in that case not less than 10 lbs. to be sold at any one time. § 5. Act not to prevent sale of arsenic in medicine under a Medical prescription. § 6. "Arsenic" to include arsenious compounds.

14th and 15th. Cap. xxxiv. To encourage establishment of lodging-houses.

Ditto. Cap. xlv. To continue 5 and 6 Vict. cap. exxiii.

Ditto. Cap. lxi. For the removal of Smithfield Market.

Ditto. Cap. lxviii. § 1. Appointment of Commissioners (one to be Medical) to act with Poor-Law Commissioners. § 3. Appointment of Inspectors, being practising Physicians or Surgeons of not less than seven years' standing. § 5. No Medical Commissioner or Inspector to practise as Physician or Surgeon. § 6. Power to Guardians to divide Unions into Dispensary Districts. § 7. Appointment of Dispensary Committee. § 8. Guardians to provide offices for meetings, etc., and also medicines, etc. Committee of Management, with approval of Commissioners, may appoint officers, and with such salaries as the Guardians, with the like approval, may determine. § 9. Power to afford Dispensary relief. § 10. Other provision made for Dispensary relief to cease after day named in order of Commissioners. Proviso as to County Infirmaries, under 5 Geo. III. cap. xx. § 11. Members of Committee of Dispensary not to be concerned in supplying articles for use in Dispensary, under penalty of £50 and costs § 12. Regulations as to management of Dispensaries. § 13. Regulations as to Vaccination. The Medical officer of every Dispensary District constituted under the Act shall vaccinate all persons who may come to him for that purpose, and that after the declaration of any such Dispensary District it shall not be obligatory on the Board of Guardians to make a contract with a Medical practitioner for the Vaccination of persons in such District, and after the appointment of a Medical officer all existing contracts made with the Guardians shall cease, payment being made to such Medical practitioner of such proportional sum for past services as may be due to him. § 14. Existing Medical officers of Dispensaries to be first nominated to new Districts. § 15. Salaried Medical officers of Districts to attend at examination of dangerous lunatics, and to give attendance at Bridewells within their Districts. § 18. Inspectors to visit Dispensaries, and attend meetings of Guardians, etc. Commissioners and Inspectors to inspect and report upon Hospitals, etc., supported by public funds, rates, etc. § 19. Commissioners to execute in Ireland the Nuisances Removal and Diseases Prevention Act. 1848 (11 and 12 Vict. cap. cxxiii.), and the amending Act (12 and 13 Vict. cap. cxi.) § 21. Interpretation clause—The word "Medical" shall be construed to extend to and include the word "Surgical."

Ditto. Cap. lxix. To continue 11 and 12 Vict. cap. cvii. till 1st September, 1852. To prevent the spreading of infectious disorders among cattle.

Ditto. Cap. lxxx. For applying the Public Health Act, 1848, to Great Yarmouth.

Ditto. Cap. xcviii. To confirm certain provisional orders of the General Board of Health.

Ditto. Cap. xcix. To amend the law of evidence. § 8. Apothecaries' certificates admissible without proof of authenticity of seal of corporation.

Ditto. Cap. ciii. To confirm certain provisional orders of General Board of Health.

15th. Cap. xi. To continue 11 and 12 Vict. cap. cvii.

Ditto. Cap. xxv. To amend Act for registering Births, Deaths, and Marriages in England.

15th and 16th. Cap. xlii. and lxix. To confirm certain Provisional Orders of General Board of Health.

Ditto. Cap. xliv. To amend and consolidate the laws relating to the carriage of Passengers by sea. § 21. Space in every ship to be set apart for an Hospital. § 38. Every passenger ship to carry a duly qualified Medical Practitioner in the following cases:—When the duration of the voyage exceeds 80 days in a sailing vessel, or 45 days in a steam vessel, and the number of persons on board, including crew, exceeds 50; or, when the voyage is to North America and the passengers exceed 100 adults, and the space allotted to each passenger is less than 14 feet; or, whatever the destination or space, when the number on board exceeds 500. § 39. As to qualification of Medical officers. § 40. As to supply of medicines. § 41. Medical Inspection of passengers and medicines. § 43. Diseased passengers may be relanded. § 56. Surgeon or master to exact obedience to rules. § 84. If any colonial voyage be less than three weeks this Act not to apply to Hospital, Surgeon, or Medicine chest. § 86. Provision for appointing Surgeons to ships in the Colonies.

Ditto. Cap. lvi. For regulating the qualifications of pharmaceutical chemists. § 1. Charter of February 18, 1843 confirmed, with some exceptions. § 2. Power to Council to alter by-laws, provided they are approved by a General Meeting of Society and the Secretary of State. § 3. Manner of voting. § 4. Council to appoint registrar. § 5. Registrar to make register of members. § 6. All Members, associates, etc. of the Society at passing of this Act to be entitled to be registered. § 7. Registrar bound to certify, and his certificate good evidence in absence of the contrary. § 8. Persons appointed under Charter, or by-laws, or this Act, to conduct examinations. Power to Examiners to grant certificates. § 9. Examiners to be appointed for Scotland. § 10. Certificated persons entitled to be registered. Persons registered as Pharmaceutical Chemists eligible to be Members. Eligibility of persons registered as Assistants. § 11. No person a member of the Medical Profession, or practising in right of any degree of a University, or under diploma or licence of a Medical or Surgical Corporate Body, shall be entitled to be registered; and if any Pharmaceutical Chemist shall obtain any such diploma, his name to be taken off the register so long as engaged in practice. § 12. Persons not duly registered shall not assume or use name or title of Pharmaceutical Chemist, or any title implying the same. Penalties. § 16. Persons wilfully procuring false certificate, guilty of a misdemeanour.

Ditto. Cap. lxxxiv. Metropolis Water Supply Act, 1852.

Ditto. Cap. lxxxv. For the burial of the dead in the Metropolis.

16th. Cap. xxiv. To confirm and extend certain Provisional Orders of General Board of Health.

16th and 17th. Cap. lxii. To extend and continue 11 and 12 Vict. cap. cvii.

Ditto. Cap. lxx. For the Regulation of Proceedings under Commissions of Lunacy, and the Consolidation and Amendment of the Acts respecting Lunatics. § 2. (Interpretation Clause,) The word "lunatic" to mean any person found by inquisition idiot, lunatic, or of unsound mind, and incapable of managing himself or his affairs. § 16. Lord Chancellor to appoint two Medical Visiters (being Physicians in actual practice) to hold office during pleasure. § 18. No person to be a Visiter who within two years preceding may have been interested in a house licensed for reception of insane. § 19. Medical Visiters to receive not exceeding £500 per annum. § 21. Medical Visiter may appoint a substitute during illness. § 104. Lunatics to be visited at least once a year. § 106. Visiters to report to Lord Chancellor.

Ditto. Cap. lxxxix. To regulate admission of Professors to Lay Chairs in the Universities of Scotland. § 1. Professors not required to subscribe Confession of Faith. § 2. Professors to make declaration.

Ditto. Cap. cxvi. To amend 8 and 9 Vict. cap. c., for regulation of Care and Treatment of Lunatics.

Ditto. Cap. xcvii. To consolidate and amend the laws for the provision and regulation of Lunatic Asylums for Counties and Boroughs, and for the maintenance and care of Pauper Lunatics in England.

Ditto. Cap. c. To extend and make compulsory the Practice of Vaccination. § 2. Parents and Guardians of children born after August 1st, 1853, to have such children vaccinated within three or four months after birth. § 3. Children to be taken for inspection by Medical officer on eighth day after operation. § 4. Certificate of successful vaccination to be delivered. § 5. If child not in a fit state for vaccination, Medical officer to deliver a certificate to that effect, to be in force for two months. § 6. Payment for Vaccination: for every successful vaccination at Medical officer's residence, or within 2 miles, 1s. 6d.; or at any place more than 2 miles, 2s. 6d § 7. Child's incapacity to receive vaccine disease to be certified. § 8. Registrars of births and deaths to keep register of cases of successful vaccination, and permit searches and extracts. § 9. Notice to be given of the requirement of vaccination, under penalty of 20s. § 10. Fee of 3d. to Registrar.

Ditto. Cap. cxxvi. To confirm certain provisional orders of Board of Health.

Ditto. Cap. cxxviii. To abate the Nuisance arising from the Smoke of Furnaces in the Metropolis, and from steam-vessels above London Bridge.

Ditto. Cap. cxxxiv. To amend laws concerning burial of the dead in England beyond limits of the Metropolis, and to amend the Act concerning the burial of the dead in the Metropolis.

18th and 19th. Cap. xiii. To explain and amend the Lunacy Regulation Act, 1853. (16 and 17 Vict.)

Ditto. Cap. xxix. Making further provision for the Registration of Births, Deaths, and Marriages, in Scotland.

Ditto. Cap. xxxvi. To repeal the Stamp Duties payable on Matriculation and Degrees in the University of Oxford.

Ditto. Cap. xl. For further promoting the establishment of Free Public Libraries and Museums in Ireland.

Ditto. Cap. lxviii. To amend the laws concerning the burial of the dead in Scotland.

Ditto. Cap. cv. To amend Lunacy Act, (1853), and also Acts passed in 9 and 17 Vict. for regulation of the Care and Treatment of Lunatics.

Ditto. Cap. cxv. To continue and amend Public Health Act, 1854.

Ditto. Cap. cxvi. Diseases Prevention Act, 1855. § 4. Power of entry. § 6. Power to General Board of Health to issue regulations to carry out Provisions of Act. Local Extent and Duration of Regulations of General Board. § 7. Publication of such Regulations. § 12. Medical Officer of Unions, and others entitled to Costs of sick on board vessels, when required by orders of General Board of Health.

Ditto. Cap. cxix. To amend the law relating to the carriage of passengers by sea. § 24. Space to be allotted as an Hospital. § 41. Every ship, when duration of voyage exceeds 80 days in sailing vessels, or 45 days in steamers—or when the number of persons on board (including cabin passengers, officers, and crew) exceeds 300, to carry a duly qualified Medical Practitioner. Penalty not exceeding £100 or less than £20. § 42. None considered duly qualified unless authorized by law to practise in H. M. dominions, or in case of a foreign ship, in the country to which such ship belongs, as Physician, Surgeon, or Apothecary; nor unless his name shall have been notified to the Emigration officer, and approved; nor unless he shall be provided with proper surgical instruments. § 43. Medicines and medical comforts. § 44. Medical inspection of passengers and medicines. § 62. Sale of spirits prohibited on board passenger ships.

Ditto. Cap. cxx. For the better local management of the Metropolis.

Ditto. Cap. cxxi. To consolidate and amend the Nuisances Removal and Diseases Prevention Acts, 1848 and 1849.

Ditto. Cap. cxxviii. To amend the laws concerning the burial of the dead in England.

MEDICAL NEWS.

APPOINTMENTS.

BRIDGNORTH INFIRMARY.—Mr. W. H. Ludlow has been elected Surgeon to this Institution.

BELFAST UNION.—Dr. Robert L. Hird has been appointed House-Surgeon.

DR. DARRALDE, Medical Inspector of Eaux Bonnes, has been nominated Physician to the Emperor and Empress of the French.

DR. FREDERICK JOHN ROBINSON, of the 15th Regiment of Foot, has been appointed to take the sole Medical charge of the Royal Military Hospital at Queenstown.

Dr. P. Rayer, member of the Institut (Académie des Seiences), has been appointed President of the Board of Public Hygiène (Comité eonsultatif d'Hygiène publique) in place of Majendie.

DEATHS.

Duncan.—October 26, at Sprivers, Horsmonden, Kent, John Duncan, Esq., M.D., aged 95.

Quevenne.—Last week, in Paris, M. Quévenne, a celebrated French Chemist. He was the chief Druggist of the Hôpital de la Charité. He had gained a great reputation both as a Chemist and as a Physiologist, by his papers on Digitaline, on Milk, and on the pharmaeeutic preparations of Iron. In private life M. Quévenne was a model of kindness and of generosity.

Twynam.—October 14, at Fair Oak, near Winchester, Dr. Twynam.

BEQUESTS.

Clement Winstanley, Esq., has bequeathed to the Leicester Infirmary £100; and to the Leieester Fever Institution and Lunatic Asylum £50 each.

The Will of the late Caleb Norris, Esq., Surgeon, of Laneaster-place, has been sworn under £6000 personalty.

Mr. Easton, Surgeon, who was taken prisoner at Hango, arrived in Edinburgh, of whieh he is a native, last week.

Royal Medical Benevolent College.—The Secretary (Peter Martin, Esq.) of the Surrey Benevolent Medical Society, paid into the hands of the Treasurer of the College on Friday last the sum of £2000 to be appropriated to the endowment fund, and £500 towards the building fund; the Surrey Society receiving in return the right of having four pupils always in the school. Most earnestly do we trust this munificent example will be followed by other similar societies throughout the eountry, so that the College may become what its zealous projeetor always intended it should be, a truly "national institution."

Honours.—The Sultan has conferred the order of Medjidié on Habeeb Rish Allah Effendi, of the British Medical Staff, for eminent services during the war.

Administrative Reform.—A Petition about to be submitted to the House of Commons eontains the following:—"That the custom of appointing as Assistant-Surgeons in the Army and Navy persons who have not fully eompleted their Surgieal edueation may be abolished; that the pay of the Medieal staff may be revised, with a view to an equitable inerease; and that the system of rank and promotion may be placed upon a footing ealeulated to attraet men of full and recognized qualifications. That, while the army is on the field, a local Board of Examiners may be appointed, to grant certifieates of qualification, under special eireumstanees, to parties presenting themselves to aet as Assistant-Surgeons. That a Dispensing Department may be constituted as a distinct branch of the service."

State of the Public Health.—In the quarter ending September 87,934 deaths were registered in the quarter that ended on the last day of September, and the annual rate of mortality in the quarter was 18·54 deaths to 1000 living, while the average rate of the summer quarter in the previous ten years was 21·91. The annual rate of the summer quarter of the year 1854 was 24·25, and the deaths in that year were 113,939; the excess being due, in a eonsiderable measure, to the epidemie of eholera and diarrhœa whieh broke out at Newcastle and other plaees in 1853, and was exeeedingly fatal in London and several distriets in the summer quarter of 1854. The annual rate of mortality was 16·43 in the small towns and eountry parishes, and 21·65 in the town districts, to every 1000 of the population; or 5·22 more in the towns than in the open country. The deaths in London were 13,084 in the quarter, or less by nearly *twelve thousand* than the deaths in the eorresponding quarter of last year, when eholera was epidemic, and less by 95 than the deaths in the eorresponding quarter of 1853. In the South-eastern Division the deaths were less by 2010 than in the corresponding quarter of 1854. The eholera seeds still remain about Sandgate. In the South Midland Counties 1100 less persons died than in the summer quarter of the previous year. Scarlatina has prevailed in Bedford, and the Registrar remarks that "the great majority of deaths from this and other zymotic diseases have occurred in the worst-drained and most densely-populated localities." In the Eastern Counties,—Essex, Suffolk, and Norfolk,—the mortality fell to nearly the same extent, and was at a lower rate than it was in 1853. In the South-western Counties, where the mortality was not raised by eholera in 1854, the mortality was below the average in 1855; thus implying a favourable sanitary eonstitution of the season. The registrar of Redruth says:—"People are now beginning to think that eleanliness and the removal of nuisances from near their houses are conducive to health;" and he notiees that the "deaths are much below the average." The West Midland Counties exhibit a low rate of mortality. Birmingham has lost some lives from diarrhœa, but has been on the whole unusually healthy. In the North Midland Counties the deaths are low in numbers when compared with the deaths of previous years. 14,903 deaths were registered in Cheshire and Lancashire, against 17,229 deaths, which oeeurred in the summer quarter of last year. Diarrhœa was beeoming prevalent in Chester. Liverpool and Manehester exhibit signs of increased salubrity. In Yorkshire the deaths were 9182, against 10,809 in the corresponding quarter of 1854; Leeds and Hull were healthier than usual. The Northern Counties lost 5001 lives, against 7058 in 1853 and 5914 in 1854. The great outbreak of eholera in Newcastle-upon-Tyne raised the mortality in that town to 2085 in the summer quarter of 1853, against 532 in the summer quarter of the present year. The deaths in Monmouthshire and Wales were 5297, and the mortality was less than in either of the summer quarters of the two previous years.

Scarlatina.—"The ravages of scarlatina in St. Pancras, where it has caused 13 deaths, require investigation."—*Registrar-General.* At 12, Clarendon-street, Somers-town, on 22nd Oetober, the daughter of a baker, aged 5 years, died of "scarlatina anginosa (2 weeks)." The following is added to the Medieal Certifieate:—"I have had to eomplain of the exceedingly defective drainage of this house, and I find that the soil in the privy has not been removed for the last seven years, and is now overflowing; the atmosphere of the apartments is most noxious, and on inquiry I find that there have been 5 eases and 3 deaths in the same house from searlatina." Mr. Matthews, the Registrar, observes:—"Searlatina is very prevalent in this part of my district, and a sanitary eommittee and house-to-house visitation are mueh needed at the present time."

Cholera.—7 cases of death from cholera in the past week demand unusual attention; subjoined are some of the details:—At 16, College-place, Chelsea, on 23rd October, a stonemason, aged 51 years, "cholera (32 hours)." At Coldstream Guards Hospital, Vineent-square, on 21st October, the daughter of a Hospital Steward, aged 9 months, "ehronie bronehitis (6 months), cholera infantum (14 hours)." At *Millbank Prison*, on 18th Oetober, a prisoner, formerly a smith, aged 34 years, Asiatie cholera (43 hours)." At *Millbank Prison*, on 19th Oetober, a prisoner, formerly a labourer, aged 62 years, "Asiatic cholera (22 hours)." At *Millbank Prison*, on 20th October, a prisoner, formerly a labourer, aged 63 years, "Asiatic cholera (33 hours)." At 14, Old Pye-street, Westminster, on 26th October, the son of a fishmonger, aged 13 years, "malignant cholera (12 hours)." At 44, Fleet-lane, on 22nd Oetober, the daughter of a coal-dealer, aged 6 years, "sporadie eholera (15 hours)."

Mortality Notabilia.—The mortality in London is mueh below the usual average rate whieh prevails within its limits. The deaths of 903 persons were registered in the week that ended on Saturday, Oetober 27th; while the eorrected average of the corresponding weeks of the previous ten years was 1079. The weekly deaths would amount to 836 in London, if the annual rate of mortality did not exceed the natural rate of 17 deaths in 1000; so in the present week 67 deaths by unnatural causes have been recorded. The deaths from diarrhœa have fallen from 154 weekly in August to 51, 44, 41 in Oetober, and in the last week to 27.

Births.—The births of 737 boys and 790 girls, 1527 children, were registered; average 1411.

Meteorology.—The moon was at the full on Thursday; the barometer, whieh was at 30·051 in. on Monday, fell down to 29·037 in. on Friday; the daily mean temperature was 50·2°, or 2·1° above the average, but fluctuated from 56·9° to 41·1° during the week.

The following are the number of Deaths from Small-pox, Measles, Searlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Popnla-tion.	Small-pox.	Measles.	Scar-latina	Hoop-ing-Cough.	Dia-rrhœa.	Ty-phus.
West.....	376,427	1	5	5	1	8	9
North	490,396	1	3	16	9	4	16
Central ..	393,256	..	2	14	1	3	5
East.....	485,522	3	1	12	5	6	9
South	616,635	5	2	11	6	6	10
Total..	2,362,236	10	13	58	22	27	49

Deaths in Public Institutions for the Week ending October 27 :—

	Males.	Females.	Total.
Workhouses	35	41	76
Prisons	5	..	5
Military and Naval Asylums ..	3	..	3
General Hospitals	42	17	59
Hospitals for Special Diseases ..	8	7	15
Lying-in Hospitals	1	..	1
Military and Naval Hospitals ..	2	..	2
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	2	3	5

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, October* 27, 1855.

Causes of Death.	In the Week ending Saturday, October 27, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	50·2						49·7
All Causes	903	437	129	155	158	24	980·8
Specified Causes	900	434	129	155	158	24	976·2
Diseases:—							
1. Zymotic Class	219	160	21	21	16	1	275·9
2. Dropsy, Cancer, and others of uncertain seat	50	7	8	22	12	1	41·5
3. Tubercular Class	167	72	59	32	4	..	162·5
4. Of Brain, Nerves, etc. ..	112	55	5	20	31	1	105·8
5. Of Heart, etc.	40	1	6	11	20	2	37·6
6. Of Respiratory Organs ..	122	62	4	26	25	5	141·1
7. Of Digestive Organs ..	47	22	4	10	9	2	57·2
8. Of Kidneys, etc.	12	1	3	2	6	..	13·7
9. Of Uterus; viz. — Puerperal Disease, etc. ..	11	..	8	3	..	..	9·1
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	10	4	3	2	1	..	6·7
11. Of Skin, etc.	2	1	..	..	1	..	2·3
12. Malformations	1	1	..	..	..	..	3·4
13. Debility from Premature Birth, etc.	12	12	..	..	..	..	23·8
14. Atrophy	28	19	1	1	7	..	24·3
15. Age	35	..	..	..	23	12	38·3
16. Sudden	2	1	1	..	..	..	7·3
17. Violence, Privation, etc...	30	16	6	5	3	..	25·7
Causes not specified.. ..	3	3	..	..	..	..	4·6

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Advertisements should reach the office by two o'clock on Thursday, at the latest, but earlier, if possible, accompanied by a Post-office order, (payable to Mr. James Lucas, at the Post-office, 1, Coventry-street,) or postage-stamps for the amount, and directed to 11, New Burlington-street, London.

BOOKS RECEIVED.

A Treatise on the Structure and Use of the Spleen. By Dr. Edwards Crisp. London.
Medical Notes and Reflections. By Sir Henry Holland. Third Edition. London: Longman and Co. 1855.
Human Osteology. By Luther Holden. London: Churchill. 1855.
La Roche on Yellow Fever. In Two Volumes. Philadelphia. 1855.
Charleston Medical Journal and Review. September. 1855.
Adolph Henke's Zeitschrift für die Staatsarzneiknnde. Erlangon. 1855.
Journal für Kinderkrankheiten. Erlangen. 1855.
The Fern Allies: A Supplement to the Ferns of Great Britain. By Charles Johnson, Esq. Part I. London. 1855.
Schmidt's Jahrbücher der in-nnd-ausländischen gesaminten Medicin. Band 87. Leipzig. 1855,

TO CORRESPONDENTS.

We are requested to urge upon the attention of our readers the importance of returning the Annual Circular lately forwarded to the qualified members of the Profession by the Editors of the London and Provincial Medical Directory, in order that the correctness of the information contained in the work may be insured.

L. S. A.—A Licentiate of the Society of Apothecaries may recover for his attendance on a surgical case.

Our columns are at present so much crowded that we are compelled to postpone the publication of several Lectures and Original Communications.

Mr. F. D. Fletcher, Liverpool.—We shall be happy to publish the Reports, but we hope that brevity will be studied in their composition.

A Member of the Provincial Medical and Surgical Association.—We must repeat that every letter upon the present state of this Association must be published with the name of the writer: as we cannot make our Journal the vehicle for anonymous attacks upon public characters.

Mr. Nichol will find the Essay in the Philosophical Transactions, Vol. xliii. It is by Dr. Mitchell, who went from England to Virginia in 1700. He thinks that the Whites have degenerated more from the original complexion in Noah and his family, than the Indians or even Negroes. The colour of the descendants of Ham, he considers a blessing rather than a curse, as without it they could not well inhabit Africa.

Antiquary.—There is a copy of Hartlieb's Chiromancy in the Library of Earl Spencer, and two in the Imperial Library at Paris. Dr. Dibdin introduces the work in an amusing style in the "Third day" of the "Bibliographical Decameron."

Scotus.—The Aberdeen Philosophical Society, and the Natural History Association. The Library of the Medical Society of Edinburgh contains 14,000 volumes, and that of the Royal Society of Edinburgh 4980.

J. B. S.—The population of Birmingham in 1851 was 173,951, on an area of 2660 statute acres.

Mr. Waters.—The mean summer temperature of Ryde, Isle of Wight, is about 62° 8′; that of Scarborough 56° 9′ Fahr.

COMMUNICATIONS have been received from—

Sir John Forbes; Mr. Nath. Ward; Dr. James Arnott; Dr. Barnes; Mr. G. H. J. Hayne, R.N.; Mr. J. B. Langley; Dr. Whittle; Mr. A. B. Steele; Mr. Thomas Hunt; The President and Council of the Epidemiological Society; Dr. Brown-Sequard; Dr. Henry Dick; Dr. Cowdell; A Civilian; The Royal Institution; Mr. F. D. Fletcher; Mr. John Leigh; Dr. Andrew Smith; Mr. Michael; Mr. Propert; Mr. T. P. Beavan; F.R.C.S.; Dr. J. J. Coppinger.

APPOINTMENTS FOR THE WEEK.

NOVEMBER.	Miscellaneous Register.
3. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m. Medical Society of London.—General Meeting.
5. Monday.....	Epidemiological Society, 8 o'clock.—Introductory address by Mr. Granger on "The Noxious Influence of Animal Effluvia, with Observations on some of the Principles of Sanitary Science." Royal Institution, 2 o'clock. — General Monthly Meeting.
6. Tuesday	Operations at Guy's, 1 p.m.
7. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
8. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
9. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m.

ORIGINAL LECTURES.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Anatomy and Surgery to the College.

Lecture V.

(Concluded from page 438.)

WOUNDS OF THE SCALP—CONTUSION OF THE BONES—*continued.*

To conclude the subject of scalp-wounds and contusion of the bones, we must now direct our attention to the most serious complication with which these injuries can become associated. Of all the casualties incident to these injuries, none is so terrible as purulent infection—pyæmia, as it is called in the present day. In every other casualty, surgery has had its successful cases; but, in this one, surgery has remained altogether powerless. We recognize but too well the rigors, the profuse sweatings, the haggard, sunken look; day by day we trace these dreaded symptoms rapidly succeeding each other; we may accurately diagnose the exact state of affairs, but we can do nothing to stay the hand of death.

Viewed in connexion with injuries of the head, purulent infection certainly takes the lion's share in all those cases of slight accidents which terminate fatally; and, in hospital practice, we see it but too often following a wound of the scalp, or a contusion of the bone.

This fatal disease was first noticed in connexion with injuries of the head, and so frequently were abscesses of the liver found to co-exist with these accidents, that many an ingenious speculation was brought forward to explain the mysterious communication which was supposed to exist between these distant parts. But secondary effusions of matter, it has been known for years, may take place in any, and in every part of the body, and follow every kind of injury.

Although associated with other injuries, in none is purulent infection more frequently developed than in those of the head, and that, too, in cases where the injury has apparently been of the most trivial nature.

The well-known fact that this disease is found more especially in injuries of the osseous system, will serve to explain the frequency of the development of this formidable complication in accidents about the skull, where the bones are not only abundantly supplied with cancellous tissue, but where are also found venous canals, much larger and much more numerous than in any other part of the skeleton.

The frequent association of purulent infection with slight injuries of the head should never be lost sight of, for the symptoms of this disease sometimes resemble so closely those belonging to intra-cranial suppuration, that it becomes difficult to discriminate between the two affections; indeed, so difficult has been the diagnosis in some instances, that the trephine has been applied for the evacuation of matter when the dura-mater has been perfectly healthy. Not many years ago, I saw the skull perforated under these very circumstances; and secondary abscesses were subsequently found in the substance of the liver. Sometimes, it is absolutely impossible to establish a diagnosis, for suppuration between the bone and the dura-mater and purulent infection not unfrequently exist together. Diffuse suppuration within the diploë following a contusion of the bone, which we know may lead to the formation of matter upon the dura-mater, is of all things that which is most likely to give rise to purulent infection. What is more likely to occur, when the suppuration of the bone may begin in the large venous canals which abound in the diploë? I have seen suppuration within these canals to such an extent that matter has actually poured out in streams from their openings, when these vessels have been cut across by the trephine; indeed, so great and so free was the flow of matter, that it was difficult to believe that the inner table of the bone had not been perforated.

Purulent infection may, then, follow a simple scalp-wound, or a contusion of the bone; it may be the only mischief to which the accident gives rise, the brain and its membranes remaining perfectly healthy; or, it may co-exist with inflammation of the brain and its membranes. In the first case, the diagnosis will, for the most part, be tolerably clear; but, in the second, it will be most doubtful, if not altogether absolutely impossible.

The preceding remarks, and the different localities in which purulent infection may show itself after wounds of the scalp, or contusion of the bones, are well illustrated in the following Table. The number of cases is, it is true, but small; but, from all I have seen of this affection in other injuries, I have no doubt that a larger number of cases would only confirm the deductions which may be drawn from this Table.

It will be seen in the following Table that the lungs were much more frequently affected than the liver. In the eighteen cases, the lungs were affected thirteen times, and the liver only three; and even of these three, it was only in one case that the liver alone was affected, in the other two, both liver and lungs were diseased.

This differs widely from the observations of J. L. Petit and of Desault, and it differs widely from an analysis of the cases collected together, from various sources, by Mr. Arnott, in his valuable paper, "On the secondary effects of inflammation of the veins." An analysis which gives us the liver as being affected in twenty-five cases, and the lung, in eleven cases only. But Mr. Arnott, in a foot-note, very justly remarks that the cases which he had collected together, cannot be considered as offering a fair representation of the comparative frequency of secondary affections in the abdomen, and in the chest; for, previous to Morgagni, abscess of the liver, subsequent to injuries of the head, had, in a measure, so engrossed attention, that no mention is made as to the state of the lungs, save in two cases only out of thirteen. In truth, for many years, the liver alone was looked to in such cases as these; the lungs seldom or never.

The analysis which I have made, as to the comparative frequency of secondary affections of the lungs and of the liver, coincides, however, in its results with the experience of Morgagni, of Valsalva, and of many of the older Surgeons. It coincides also with the experience of Mr. Henry Lee, (a,) who, of late years, has devoted so much attention to phlebitis and purulent deposits. In a Table given by Mr. Henry Lee, from cases taken consecutively during one year, but not confined to injuries of the head, the lungs were affected in fourteen cases out of twenty-three, and the liver only twice.

From all I have seen of this terrible disease, and I have seen but too much of it in every hospital where I have been, both abroad and at home, I have no doubt that the lungs are much more frequently affected with secondary deposits than the liver, and that the serous cavities of the chest are much more commonly so than that of the belly. But, in the course of many years, I have noticed that these purulent effusions appear, as it were, to select for a season certain parts of the body to the exclusion of other parts;—thus, at one period, the serous cavities and the synovial membranes were the parts principally affected, the viscera being but seldom so; then, at another period, the viscera were attacked, and the cases of effusion into the serous cavities and joints all but disappeared.

In the following Table, it will be noticed that the skin was, in one case, extensively affected, and so, no doubt, the skin may be thus secondarily affected in purulent infection. As well stated by Mr. Henry Lee, the skin is liable to be thus affected in three different forms. The first of these forms occurs but very rarely, so rarely that I have never seen but two or three instances of it—in this form, the small deposits of matter look exactly like the pustules in a bad case of small-pox;—in the second form, the skin is covered with several patches, of a purple hue, resembling, in fact, the circumscribed patches of congestion commonly seen about the lung; in the third form, resembling the case mentioned in the table, the skin is suddenly affected with mortification, which proceeds very rapidly. Of this, I have seen several instances.

(a) On Phlebitis and Purulent Deposits, 1850, p. 53.

TABLE OF EIGHTEEN CASES OF PURULENT INFECTION IN CONNEXION WITH WOUNDS OF THE SCALP AND CONTUSION OF THE BONES.

No.	Age.	Scalp.	State of Bone.	Membranes and Brain.	Viscera.	Serous Cavities.	Joints.	Cellular Tissue.	Veins.	Skin.	Lived.	Complications.
1	67	Erysipelas and œdematous swelling.	Not exposed.	Quite healthy.	....	Pleuræ and peritonæum.		....	....	....	6 days.	
2	31	Erysipelas, and diffuso cellular inflammation.	Not exposed.	Quite healthy.	Right lung.	Right pleura.	Sterno-clavicular.	....	....	....	21 days.	
3	35	Diffuso cellular inflammation.	Not exposed.	Quite healthy.	....	Right pleura, & pericardium.	....	....	....	....	5 days.	Fracture of several ribs right side. No complaint of chest until inflammatory symptoms set in.
4	6	Erysipelas.	Not exposed.	Quite healthy.	Right lung.	Right pleura.	....	Diffuse cellular inflammation of right arm: hand to shoulder.	....	....	24 days.	
5	21	Erysipelas and œdoma.	Not exposed.	Quite healthy.	Inflammation of right lung.	Pleuræ and pericardium.	....	Extensive suppuration in neck, spreading into mediastinum.	....	....	9 days.	Mottling degeneration of kidneys.
6	60	Diffuse cellular inflammation.	Not exposed.	Quite healthy.	....	....	Ankle.	Suppuration among muscles of leg.	....	Extensive mortification of skin of lower extremity.	8 days.	Fracture of external malleolus.
7	56	Diffuse cellular inflammation.	Exposed.	Quite healthy.	....	....	....	Among muscles of chest and thigh.	Left femoral.	....		
8	—		Exposed. Pus in diploë.	Quite healthy.	Liver.	Peritonæum.	....		....	....	21 days.	
9	40	Diffuso cellular inflammation and sloughing.	Exposed. Pus in diploë.	Pus between bone and dura-mater. Inflammation of membranes.	Both lungs.	Right pleura.	....	....	Superior longitudinal sinus.	....		
10	About 40	Diffuse cellular inflammation and sloughing.	Exposed. Pus in diploë.	Pus between bone and dura-mater. Inflammation of membranes.	Right lung and liver.	Right pleura.	....	....	Superficial veins of scalp.	....		
11	25	Erysipelas.	Exposed. Pus in diploë.	Pus between bone and dura-mater. Inflammation of membranes.	Both lungs.	Both pleuræ.	....	....	Superior longitudinal sinus.	....	15 days.	
12	45	Suppuration limited to wound.	Exposed. Pus in diploë.	Lymph between bone and dura-mater. Inflammation of membranes.	Abscesses in lung. Pneumonia.	Pleura.	....	....	Superior longitudinal sinus.	....	21 days.	
13	31	Redness and puffiness limited to wound.	Exposed. Pus in diploë.	Pus between bone and dura-mater. Inflammation of membranes.	Right lung and liver.	Both pleuræ.	....	....	Superior longitudinal sinus, and several veins opening into it.	....	18 days.	
14	60	Diffuse cellular inflammation.	Exposed. Dark coloured.	Pus between bone and dura-mater. Inflammation of membranes.	Abscesses in right lung. Both lungs inflamed.	....	....	....	Superior longitudinal sinus.	....	5 weeks.	Mottling degeneration of kidneys.
15	20	Extensive suppuration around wound.	Exposed. Pus in diploë.	Pus between bone and dura-mater. Inflammation of membranes.	Both lungs.	....	....	....	....	....	29 days.	
16	—	Diffuse cellular inflammation.	Exposed.	Inflammation of dura-mater, and of parietal arachnoid only.	Both lungs.	Right pleura.	....	....	....	....	1 month.	
17	53	Diffuso cellular inflammation extending to face and neck.	Exposed.	Slight inflammation of visceral membranes only.	Inflammation of both lungs.	Right pleura.	....	....	....	....	6 days.	Granular disease of left kidney.
18	82		Exposed, and dark coloured.	Inflammation of visceral membranes only.	Abscesses. Pneumonia of both lungs.	....	....	....	....	....	21 days.	Dwindling of kidneys. Comp. fracture of leg, with pus in neighbourhood.

Once fully developed, purulent infection is beyond the reach of surgery; but, within the last few years, it has been suggested that we might, in many cases, perhaps, remove one of the great causes which gives rise to it in injuries of the head. Thinking that this purulent infection has been, for the most part, found to exist in cases where the diploë was in a state of suppuration, M. Chassaignac (b) has thrown out the proposition that we should once more resort to the trephine as a preventive,—that we should cut out the contused piece of bone in which suppuration is likely to take place, and thereby remove the starting point of the disease. However plausible such a proposition as this may at first appear, there are in reality so many good and valid objections to it, that few Surgeons will, I think, venture to put it into practice.

Many instances of purulent infection take place without any injury of the bones of the cranium. Most frequently, we have no means of knowing whether the bone has been contused or not; and, if we had, the contusion would not necessarily imply that suppuration must arise. And then, supposing that all these preliminary points were settled, would the removal of the bone prevent purulent infection? Would not the laying open of the cancellous tissue be likely to forward that which we were anxious to prevent? In how many cases of purulent infection, after amputation, do we not find extensive suppuration in the cancellous tissue of the bone!—cases in which there had been no injury; cases in which there was no suppurative inflammation in the bone at the time of the operation.

In the present state of our knowledge, it is impossible to lay down any rules as to the treatment of such cases as these. Surgery can do nothing, unless it should happen that the purulent fluid is altogether effused into parts which are accessible, such as the cellular tissue or the joints; but this, it will be found, occurs but rarely.

And, medically, all that can be done is to treat each individual case according to the symptoms which it may present; always bearing in mind the great and essential point of keeping up, as far as possible, the general strength. Cases have occurred, but very rarely, it is true, in which all the symptoms of purulent infection have been present,—cases in which the lung itself, there can be no doubt, was thus affected, and in which recovery, nevertheless, ultimately took place: such a case I had under my care not very long ago, at St. George's Hospital. But how little can medicine have had to do with such fortunate cases as these!

ORIGINAL COMMUNICATIONS.

ON RUPTURED PERINÆUM.

By I. BAKER BROWN, F.R.C.S.,
Surgeon-Accoucheur to St. Mary's Hospital.

(Continued from page 441.)

Case 7.—Ruptured Perinæum.—Operation.—Success.—E. I., aged 28. Came from Manchester at the request of Mr. G. Cornelius Jonson, of Grosvenor-street West, Eaton-square, who kindly wished her to be under my care at St. Mary's Hospital. She gave the following history of herself:—She was delivered of a male child on the 5th of May last, with her first child. The labour was very quick, the pains very strong, and the intervals between short. The labour was terminated naturally, but owing to the violence of uterine contraction, and, perhaps, some other cause, the perinæum gave way; that, two months after the accident, she was operated upon by her Surgeon in Manchester, but that the operation only partially succeeded, and that she had still not control over the bowels, if they were very relaxed; that she suffered much from bearing down and general weakness of the vagina and womb, and that she had been ever since very weak and ill.

On examination, I found that the operation had succeeded in restoring the anus, but not the perinæum, and that the patient had the appearance of a person who had lost a good deal of flesh recently, and was generally in a weak and low condition. She also complained of some difficulty in passing water, especially if it were retained very long. This, I found to arise from weakness of the anterior wall of the vagina, and consequent partial prolapsus of the bladder, all of which could be removed by an operation.

Accordingly, on July 21, I operated upon her in the usual way. Union took place without one single bad symptom, and in a fortnight she left the Hospital, and was taken to the house of a friend, in the neighbourhood of Maida-hill, where she gradually recovered her strength, and, under a course of cod-liver oil, steel, and generous diet, considerably regained her flesh.

On the 28th September I received a letter from her, in which she says, "According to your kind request, I write to inform you how I have progressed in health since I left London. I took a severe cold the last week I spent there, the effect of which has scarcely worn off yet; but, with that exception, I think I have improved wonderfully. I do not suffer the slightest inconvenience from the accident which brought me under your admirable skill. Six weeks after the accident, I was able to walk with perfect ease a distance of three or four miles, and even to mount 'St. Paul's' without fatigue. I am enjoying the soft air of Devonshire, and I am anxious to have your opinion as to how long it may be beneficial for me to continue here. I also wish to know whether I must increase the dose of cod-liver oil; I now take 3 teaspoonsful daily. Before leaving town, I saw Mr. Jonson, and stated your request. He said, 'another examination was unnecessary, for he was quite convinced on the first examination that you had made a perfect cure.'"

Remarks.—This case is so plain and straightforward, that I may be excused from offering any special remarks upon it.

To illustrate my third proposition, I have the pleasure of stating, that Mrs. H., whose case I recorded in the Appendix to my work, where the operation was performed on May 10th, and terminated with complete success, was, a few months since, safely delivered by me of a fine child, and a small portion of the new perinæum only giving way, and that laterally, so as not to approach towards the sphincter ani, and was cured in a few days by a simple suture; and she is now in perfect health, and walks three or four miles at a time.

I now purpose offering a summary of the thirty-one cases which I have already published, including those now read before the Society. I have tabulated the statement as to age, duration of rupture, character of operation, and result, with summary remarks. From this statement it will be seen, that twenty-eight of the cases were completely successful; two were partially so, and one died. Of the two partially successful, the first was entirely attributable to the unmanageableness of the patient after the operation, refusing the absolute quiet so essential to success, and, further, to her leaving the Hospital before anything could be done to remedy the recto-vaginal opening, which might easily have been done, if she had submitted to treatment.

Of the second partially successful one, it was the most serious case I have yet seen, with a greater loss of the recto-vaginal septum, and yet so satisfactory was the result, that she left the Hospital with control over the bowels, and with every prospect of having a permanent and sound perinæum; but she refused to continue sufficiently long in the Hospital for the united surfaces to gain sufficient strength, and on her return home, contrary to my injunctions to remain quiet, in a recumbent posture, she got up every day and took violent walking exercise, which resulted in a gradual giving way of a great portion of the united surfaces.

The case of death was interesting, from the fact that her subsequent history, which I ascertained from my friend and colleague, Mr. Coulson, proved, that the slightest wound, even the cutting of her finger, in one instance, took three or four months to heal, assisted by a residence at the sea-side. This was of course unknown to me at the time. Moreover, at that time there were several patients in different parts of the Hospital, with sloughy wounds from operations.

Of the 28 successful cases, it will be observed that, in 21, there was complete rupture of the perinæum, with the loss of a part of the sphincter ani, and in the remaining 7 there was either prolapsus of the uterus, bladder, or rectum, all of which affections were completely cured by the operation.

It will also be observed, that 5 of these patients have been delivered subsequently to the operation, and with no injury to the perinæum but what was easily remedied by suture.

Of the 31 cases, it will be observed that, in 13 of them, the cause of rupture was the use of instruments.

(b) Des Plaies de Tête, p. 225.

STATEMENT OF CASES IN WHICH THE OPERATION FOR RUPTURED PERINÆUM WAS PERFORMED BY MR. BAKER BROWN.

Name.	Age.	Duration of Rupture.	Cause of Rupture.	Nature of Rupture.	Operation.	Result.	Remarks.
A. T.	37	14 years.	Difficult labour, and instruments used.	Complete rupture, through sphincter ani and part of recto-vaginal septum gone.	Quill suture, division of the sphincter on the 5th day.	Complete success.	Subsequent labour 2½ years after, with slight laceration quite united by suture.
A. J.	40	2 years.	Difficult labour, vectis used.	Complete rupture.	Quill suture, and division of sphincter.	Complete success.	
Mrs. D.	45	17 years	Difficult labour, boot-hook used instead of instruments.	Complete rupture.	Quill suture, and division of sphincter.	Union, but a recto-vaginal fistula remained, which was so small as to give no inconvenience. This opening enlarged considerably, and is now very troublesome.	Had had an operation performed elsewhere, 15 months after the accident, which failed; refuses a second operation.
J. M'J.	19	8 months.	Difficult labour, instruments were used.	Complete rupture.	Quill suture, and division of sphincter.	Complete success.	Had had a previous operation elsewhere, which was unsuccessful.
Mrs. W.	39	7 weeks.	Difficult labour, with instruments.	Complete rupture with loss of part of recto-vaginal septum.	Quill suture, and division of sphincter.	Complete success.	
H. M.	46	—	Difficult labour, with instruments.	Complete rupture, with loss of part of recto-vaginal septum.	1st. Quill suture and division of sphincter. 2nd. Interrupted suture.	1st. Partially successful. 2nd. Successful.	She went out of the Hospital with a good perinæum, 2 inches deep, took violent exercise, and broke some of the fresh adhesions.
Mrs. C.	26	18 months	Difficult labour, but no instruments were used.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	Was three months pregnant when the operation was performed. Subsequent labour, no rupture.
S. S.	22	20 months	Difficult labour, with instruments.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	
Mrs. E.	39	5 years.	Difficult labour, with use of instruments.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	
C. B.	42	16 years.	Difficult labour, large head.	Complete rupture.	Quill suture, with division of sphincter.	Death from purulent absorption.	After death it was discovered that this patient was, by her previous history, exceedingly leuco-phlegmatic, and that the slightest wound took weeks to heal.
Mrs. G.	—	—	Difficult labour.	Complete rupture.	Quill suture, with division of sphincter, immediately after accident.	Complete success.	
Mrs. D.	35	—	Difficult labour, with unyielding perinæum.	Complete rupture.	Quill suture, without division of sphincter.	Complete success.	Subsequent accouchement with chloroform; no fresh rupture.
Mrs. V.	29	—	Labour, with forceps.	Complete rupture.	Quill suture, without division of sphincter.	Complete success.	Subsequent accouchement; no rupture.
M. J.	26	—	Delivery with forceps.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	
Mrs. B.	31	—	Twin labour, with forceps.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	
E. T.	37	3 years.	Labour, without medical attendance.	Incomplete rupture, with fissure of rectum.	1st. Operation for fissure. 2nd. As usual for perinæum.	1st. Successful. 2nd. Complete success.	
E. A.	23	5 months.	Labour protracted.	Incomplete, with prolapsus uteri.	Quill suture, with division of sphincter.	Complete success.	
Mrs. W.	22	—	Labour.	Incomplete, superficial.	Interrupted suture.	Complete success.	
Mrs. L.	25	—	Labour.	Partial rupture, but with prolapse of bladder, uterus, and rectum.	Quill suture.	Complete success.	
H. H.	49	—	Labour.	Partial, with prolapse of rectum.	Quill suture.	Complete success.	
M. L.	32	—	Labour.	Partial, with prolapse of rectum.	Quill suture.	Complete success.	
Mrs. F.	24	—	Labour at 16 years of age.	Incomplete, with prolapse of rectum and uterus.	Quill suture.	Complete success.	

Mrs. H.	29	3½ years.	Labour, without Medical attendance.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	Had had a child 13 months before the operation; accouchement, 12 months after operation, and no injury.
M. M.	38	15 years.	Lingering labour, but no instruments used.	Complete rupture, with procidentia uteri.	Quill suture.	Complete success.	Had a severe attack of erysipelas after the operation.
H. W.	48	—	Labour.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	
J. A.	27	5 years.	Labour, with forceps.	Complete rupture.	Quill suture, with division of sphincter.	Complete success.	Had had a previous operation 6 months after the accident which was unsuccessful.
M. G.	24	14 weeks.	Speedy labour; sudden expulsion of fœtus.	Complete rupture, and recto-vaginal opening,	Quill suture, with division of sphincter.	Complete success.	By Mr. Harper.
C. R.	42	13 years.	Labour—a case of turning.	Complete rupture, with loss of part of recto-vaginal septum and prolapsus ani.	1st. For prolapsus ani. 2nd. For perinæum, as usual.	1st. Successful. 2nd. Complete success.	
Mrs. M.	38	5 days.	Delivery with forceps.	Complete rupture.	Quill suture, and division of sphincter.	Complete success.	
H. M.	38	—	Long labour; first child.	Complete rupture, and part of recto-vaginal septum gone.	Quill suture, and division of sphincter.	Complete success.	
E. J.	28	15 months	First labour.	Complete rupture.	Quill suture, and division of sphincter	Complete success.	Had had a previous operation 2 months after accident.

EXTRACT OF CASES IN WHICH THE OPERATION FOR RUPTURED PERINÆUM WAS PERFORMED BY M. ROUX, OF PARIS, AS RELATED BY HIM IN THE FIRST VOLUME OF HIS WORK ON REPARATIVE SURGERY.

Name.	Age.	Duration of Rupture.	Cause of Rupture.	Nature of Rupture.	Operation.	Result.	Remarks.
Mme. M.	22	2 years.	Delivery, with forceps.	Complete rupture, with loss of ½ inch of recto-vaginal septum.	1st. With the twisted suture. 2nd. With quilled suture.	1st. Unsuccessful. 2nd. Successful.	But there remained a recto-vaginal fistula, enlarged by 2 subsequent labours.
J. E.	21	2 years.	First labour.	Complete rupture.	Quill suture.	Successful.	But there remained a small recto-vaginal fistula.
F. C.	29	—	Delivery with forceps.	Complete rupture.	Quill suture.	Complete success.	
Mme. T.	35	2 years.	Labour, fresh labour 3 months before operation.	Complete rupture, encroaching on recto-vaginal septum.	Quill suture.	Complete success.	Has had an accouchement since without fresh rupture.
Mme.***	34	10 years.	Delivery with forceps.	Rupture, without injuring the sphincter.	Quill suture.	Complete success.	
M. A. D.	31	6 months.	Labour; no instruments.	Complete rupture.	1st. Quill suture; all torn on 10th day by restlessness of patient. 2nd. 8 months after, in same way.	1st. Unsuccessful. 2nd. Successful.	A small fistulous opening remained, not enlarged by subsequent labour.
C. V.	18	—	First labour.	Incomplete rupture.	Quill suture.	Death.	
Mme. H.	34	—	Delivery with forceps.	Complete rupture.	Quill suture.	Successful.	But a large fistula remained, which the patient refused to have cauterized.
Mme. B.	30	3 months.	Gradual ulceration after labour, from a recto-vaginal fistula, which she had for 6 years previously.	Complete loss of perinæum.	Quill suture.	Successful.	But there is still a small fistula.
N. O.	22	—	First labour.	Complete rupture.	Quill suture.	Unsuccessful.	Union and complete cicatrization, but went to stool on 17th day; all was torn again. She refused to submit to a fresh operation.
Mme. B.L.	27	5 years.	First labour.	Complete rupture.	Quill suture.	Successful.	With exception of a very small fistula.
E. L.	22	1 year.	First child; forceps used.	Complete rupture.	Quill suture.	Complete success.	Pregnant in less than a year; difficult labour, but no rupture.
F. M.	40	—	First child.	Complete rupture.	Quill sutnre.	Complete success.	
F. L.	28	—	First child.	Complete rupture.	Quill suture.	Unsuccessful.	No union, but not worse than she was before.
J. D.	38	—	First child.	Complete rupture.	Quill suture.	Complete success.	

In reference to the tabular statement of the operations performed by Monsieur Roux, tabulated in the same way as I have done my own, it will be seen that his cases are 15 in number. Of these, he returns 12 as successful, 2 as unsuccessful, and one death; but, of the 12 returned as successful, I observe that, in 6 of them, he states a recto-vaginal fistula remained. It cannot, therefore, be said that the operation was successful. If, therefore, we add these 6 to the 3 confessedly unsuccessful, it gives 9 out of 15, or nearly two-thirds of the whole as unsuccessful.

It will be observed that he used the quill suture in all these cases, but there is no mention of division of the sphincter ani in any one of them, a fact to which I attribute the large number of failures.

In conclusion, I think I may fairly say, that the plan of operation, with the subsequent treatment, as practised by myself, is that which is fairly entitled to the confidence of the Profession. It may briefly be summed up in the following few words:—Quill suture, division of sphincter, free use of opium, generous diet, and frequent catheterism.

Connaught-square, Hyde-park.

INFLAMMATION OF THE OS AND CERVIX UTERI.

By DR. RIGBY.

Mrs. E., ætat. 25; married five years; four children. Blondine; pale.

April 22.—Great debility and depression of spirits. Pain at the lowest part of back, not relieved by lying down. Continued and painful wanting to relieve the bladder; urine thick; bowels constipated and offensive; much distension and flatulence; pain of right shoulder; suffers a good deal from piles, with an occasional fetid discharge from anus. Tongue rough, but clean; aching limbs and general lassitude; vertex headache; has flushes towards evening; finds ease by using the prone position, which relieves the pain of back.

Catamenia have not appeared since the birth of her last child, a year ago. She weaned last Christmas, having exhausted herself by over-nursing. Has no reason to suppose herself pregnant.

Examination per vaginam.—Os uteri backwards and closed; edge soft, but the cervix hard; anterior wall of uterus much enlarged, hard, and very tender. Hirud. iv. ori uteri.

℞ Pil. hydr., extr. hyosc., āā gr. v. alt. noct. ℞ Mist. ferri et magnesiæ sulphatis, om. mane. ℞ Acid. nitro-muriat. c. liq. taraxaci ex infuso aurantii co. ter die.

April 29.—Leeches bled well; blood very dark. Bowels well relieved; has had no pain of back or of the right shoulder, but the piles have been very troublesome. Urine clearer. Irritability of bladder the same. Abdomen tender; feels very weak, and cannot bear any exertion, but the pulse is good.

Examination per vaginam.—Anterior and lower portion of uterus much enlarged, and intensely sensitive, and yet there is neither heat nor throbbing of the part; has occasional darting pains. Rep. misturæ. ℞. Pil. saponis c. opio gr. v. pro supposit. ori uteri.

May 3.—The opium suppositories did not agree, and I substituted a suppository of extr. conii with diacetate of lead. Feels much better; less lassitude; piles still troublesome. Rep. misturæ and suppositoria.

7th.—No darting pains; irritability of bladder much relieved; urine scanty and high coloured. Quinæ disulph. gr. ij., extract. lupuli gr. vi. M. Ft. pil. ij. o. n. s. ℞ Potassæ bicarb. ʒiv., potassæ nitratis ʒij., sp. ammon. arom. ʒss., aquæ distillatæ ʒvijss. M. Ft. mistura; sumat cochl. magn. ij. bis die post cibum.

18th.—Writes from the country that she is "decidedly stronger, and more free from all pains and aches." The bladder is more easy; urine still thick on standing. Contin. mist. potassæ; sodæ potassio-tart., primo mane.

27th.—Writes to say that she has decidedly quickened.

Oct. 9.—Was safely delivered of a full-grown, living child, and did well.

The points of interest in this case are its being complicated with, and modified by, pregnancy, the diagnosis of which was rendered more than usually obscure by the swollen, tender, and indurated condition of the os and cervix uteri. There had been no appearance of the catamenia since the commencement of her former pregnancy, some twenty-one months ago; she had weaned her child at Christmas, and was still without a return of the menses, but then she had seriously reduced herself by over-nursing, and naturally concluded that the non-appearance was merely an effect of the debility she had induced. The result showed that at my first visit she had nearly or just passed four months of pregnancy, and, considering the great tenderness of the lower and anterior part of the uterus, the hardness of the cervix, the irritability of the bladder, and, above all, the state of general derangement of the digestive organs, etc., it is surprising that her pregnancy had not been cut short by abortion. The circulation was evidently in an extremely unhealthy condition, and yet the embryo continued to live and grow, and, despite the congested state in which the uterus was, no rupture or injury was produced in the delicate circulation of the early placenta.

The effects of the leeches illustrates an important practical point, viz., that the progress of pregnancy is not necessarily disturbed by their application. In the present instance, although they bled well, they did not appear to give so much relief as might have been expected; the irritability of the bladder, and intense tenderness of the lower and anterior portion of the uterus, continued, and it was not until the system had been thoroughly relieved by the alterative and laxative medicines, that a decided improvement was observed. The suppositories of diacetate of lead and conium are a useful application in these cases, and generally soothed the pain in a marked degree, although at times I have known them appear to increase pain, and to be incapable of being borne. As the primæ viæ became gradually more cleared, the lassitude and depression ceased, the pain and irritability of the bladder subsided, the darting pains became fewer, and a general improvement of the health was the result. The movements of the child were distinct, and the pregnancy advanced to its natural termination.

The condition of the os and cervix uteri, at my first examination, did not justify a decision in favour of pregnancy. I think (usually speaking) that a hard state of the cervix is a sufficient negative to pregnancy, even although the os may be closed, soft, and backwards. We often meet with cases where the os is soft and cushiony from a general fulness or turgor of its mucous membrane, and, from the same reason, it is more or less closed. Slight pressure upon the cervix also gives the sensation of softness; but, if we press the finger more firmly against it, we feel the proper tissue of the cervix, beneath the swollen mucous membrane, conveying the same sensation of hardness to the touch as any other glandular tissue would when in a state of irritation. I therefore attributed the soft and closest state of the os uteri to the congested, swollen condition of its mucous membrane. With some very few exceptions, I have always found that pregnancy does not exist where the cervix is hard and firm; and in complicated and doubtful cases, this condition has been of much value in guiding me to a right diagnosis; nevertheless, I have now and then seen pregnancy existing where the os and cervix were hard, knobby, and scirrhus-like. In such cases, the gradual softening of the part and change of shape to that which is natural to pregnancy, was very remarkable. In cases of such doubtful character, time alone can decide; in the meanwhile, as shown by the above cases, we may fearlessly pursue the course of treatment indicated by the existing symptoms.

Mrs. W. E., aged 28; married six years; three children, one abortion.

March 12.—Tender, delicate looking. Constant pain, frequently darting, about the pelvis, increased by standing or sitting up; leucorrhœa; stinging pain in vulva; sense of soreness at the hips, and occasional shooting pains there; hæmorrhoids; urine generally high coloured and thick; pains of joints; tongue rough; bowels irregular, being either purged or constipated, motions light coloured.

Examination per vaginam.—Vagina very relaxed. Os uteri large, hard, open, low in the posterior part of the pelvis and very tender. Cervix swollen, hard, and also very tender, especially on the right side. The hand above the pubes can feel the fundus very easily. Uterine sound passes at least 3½ inches. Hirud. vj. ori uteri. ℞ Hydr. c. cretâ., pulv. ipecac. co., āā gr. v. h. s., acid. nitro-mur. c. liq. taraxaci ex infuso aurantii co. ter die ante cibum. Liq. plumbi ex decoct. papav. pro lotione.

March 23.—Leeches were not applied until the 18th, they

drew well; much pain the next day on trying to stand, and has continued since; does not feel better or in less pain; she however looks better, the tongue is more natural; no leucorrhœa; much heat about the vagina.

Examination per vaginam.—Cervix not so hard; it is tender on the right side, the uterus above it is distinctly enlarged; os uteri is close, its edge is inflamed and granular. Appl. argenti. nitr.

Rep. med.—℞ Plumbi diacet. ,extr. conii., āā gr. x., pulv. acaciæ ʒss. M. ft. suppositorium, ori uteri o. n. applicand.

April 1.—Appears better, both locally and generally; has less pain, but bowels are not sufficiently open; darting pains are fewer.

℞ Pil. hydr., extr. hyosc., āā gr. v. M. ft pil. ij., alternis noct. sumendæ.

℞ Sodæ potassio-tart. o. m. Rep. mist.

9.—Catamenia appeared on the 2nd, exactly at the right time, more profuse than usual for 2 days, and with clots, preceded by a good deal of pain; had a restless feverish night on the 4th. Has taken the pills, by mistake, every night. Bowels offensive; urine clear; the suppositories have scarcely been used, on account of the catamenia; has not taken the mixture.

Examination per vaginam.—Os and cervix smaller; still hard, though much less tender.

Cum speculo.—Os appears natural; but the right portion is much engorged; I scarified it and it bled freely.

Rep. mistura et supposit.

℞ Mist. ferri et magnesiæ sulphatis, o. m.

Let her use active friction with a towel impregnated with salt, every morning after her ordinary washing.

16th.—Much better; darting pains much less; bowels act well; pain of limbs diminished; tongue natural; appetite better; urine clear; pulse good.

23rd.—Has had much pain of left side of pelvis, and more darting pains; bowels regular, but offensive; has not taken any pills.

Examination per vaginam.—Os uteri not congested, but anterior portion of inferior segment is hard and painful.

Hirud. vi. parti cervicis quâ dolet. Rep. med. et supposit.

30th.—Feels better; leeches bled well; has had only one or two darting pains; the pain behind the symphisis pubis is less; much gastric headache, and abdominal discomfort; has taken several pills; bowels appear to be healthy; tongue clear, pulse good.

Examination per vaginam.—Os and cervix not at all tender. Hardness and tenderness of anterior portion of the inferior segment of the uterus decidedly less. ℞ Pil. hydr., extr. coloc. co., extr. hyosc., āā ʒi. M. Ft. pil. xii. Sumat i.—ii. h. s. Rep. mist. et suppositoria.

May 10.—Catamenia appeared on the 5th, preceded by more darting pain than usual. The discharge was natural, except a few clots at first; it lasted four days, since which she has been more free from pain. No leucorrhœa; occasional pain in right hip; constant sensation of heat in the middle of pelvis. Bowels open; tongue good; urine clear.

Examination per vaginam.—The uterus appears to be softer, smaller, and less tender. Hirud. vi., ori uteri on the 17th. Contin. med. et suppositoria. Leeches bled moderately; has been very free from pain since; a few darting pains before the leeches—none since. Although not free from pain, she can sit up with greater ease than hitherto. Little or no leucorrhœa; sense of internal heat somewhat less. The leeches relieved the sensation of weight which she had previously.

Examination per vaginam.—Uterus feels softer, and is certainly less tender to the touch. Rep. pil., sodæ potassio-tart. primo mane et mist.

In this manner the state of the uterus continued to improve slowly, gradually returning to a healthy condition as regards size, hardness, and sensibility. The general health also had improved to a certain point, at which it seemed to remain stationary. In spite of the decided improvement of the local symptoms, she was still unable to maintain the erect or even the sitting-up posture, beyond a few minutes, without bringing on sense of weight and fulness, which soon became heat, pain, and bearing down. The excretions could only be maintained in a healthy state so long as they were under the immediate action of alterative and laxative medicines; beneath the ordinary symptoms of general derangement another class of symptoms were gradually becoming more distinct: thus on

June 18—It is the halfway time between the periods. Bowels unhealthy; tongue furred; breath impure. Constant pain of pelvis; occasional darting pains; slight leucorrhœa: rheumatic pains of finger-joints and wrists.

Examination per vaginam.—Os uteri low in the pelvis. Body of the uterus swollen and very tender. Hirud. vi. ori uteri.

℞ Pulv. guaiaci, magnesiæ, āā gr. x. o.m.

℞ Acid. nitro-mur. c. liq. taraxaci ex decoct. sarzæ co., ter die.

23rd.—Has had severe pains of knees and other joints, attended with sickness, and preceded by a rash which appeared immediately after the leeches: by her description it appears to have been urticaria. It lasted about an hour, after which she had a violent rigor, followed by febrile heat; has perspired a good deal at night. Skin moist; pulse very weak; much flatulence; no darting pain; little or no leucorrhœa. During the attack the urine was very dark; still complains much of the sense of internal heat about the uterus. Let her take some potassæ bicarb. and nitr. after food. Rep. pil., pulv., et mist.

As the general health seemed to show more derangement of this spurious rheumatic character, so did the condition of the uterine system improve; thus on the

27th.—*Examination per vaginam.*—Os and cervix natural, and scarcely tender. ℞ Liq. potassæ fl. ʒiv. potassii iodidi gr. xvi., liq. taraxaci ʒi., decoct. sarzæ comp. ʒvij. M. Ft. mist.; sumat. cochl. magna ij., ter die post cibum.

In this manner, the case lingered on during the summer; the general health fluctuating, and, probably, suffering a good deal from want of exercise, but the local affection gradually improving, the hardness and tenderness of the os and cervix having quite disappeared; although the upright posture, or allowing the bowels to be out of order, was sure to be followed by pain, weight, heat, etc., in the pelvis. It then assumed more of a hæmorrhoidal character, and, at the end of September, I put her on a course of artificial mineral water, somewhat resembling that of the old well at Cheltenham (a). It agreed well with her, acted briskly on the bowels; and once a day she took some tinct. guaiaci ammoniata in milk. Leeches were applied two or three times to the anus, with relief. The state of the digestive organs improved considerably, and whenever she felt heat or irritation of the uterus, she used the suppositories, with good effect. Although still confined to her sofa, she passed the autumn and winter favourably. The local symptoms only existed if she attempted to walk about, but she was enabled to sit up for a short time without inconvenience, but the general health was still in an unsatisfactory condition. The assimilating functions were evidently defective in activity, and without constant Medical treatment, the system quickly lapsed back into that spurious, rheumatic-gouty condition under which she so long suffered. I therefore determined to make a trial of the Bath waters, as soon as the winter had broken up and spring was fairly established, and accordingly placed her under the able management of my friend, Dr. Bowie, of that place.

For some weeks previous to her journey, there had been slight suspicions of pregnancy, and, shortly after her arrival, these increased to a certainty. She was successfully carried through the early part of pregnancy, in spite of various threatenings of abortion. Her condition necessarily interfered a good deal with the use of this well-known mineral water, but her health improved considerably, and, in December, she was safely delivered of a fine boy. The following summer she went to Lowestoft, where, at my advice, she took sea-water baths, and also a glass of sea-water every morning. This has enabled her to keep the bowels in a healthier state than she had done before, so that she has continued its use ever since.

I have transferred the history of this long, but, I trust, not uninteresting, case, to the concluding remarks which I have to offer upon it. From her early youth she had been delicate, liable to gastro-bilious derangement, rheumatic and neuralgic attacks, and frequent inflammation of the eyes, probably arthritic. She married early, soon became a mother, and with a most exalted sense of duty, which carried her into a series of unfortunate errors, thought it necessary to overexert herself in every possible way. She got up too soon

(a) The composition of this artificial mineral water was published (1844) in my essay on the "Dysmenorrhœa, and other Uterine Affections, connected with Derangement of the Assimilating Functions," page 109. Mr. Hooper, the well-known chemist, keeps a supply of it for me.

after labour, and brought on partial prolapsus, with pain at the os and cervix. She persisted in nursing her child beyond her strength, until the supply fortunately ceased. The same occurred after her second confinement, but the local tenderness was much increased. Early in 1851 she had an abortion, quickly followed by a fourth pregnancy, which, in spite of great debility, went safely to the full term. She again made a desperate attempt at nursing. In about three weeks' time she felt herself rapidly failing. The child "was more frequent in its demands, and screamed sadly;" still she madly persisted in suckling it. Under the notion that air and exercise would restore her, she rode and walked out before the month expired, crammed herself with the most nourishing food, and, as might be supposed, became thoroughly broken in health and strength. Every means appears to have been taken to rally the exhausted powers of the system, which, by the help of sea-air and perfect rest, began to recover slowly, but imperfectly. The rheumatic diathesis appeared to develope itself more distinctly in the form of numerous attacks of influenza. From time to time she had attacks of inflammation of the cervix, also brought on by some indiscreet effort to exert herself, until the affection began to assume the persistent form in which I found her. Besides the ordinary characters of inflammation of the os and cervix uteri, there were others, which added not a little to the serious complexity of the case. The lancinating pains were frequent; the os uteri was hard, large, and open; the cervix swollen, hard, and very tender; the uterus itself considerably enlarged. In addition to these threatenings of incipient organic disease, there were others, which showed that the rheumatic diathesis was largely mixed up with the case. The pain of joints, the stinging pain about the vulva, the hæmorrhoids, thick, loaded urine, torpid liver, unhealthy bowels, and, not least, her rheumatic habit of body, of some years' standing.

The indications of treatment at my first visit were the usual ones in such cases, viz., to relieve the local congestion, and correct the hepatic and intestinal derangements as far as possible. The changes after the first application are interesting: the hard cervix had become softer, the open os uteri was now closed, its edge, raw and granular, was touched with nitrate of silver, to lessen irritation still further, and the suppositories of diacetate of lead and conium, which I have frequently mentioned in these reports, were applied every night. In this case they were of great use, and for some time appeared to be the only application which gave the patient relief.

It is in these cases of local inflammatory action, combined with, and in part depending upon, a low rheumatic-gouty diathesis in a feeble and shattered system, that it is so important, yet difficult, to disentangle the confused skein of symptoms which the case at first presents, and place them in order under their separate heads. In most instances it is only by means of our early treatment that we are enabled to clear off those which are the mere effects upon the general health, and which tend to obscure the real characters of the essential portion of the case; hence it is that in conducting a case of this sort we must not be discouraged by the hopeless jumble of symptoms which it presents at our first visits; but, keeping our eye steadily on one or two of those which are most prominent, and require more immediate relief, we may safely leave the others, which are less distinct, (though, perhaps, ultimately more important,) to a future day; feeling sure that when we allay inflammation of a part, and rouse the activity of such important organs as the liver and intestinal canal, we shall not only relieve the patient at once of her more distressing sufferings, but, by clearing them away, we shall render the deeper seated and essential characters of the case more prominent and distinct. Hence it is in most, if not in all, of these uterine affections of a chronic, inflammatory, and intractable nature, threatening to pass into organic disease, that the precursory treatment will gradually bring out and develope a class of symptoms, which we had not perceived at first, or at most had only suspected.

Thus, we see that although the os and cervix uteri continued steadily to improve until their condition was nearly that of the healthy state, yet from time to time there was an amount of darting and other pelvic pains, which could not be attributed to an inflammatory action, which now no longer existed—there was a disposition to attacks of congestion and pain, which were of too transient a character to deserve the name of inflammation; and we see in the Reports of June that not only had distinct rheumatic-gouty pains shown themselves in the smaller joints, but on the 23rd these pains had become more prominent, and were attended with symptoms not unlike an obscure attack of misplaced gout. The local affection rapidly improved; her treatment was adapted to the new form which her symptoms had assumed—pregnancy followed, which, by the help of the skilful treatment she received at Bath, was safely conducted to its natural termination.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

MELANOTIC CANCER RECURRING AFTER SEVERAL OPERATIONS.—CURIOUS CHANGE IN COLOUR OF THE HAIR.

(Case under the care of Mr. FERGUSSON.)

Within the last week a case, which has for several years excited much interest at this Hospital, terminated fatally. It was that of a man, aged 49, for whom, four years ago, Mr. Fergusson removed, by ligature a small vascular tumour (aneurism by anastomosis) from near the umbilicus. The tumour was not congenital, but it had then existed several years, and was fast increasing. The man was in perfect health, he had no hereditary history of cancer in the family, and there was no reason, at the time, for suspecting the disease to be more than a merely vascular growth. Within the year, however, it reappeared in the same spot, and with considerable deposit of melanosis in its structure. A free excision was now practised. Not long afterwards a melanotic growth in the glands of the groin showed itself, and it also was excised. Subsequently, it became evident that developments of the same character were taking place within the abdomen, and some small masses also formed in the site of the original tumour. No further operative interference was deemed warrantable, and the disease having very gradually encroached on the man's general health, he at length sank from exhaustion. Death took place about five years after the time that the first tumour had taken on active growth. The autopsy showed melanotic deposit about the scar of the operation near the umbilicus. In the abdomen, adhering inseparably to the muscles of the parietes, were five distinct tumours, several of them being little less than a fist in size, and all presenting most markedly the characters of melanosis. A very remarkable phenomenon in the history of the man's case, however, remains to be noticed: his hair, which was originally of a dark brown, and in which no senile change was yet perceptible, had become perfectly white in patches on the scalp, and also in certain regions. Thus his eye-lashes, eyebrows, whiskers, and pubic hair had been completely changed in colour in the course of a year. On the scalp only patches were affected, other parts retaining the original colour. Mr. Fergusson suggested as the probable explanation of this curious occurrence that the growth of the melanotic tumours had taken up the whole of the pigmentary matters, thus depriving the hairs of that which should have gone to supply their colour. This explanation, if true, is of similar character to that usually given of the circumstance that a pullet, when suffering from a broken bone, usually lays eggs without shells, the whole of the lime taken into the organism being devoted to the more important purposes of repair. Mr. Fergusson also adverted to a converse fact in the circumstance, that white horses are most liable to melanosis, and stated that certain Veterinary Surgeons held the theory that this might possibly arise from the superabundance of pigmentary matter not needed for the hair.

In some clinical comments on this case, Mr. Fergusson adverted to two features in its history which had recently, on several occasions, attracted his attention. The first was the connexion of melanosis, with vascular tumours, and the second the very tardy course which melanosis often runs. He related the history of a gentleman, from whom the late Mr. Key had removed a primary melanotic tumour from the groin, and who, a year later, had been again operated on by himself, on account of a return of the disease. Some time after the second operation, the patient again consulted him (Mr. Fergusson) on account of enlargement of his abdomen. He was appa-

rently in excellent health, but thought his abdomen increased in size disproportionately. On examination a tumour was discovered, of such size as to make it extremely probable that it had existed at the time of the first operation. After this, the gentleman continued in his usual occupation for several years, and even made a voyage to America on business, his general health being scarcely interfered with. The tumour went on increasing, and attained, ultimately, an enormous size. Quite recently Mr. Fergusson had heard of his death, and had been informed, by a Surgeon present at the post-mortem, that a melanotic tumour had been found, weighing no less than forty pounds, and apparently connected with the lumbar glands. A second case, showing the connexion of melanosis with vascular tumours, was that of a lady, from whom Mr. Fergusson had removed an aneurism by anastomosis, from the side of the forehead, in the structure of which some spots of melanosis were apparent, and in whom, soon afterwards, the latter disease developed itself beneath the scar. The importance of giving a guarded prognosis in cases of this class was pointed out, and also the need of being careful in cases known to be melanosis, not to speak too confidently as to the probability of a rapid termination.

ST. BARTHOLOMEW'S HOSPITAL.

LARGE ABSCESS BETWEEN THE BLADDER AND RECTUM. DIFFICULT CATHETERISM.

(Case under the care of Mr. SKEY.)

Cases occur every now and then in which a catheter is easily introduced into what should seemingly be the bladder, may be carried as deeply as wished, and freely moved about while yet no urine can be obtained. The cause of this state of things it is often very difficult to assign; and, should the patient recover, or, in case of death, an autopsy not be obtained, the explanation often remains surrounded by much mystery. The following most instructive case illustrates one mode in which such an occurrence may sometimes be accounted for:—

A man, aged about 40, was admitted on Monday, October 15, suffering from retention of urine. He was stupid, and seemed very ill, complaining, among other things, of inability to use his lower extremities. Mr. Hodgson, Mr. Skey's House-Surgeon, who throughout took great interest in the case, obtained from him a positive statement that he had never, until within the last few days, suffered from any ailments referable to the urinary apparatus. His first symptom had been a rigor two days ago, after which he found himself unable to pass his water, and accordingly sent for a Surgeon. The Surgeon who attended, with much difficulty and after giving him considerable pain, succeeded in passing an instrument up to its hilt, and as he (the Surgeon) said, into the bladder, but obtained no urine. Some bleeding occurred, and the man having got rapidly worse, sought admission into the Hospital next day.

The period which elapsed between the man's admission into St. Bartholomew's and his death was two weeks, and during this time many attempts had been made at catheterism, and with very variable success. At one time the instrument would pass easily into the bladder, encountering no obstacle whatever, and at another it would pass up to its hilt, be freely movable, and yet not a drop of urine could be obtained, although the bladder was felt to be enormously distended. On one occasion, when one of the House-Surgeons was making an attempt, the point of the instrument, which was at the time introduced deeply, seemed suddenly to slip through something, and urine at once flowed. More or less of blood usually resulted from the use of the catheter, and often considerable quantities of grumous pus: the urine itself was clear. The man, originally much out of health, at length sank from exhaustion, and on October 30th, Mr. Hodgson made a post-mortem examination of the body.

The abdomen having been opened, and the bladder exposed, a catheter was introduced, when it was found to pass without meeting with the least impediment behind the bladder, high up, pushing before it the inverted recto-vesical pouch of the peritonæum. In this way its point, covered by the peritonæum, projected considerably above the fundus of the bladder. Having been withdrawn, and again introduced, the instrument passed as easily, and seemingly by mere chance, into the cavity of the bladder. On laying open the viscus, an opening of considerable size was seen on the floor of the prostatic urethra, just behind the veru montanum. Into this a large-sized instrument easily entered, and was then conducted into an abscess cavity, capable of holding two fists, which occupied the space between the bladder and the rectum. The abscess was collapsed, and contained only a small quantity of thick, grumous fluid. Its walls were little more than the cellular tissue of the part, and it had the appearance of having been of quite recent formation. In the median line of the posterior aspect of the bladder, about three inches behind the internal meatus of the urethra, was an opening which admitted the catheter, and was, indeed, situated at the exact spot where the point of that instrument when occupying the false channel would, on its handle being depressed, impinge against the viscus. Thus, the catheter leaving the urethra in the prostatic tract could be made, by a second false opening, to enter the base of the bladder, and the explanation of one of the successful attempts during life alluded to was readily given. The bladder itself was somewhat thickened and congested, but not to an extreme degree. There was no peritonitis. The right kidney was a mere bag of thickened tissue, lined by a villous membrane, and containing about three ounces of a thick, brown, grumous fluid. Its ureter was in many parts as large as would have easily admitted the forefinger, its coats being thick and, in parts, almost cartilaginous. Its canal was irregular from constrictions in several places, but in all parts pervious. No communication between it and the abscess cavity could be traced. The left kidney was larger than natural, and excepting the deposit of fibrinous exudation in large patches of quite recent appearance, it was not diseased. The urethra itself, as has been stated, readily admitted a No. 10 catheter, its penile portion was not laid open, but in the bubous and membranous tracts there was not the least trace of stricture.

One thing was plain from this examination, viz., that the man must have long suffered from diseased kidney. The condition in which the right kidney and its ureter were found, was one which could not possibly have been produced in a fortnight's illness. Respecting the cause of that condition, the most probable conjecture seemed to be, that it had been caused by a renal calculus, which had excited suppuration, and slowly ulcerated its passage down the ureter. The history obtained from the patient was so imperfect, that the absence of any statement confirmatory of this opinion could not be ranked as a material objection to it. There did not seem any reason for believing that this state of the kidney had any connexion with the immediate cause of death. In explanation of the abscess, Mr. Skey stated that he had little doubt, on looking at the history of the case, but that it had been caused by the passage of an instrument between the bladder and rectum prior to the man's admission. His first retention had probably been from spasmodic stricture; force had been used, and the catheter made to lacerate the floor of the urethra. The collection of pus caused by this accident would easily explain the subsequent retention, from its lifting up the lower part of the viscus, and thus closing the meatus internus; it would also have tended to keep the orifice of the false passage open in such a way that, on subsequent attempts, the point of a catheter could scarcely miss it.

GUY'S HOSPITAL.

DISLOCATION OF THE FEMUR OF THREE MONTHS AND A-HALF STANDING.—NON-REDUCTION.—TREATMENT BY CONTINUED EXTENSION.—GREAT BENEFIT.

(Under the care of Mr. COCK.)

John Williams, aged 34, a Cornwall miner, was admitted into Guy's Hospital on August 28th. His right hip presented all the signs of dislocation of the femur, high up on o the dorsum ilii. The foot was inverted, and the leg at least three inches shortened. The head of the bone might be felt in its unnatural position, and rotated together with the shaft.) He had evidently once been a very powerful man, and stil retained a fair degree of muscular development. His history of his accident was, that on May 11th, while at work with a chain and crank, the chain broke, and, catching him by the

thigh, threw him violently to the top of the room. Within a quarter of an hour he was seen by a Surgeon, who assured him that he had sustained bruises only, and recommended his confinement to bed. For three weeks following he did not attempt any movement, but after that time he began to go about with the help of crutches. The lameness and deformity continued, and seven weeks after the accident the Surgeon in attendance changed his opinion, and came to the conclusion that a dislocation existed. In consultation with other Surgeons in Penzance, a prolonged attempt at reduction was now made, chloroform being used, though not, if the man's statement may be relied upon, to full insensibility. The attempt failed, and no further treatment was resorted to. Not being satisfied with his condition, the man determined to come up to London.

As stated above, at the time of his admission the symptoms of dislocation were extremely well-marked, the deformity unusually great, and the limb quite useless. Mr. Cock determined to attempt reduction, and the man having been taken into the operating theatre and placed under the full influence of chloroform, a persevering trial of all the usual means was made. At first the plan by forcible eversion, without pulleys, was tried, but this failing, the pulleys were afterwards applied, and as much force used with them as was thought warrantable. Although both means failed to effect reduction, yet some gain resulted. The head of the bone was, without much difficulty, made to leave its abnormal position, and several times so nearly returned into the acetabulum, that it was thought reduction had been achieved; always, however, on relaxing the force applied it slipped back somewhat. That it did not, however, return to its original position, was evident from the circumstance that the foot, instead of being, as at first, greatly turned in, became permanently everted to a slight extent, and that the shortening was considerably less than it had been. What the exact nature of the misplacement was on cessation of the attempt at reduction, it was difficult to state.

After the man's return to bed, Mr. Cock directed a straight splint to be applied, and extension to be kept up as much as the man could bear. This was done, and a few weeks after, when the splint could no longer be borne, it was substituted by a weight and pulley attached to the foot, and playing over the end of the bed. From August 28 to October 22, in one or other of these methods forcible extension was constantly kept up, and with great care as to its efficiency. Mr. Cock remarked to the Students that the principle of his treatment was to keep the head of the femur as low down as possible, in the hope that it would acquire attachments, and form for itself a new acetabulum, as nearly as might be in the natural position. The failure of the attempt at reduction had probably been from the circumstance that during the three months which had elapsed since the accident the cavity of the acetabulum had become so far filled that it could not retain the head of the bone. That attempt had succeeded in displacing the bone, thus proving that it was movable, and there was therefore much reason to hope that by permanently holding it as nearly as possible in its proper position it might become fixed there.

The result of the case has, in a most pleasing manner, justified the expectations of the Surgeon. On Tuesday last the man left the Hospital, the limb being extremely little shortened, its motions good, and the foot nearly straight. He has not yet been allowed to bear weight on the limb for fear of again displacing the bone; but standing with crutches he is able to swing his thigh backwards and forwards in a way which gives every reason to hope that the limb will eventually be a very useful one. All extension has for some days been desisted from, and no tendency to drawing up of the limb has been shown. The foot remains very slightly everted. He has power of performing all the natural movements of the joint, the only one which is limited being that of inversion.

Note.—In our reports for June 30, page 644, we recorded a case in which Mr. Cock had reduced a dislocation of the femur by manipular movements only, and expressed a strong opinion as to the superior efficiency of that plan over pulleys. The present case fully justified that opinion. Repeatedly, by forcible rotatory movements, the head of the bone was restored to its natural position, and the limb to its full length, and there could be little doubt but that, had the acetabulum been capable of retaining it, permanent reduction would have been effected. Mr. Cock stated that his object in afterwards resorting to pulleys was not that he expected to be able to move the bone more than he had already done, but that he thought it possible that by holding the head of the bone in position for ten minutes or more it might possibly effect a lodgment in its socket.

POISONING BY SULPHURIC ACID.—DEATH ON THE ELEVENTH DAY.—AUTOPSY.—REMARKS.

(Communicated, with Remarks, by Dr. HABERSHON.)

Charlotte D., aged 55, was brought to Guy's Hospital on October 5th, and died October 16th; placed under Mr. Cock's care. She had the appearance of a patient affected with melancholia, and had been three times in Bethlem Hospital. About 7 o'clock on the morning of the 5th, before breakfast, she drank a wine-glassful of dilute sulphuric acid. Two hours afterwards, when brought to the Hospital, she was in a state of collapse, pulseless, and the extremities cold. There was no stain in the mouth or on the lips. She could not be got to swallow the magnesia which was administered to her. In two hours she became warm, and vomited some dark-coloured grumous blood; the vomited matters were found to contain sulphuric acid. The vomiting was repeated several times, and she passed several motions containing blood. In the evening she was able to swallow some milk and arrow-root, and was decidedly better, but in considerable pain; this, however, was rarely expressed. During the three following days, she was very prostrate, but there were no urgent symptoms; she continued occasionally to vomit grumous fluid, and to pass bloody dejections. On October 9th, four days after taking the acid, she swallowed without difficulty; but dysenteric diarrhœa came on. The motions were of a pale loose character, and contained shreds of mucus. On the 16th, eleven days after taking the acid, she spoke as usual, got out of bed; but in the evening died suddenly, no one being at her beside at the time.

The inspection was made, with considerable care, seventeen hours after death. The body was wasted, the eyes sunken, and the aspect that of a melancholic lunatic. The calvaria was exceedingly light in weight, and thin; the depressions for some of the Pacchionian bodies so deep, that the external layer of bone appeared only to remain. The Pacchionian bodies were large, and the brain atrophied. The mouth and throat were of a whitish colour. At the posterior part of the mouth there was considerable injection of the mucous membrane. On each side of the posterior pillars of the fauces were white, loose, irregular flakes, consisting of epithelium and elongated fibre-cells. The posterior part of the tongue was covered with ordinary squamous epithelium. The edge of the epiglottis was minutely serrate, as if it had been injured by the acid. The mucous membrane of the œsophagus was pale, and filled with yellow membranous flakes; but the membrane was nowhere destroyed, its ordinary epithelium, though in some parts scanty, could be detected, and with it membrane similar to that observed in the fauces. The stomach was contracted towards the pyloric extremity, and moderately distended towards the cardiac extremity. The peritoneal surface was healthy. The stomach contained about ʒiij. of thick yellow fluid, of the colour of yolk of egg, and a thin yellow membranous mass, four or five inches in length and breadth, attached by one extremity to the walls of the stomach; other smaller semi-detached portions of membrane were observed about the middle of the viscus. The general colour of the stomach was a dull slate grey. At the greater curvature the membrane was thin, granular, but presented ordinary gastric follicles. At the centre of the stomach, towards the greater curvature, the lining membrane presented several raised nodules, red, about a quarter of an inch in height, the intervening depressions of a dull grey colour; in some of these depressions were adherent yellow tissue, consisting of semi-detached mucous membrane. The raised isolated portions consisted of mucous membrane, which had not been acted upon by the acid, and distended gastric follicules were very distinct in them. Along the whole of the lesser curvature, and at the pyloric extremity for several superficial inches in extent, the mucous membrane was entirely destroyed, the section presenting involuntary muscular fibre increased in thickness, and covered over by fibrous tissue, in some parts thin and irregularly floccular, and near the pylorus forming a thicker layer; this tissue dipped down between the bundles of muscular fibre.

The large yellow membranous mass found in the stomach

consisted of highly refracting particles of fat, some indistinct markings resembling gastric follicles, and small red vessels, filled with probably altered blood.

At the pylorus were several small masses of undestroyed membrane, but for more than an inch and a-half in the duodenum, the membrane was destroyed, as at the pyloric extremity of the stomach; the intestine then became grey, and was covered over by a delicate adherent tissue, in irregular patches, contiguous the one to the other, and generally placed transversely. The jejunum was very much congested, the ilium still more so, and, at its lower part, the membrane was covered by adherent diphtheritic membrane. The whole of the colon was acutely inflamed, from the cæcum to the rectum; it was covered by adherent diphtheritic membrane; the subcutaneous cellular tissue white and thickened (œdematous), and the muscular coat distinct; the diptheritic layer consisted of imperfect cells, mucous granules, and highly refracting particles. The rectum was less affected.

The lungs, pleura, and bronchi were healthy; so also the heart, except a small spot of ecchymosis beneath the endocardium below the left semi-lunar valve of the aorta.

The liver, spleen, kidneys, and pancreas were healthy. In the uterus was a small polypus.

The symptoms usually following the administration of sulphuric acid are, discoloration and destruction of the mucous membrane of the lips and mouth, intense pain, difficulty in respiration and deglutition, vomiting of bloody grumous fluid, collapse, and death, in a few hours. The time that death takes place, and the appearances found afterwards, vary according to the strength of the acid. If concentrated, the mucous membrane of the mouth, œsophagus, and stomach, are charred, sometimes every layer destroyed, and the adjoining structures chemically acted upon. The case detailed presents many points of interest, both of a general, as well as Medico-legal character.

The acid was taken not by accident, but by a melancholic woman. The exact strength of it could not be ascertained, but, from inquiry, it seems probable that the commercial acid was diluted with three or four parts of water, and about ʒii.ss. taken. The acid had been used for cleaning brass, and the bottle, previously full, was found emptied of its contents. The symptoms are believed to have come on at once, and two hours afterwards, when admitted into Guy's Hospital, she was in a state of cotlapse. The mouth was not observed to be injured by the acid; and this fact led some to doubt whether sulphuric acid had been taken.

Death, in poisoning by sulphuric acid, takes place in a few hours, or the patient rallies from the immediate effect, and dies from the severe organic change or inflammation; or, in a third class, the primary effect is recovered from, but the patient dies after several months, from exhaustion consequent on stricture of the œsophagus, or loss of the functional power of the stomach. The case detailed belongs to the second class. Although it was believed that she would have died in six or seven hours, reaction took place, the body became warm, deglutition and respiration easy, and death did not follow till the eleventh day, from gradually-increasing tendency to syncope. Sensibility, as usual, was retained till the last; the bowels, in most cases constipated, were here relaxed; the purging of blood was followed, for a week before death, by dysenteric diarrhœa.

As to the parts affected, the mouth, pharynx, and œsophagus, were less affected than the stomach; in no part could their mucous membrane be found completely destroyed, except at the tip of the epiglottis. The ordinary epithelium was observed throughout, though less perfect in some parts than in others. In the stomach, where the acid had been longer in contact with the tissues, the mucous membrane was destroyed along the lesser curvature, and at the pyloric extremity; in these parts, the muscular coat was covered by irregular, fibrous, or cellular tissue, of greater or less thickness, and was of a slate-grey colour, and the mucous coat was separated, as a thin slough; the greater curvature was less affected, but the middle of this portion presented islets of raised uninjured membrane, and groves in which the membrane was destroyed, and, in some parts, adhering in semi-detached sloughs, it might have been supposed that the part principally affected would have been the greater curvature and cardiac extremity; such, however, was not the case; the stomach was probably empty, and the acid passed at once along the lesser curvature to the pylorus, and on into the duodenum; for the mucous membrane at the pylorus was partially destroyed, and the fore-part of the duodenum. The stomach was found, on inspection, not generally contracted, but most so at the pyloric extremity. The condition of the duodenum was peculiar; it was partly injured by the chemical action, the rest of it acutely inflamed. It may be a matter of doubt how far the acute inflammation of the small, but especially of the large, intestine was the result of the sulphuric acid; but there is strong reason for the belief that its irritant action set up this acute inflammation. Other poisons act upon the stomach, and upon the colon and rectum, influencing, in a less degree, the intervening small intestine.

The treatment consisted in the administration of calcined magnesia, and of demulcent food, milk, arrow-root, etc.

The principal facts of interest appear to be the following:—The long period during which life was sustained with extensive injury to the stomach and inflammation of the mucous membrane of the alimentary canal, eleven days. The comparative absence of action on the mouth, and the less marked influence on the pharynx and œsophagus than on the stomach. The manner in which the stomach and duodenum were affected, and the diphtheritic inflammation of the colon.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

NUX VOMICA AS AN APERIENT.

Among the conditions over which nux vomica, and its active principle, strychnia, possess most useful powers, is that of habitual constipation, from muscular atony of the intestinal tube. At the City Hospital for Diseases of the Chest, we observe that Dr. Peacock and Dr. Andrew Clark are both in the habit of frequently resorting to it for this purpose. It is generally given in combination with the compound rhubarb pill, and in doses of the extract of from a sixth to half a grain. Of itself it can, perhaps, scarcely be deemed an aperient,—that is, it does not so much excite peristaltic action, as supply tone to the weakened muscular coat, by which it is enabled to respond efficiently to other irritants. Hence the need for combination with rhubarb, aloes, or some similar drug. Dr. Peacock mentioned to us a case under his care in St. Thomas's Hospital, in which a man of feeble intellect, and torpid nervous system generally, had derived great benefit from its employment. At first, the bowels were obstinately costive, and lavements produced no action; but since the use of the nux vomica (twice daily, gr. ss.) they have so far increased in power and susceptibility, that simple injections are quite sufficient, and procure all the action that is necessary.

ACID BEEF-TEA.

The following is the formula for an acid beef-tea, which Mr. Paget has recently introduced into use in St. Bartholomew's Hospital. It was originally suggested by Liebig, and is intended, in cases of great debility, to supply the stomach with fluid nutriment, which, containing its own acid, will task the digestive powers in the least possible degree.

Take of beef, veal, or chicken, chopped fine, half-a-pound,
,, of hydrochloric acid (strong) four drops,
,, of water (cold) eighteen ounces,
,, of common salt a pinch.

After macerating for an hour, strain off the fluid, using no pressure. The remaining meat may be treated with half-a-pint of water, and a second solution obtained. If the fluid be not clear, a second straining will be needed. The solution does not taste acid, and is very palatable. Pepper, or other spice, may be added, according to the patient's taste.

CHLORATE OF POTASH IN PTYALISM.

In two cases of severe salivation from mercury, recently under his care at the Metropolitan Free Hospital, Mr. Hutchinson has employed the chlorate of potash, administered internally. In each a rapid cure was effected. The first case was that of a prostitute, aged 19, who, suffering from primary syphilis, had been ordered five grains of blue pill, and a quarter of a grain of opium, twice a-day. After taking nine of these pills, profuse and most threatening ptyalism set in. The lips, cheeks, and gums, became much swollen, the breath was fœtid, and there were large ulcerated surfaces on the inside of both cheeks. She could not eat, and the pain kept

her awake at night. The original sore had nearly healed. Fifteen grains of chlorate of potash, thrice daily, in an ounce of water, were ordered, no other treatment whatever being adopted. On the next day there was marked improvement; on the third day all fœtor had disappeared, and the ulcers were nearly healed; at the end of a week she could eat crusts, and the mouth was, in every respect, perfectly well. In the second case the disease was in a milder form, but the benefit was not less marked.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 52.—Nux Vomica.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—Wanted, evidence that nux vomica acts upon the liver. I am, etc. X.

No. 53.—Suffocating Hydrophobic Patients.

Sir,—It is popularly reported that patients afflicted with hydrophobia were formerly smothered between feather beds to put them out of their misery, and hinder them from doing mischief to others. Are there any authentic instances of this practice on record? I am, etc. J. K.

No. 54.—Cod-Liver Oil Oleine.

Sir,—Some months ago, Dr. Leared published in the *Medical Times and Gazette* an important paper on the use of Cod-liver Oil Oleine. He believed that the preparation so called preserved all the virtues of the oil in a smaller compass, and that it could be assimilated by those who were unable to digest the oil itself. Have any of the Physicians to the now so numerous Hospitals for Chest Diseases made trial of this remedy, and, if so, what is their report? I do not ask for detailed statements, but if any of your readers who have large opportunities for observation would furnish briefly the general impression they have come to on the matter, useful guidance would be furnished to others.

Paddington, November 2, 1855. I am, etc. Q. Q. Q.

No. 55.—Treatment of Carbuncle.

Sir,—Is it the modern practice in the London Hospitals to employ incisions in carbuncles or not? It has been intimated to me that the old crucial cuts have fallen into disfavour; and entertaining, from personal experience of their benefit, a strong opinion on the matter, I would be glad to learn, through your medium, what is the commonly-received doctrine respecting it. I am, etc. M.R.C.S.E.

Aberdeen, Nov. 7.

No. 56.—Sir Thomas Browne's Works.

Sir,—Can any of the readers of the *Medical Times and Gazette* inform me which is the best and most complete edition of Sir Thomas Browne's Works? Also the price thereof?

Dublin, November 2. I am, etc. M.D.

ANSWERS.

To No. 47.—Iodine Injections in Ovarian Dropsy.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—As some answer to the query regarding this practice which appeared in your Journal for October 27, I may state that a foreign Surgeon, whose name I did not learn, who was attending Dr. West's clinique at St. Bartholomew's a few days ago, informed us that he had frequently seen M. Nelaton employ it. He did not know of any instance in which death had resulted, and believed that much benefit, if not cure, had followed in several. While on this matter I may state, respecting the injection with iodine of the peritoneal cavity for chronic ascites, which came into fashion in Paris about the same time as that of ovarian cysts, that its enormous danger seems at length fully established. With an honesty which does him great credit, Rudolfi has recorded, in the *Gazzetta Medica Italiana*, the details of five cases in which he pursued it, and in all of which the patients died in consequence. He repudiates the practice *in toto*. I am, etc.

November 5. An Observer.

To No. 51.—Cider in Gout.

Sir,—I am not a West Country gentleman, but I can, nevertheless, furnish your Bath Correspondent with the particulars of a case in point. I have frequently suffered from gouty pains in the soles of my feet, and occasionally from lumbago, always accompanied with distressing indigestion, flatulence, and deposit of pink lithates in the urine.

In the course of last autumn, I went to spend a month with some friends in Devonshire, at whose table I drank bottled cider every day, the good effects of which were improved digestion, abundant and natural renal secretion, freedom from pain, and, finally, completely restored health. I should premise that I am of temperate habits, not yet 35 years of age, that I never had gout in the great toe, or any of the small joints, which, consequently, are free from tophaceous deposits. So that, though the beneficial effects of cider were sufficiently well marked in my case, still it must only be taken for as much as it is worth, not having been one of Arthritic Podagra.

The Bordeaux and other sub-acid wines of France have long been thought to possess medicinal properties; and it is said that the Irish gentlemen of a past age believed in the virtues of claret as a remedy for the gout. I think much might be learnt by ascertaining how far the inhabitants of these wine-growing districts are free from this disease when compared with those of other countries.—I am, etc.

E. P., H. S.

Medical Times & Gazette.

SATURDAY, NOVEMBER 10.

ST. PANCRAS AND THE POOR LAW BOARD.

We described at some length in our last number the atrocities proved to have been perpetrated upon the helpless poor, in the Workhouse of St. Pancras, which were revealed to the world by the bold and fearless Report of Mr. Waldegrave, the Resident Medical officer. We traced the progress of events up to the period when the Vestrymen forming the Special Committee repaired (as is their wont on Tuesdays and Fridays) to dine at the parish expense; and when we lost sight of them amidst the steaming delicacies of the Workhouse larder. The disappearance of the Committee, however, as it subsequently turned out, was not a total extinction either of themselves or their functions, but rather to be regarded as a partial and temporary eclipse; for, invigorated by the beef and beer spread before them, this immaculate Committee awoke like giants from their slumbers, and having made a lustration of the Workhouse, proceeded to try themselves upon the charges preferred against them. It need hardly be said that the result was a triumphant acquittal; and indeed no other conclusion could be expected, as the prosecutors were purposely kept out of court, and the defendants, the jury, and the judge were the same individuals. The self-acquitted defendants accordingly declared that Mr. Waldegrave's statements were wholly untrue; that the state of the Workhouse was in every respect most creditable; and that those who had maintained the contrary were actuated by selfish and corrupt motives. This exculpation was deemed so perfectly satisfactory to themselves and to the Directors of the Poor in general, that they forthwith placarded the parish, denouncing Mr. Waldegrave's Report as slanderous, and inviting the ratepayers to inspect the Workhouse for themselves, and observe the halcyon felicity, comfort, and cleanliness which reigned within. This was a very ingenious move, and it was no doubt anticipated that the invitation would be accepted, some fine day, after due notice given; and the Directors of the Poor were probably prepared, in anticipation of the visit, to clear out the receiving wards, to scour the floors, to open the windows, to send the tramps about their business, and to distribute the rest of the poor, who were able to walk, over

the streets of the parish. In addition to all this, it is not unlikely that the Workhouse larder would have been put in requisition, and, besides the smiling faces of the Directors, and the Master, and the Matron, and the Porter, and the subordinate train of small officials, the invited ratepayers would have been also greeted by the sight of the festive board, and by a pressing request to partake of the good cheer so hospitably provided. But, unluckily, all these calculations proved to be erroneous; for some twenty-five ratepayers accepted the invitation in its pure and simple form, and repaired unexpectedly to the Workhouse, *at half-past nine o'clock at night*, when having supped upon the horrors of the place, they unanimously agreed to the Report, which we published last week, and which confirmed Mr. Waldegrave's statements in almost every particular. Being thus beaten on every point, and, in fact, caught in their own trap, the Directors of the Poor have had recourse to the very stale device of accusing those who have humanely advocated the cause of the poor, of being actuated by interested motives and of having exposed the Workhouse mismanagement for electioneering purposes. That this latter retort is partly true, we verily believe; but, inasmuch as the business of the scavenger, however unsavoury, contributes to the public good, and the researches of the common informer, however contemptible their motive, help to protect the revenue, so we believe that the parochial opposition in St. Pancras may tend to expose the evils of pauper mismanagement, and thereby lead to the melioration of our Workhouse system. Nay, more, we are willing to allow that the parochial opposition may be merely longing for the beef and the beer, which are now consumed twice a week by the Jacks in office; but whatever the motive, it is at least satisfactory that the truth has come to light, and that the noble conduct of Mr. Waldegrave has met with a complete justification.

But the question of questions now arises, namely,—Where, amidst all these abominations to which the Sick Poor of St. Pancras are daily and hourly exposed, is the Poor-Law Board? Our readers need not be reminded that this Board, which is largely paid from the public purse, is expressly entrusted, by several Acts of Parliament, with the control of all matters relating to the poor, and with the supervision of all persons who hold local powers in connexion with pauper management. The words of the Act of Parliament are so express upon this point, that no ambiguity can possibly arise, and yet we find, in the present instance, that no effort whatever is made by the Board at Whitehall to protect Mr. Waldegrave from the insults of the Directors, or the wretched patients in the Workhouse from the effects of filth, overcrowding, imperfect ventilation, parasitical animals, and contagious disease. It is possible, indeed, that an Inspector, at five guineas a-day, has been or may be sent to visit the Workhouse; but this official will probably content himself with making his inspection, pocketing his pay, and saying nothing more about the matter.

The fact is, that the Parish of St. Pancras is blessed with a local Act of Parliament, which confers upon it a *quasi* exemption from the control of the Poor-Law Board, and leaves it in the enjoyment of the delights of self-mismanagement. The only method of obtaining any redress for abuses is, therefore, a stand-up fight at the elections, when those who enjoy the beef and beer are opposed by the expectants of those luxuries; and the latter, when they have tasted the sweets of office, again become the objects of an attack to a new opposition.

The Poor-Law Board is perfectly conscious of these abuses of self-misgovernment, and has in its hands a specific power of providing a remedy; but political reasons prevent it from employing the means at its disposal. Some of the leading officials of the Poor-Law Board have seats in the House of Commons, and it would be obviously impolitic in Lord A., or the Honourable Mr. B., or Sir John C., to endanger his seat by listening to the story of some obscure parish doctor about the ill-treatment of a score or two of contemptible paupers, and thereby offending the dignity of the noble and independent electors of the large and populous parish of St. Judas or St. Barabbas.

But even the Poor-Law Board is not insensible to the efforts of the Press, and the loudly-pronounced voice of public opinion. We have already seen and noted some feeble symptoms of its inclination to do justice to our Profession; and, although it is possible that electioneering tactics may induce some of its members to shut their eyes even to the abominations of St. Pancras Workhouse, yet the accumulation of a few more such cases will, at no distant period, lead to a Parliamentary inquiry, and perhaps cause the question to be raised whether the Poor-Law Board is really instituted to protect the otherwise defenceless poor, or is merely intended to remain an appendage to the State machine; a refuge for the destitute sons of Peers and for hungry barristers; and one of the many *incubi*, of which we already possess too many, upon the resources of the Nation.

THE WEEK.

Seventy members of the Provincial Association have sent in a requisition calling upon the Executive Council to appoint a Special General Meeting, "in order to take steps fitted to heal the breach occasioned by the late meeting at York." The requisition has not been published, but we have quoted the exact words in which it was last week described in the *Association Journal*. As the list of requisitionists embraces gentlemen holding the most opposite political and financial views, it is pretty evident that there is no preconcerted basis of conciliation, and that the chapter of accidents, as on other occasions, will decide all the questions to be raised. From what we hear, the ensuing meeting will be the most stirring, if not the most stormy, which the Association has held, since the year 1844, when its insolvency became known by its Treasurer being unable to pay the sum of money awarded by arbitrators to one of the former Editors, Dr. Hennis Green. Upon that occasion an attempt was unsuccessfully made to raise the money by voluntary contributions from the members; and how the difficulty was ultimately surmounted it is not easy to glean from the meagre records of the affair in the *Provincial Journal*. Now, as at that date, the great questions will be financial. Is the Association solvent? Is it possible, or (being possible,) is it expedient, to continue the *Association Journal* in its present form? It is obvious that the first question can only be answered by appointing trustees to wind up the tangled financial web at the close of the present year, and by commencing a new account in 1856. This proposal will, we are told, be advocated by Dr. Cowan, Mr. Michael, and others; but it will not be very acceptable to Sir Charles Hastings and his friends, who ascribe the present financial distress exclusively to the increased operations consequent upon the removal of the Journal from Worcester to London. The continuance of the Journal in its present form has long been opposed, orally and through the press, by Sir John Forbes, (whose recent letter written to the *Association Journal* we insert to-day,) Dr. Conolly, Dr. Greenhill, Dr. Shapter, Dr. Davies, and a considerable body of veterans; but it is impossible to tell whether they will muster in sufficient strength to induce them to take the field against the members of the locality where the meeting is to be held, who will probably constitute the majority of the meeting, and who are known to be in favour of extending the sphere of the

Journal, and keeping it under the jurisdiction of the Midland Counties. It is generally believed that a strong coalition party has been formed (among them Sir C. Hastings) who are pledged to each other, to vote in favour of such concessions to the "progress party" as will effectually deprive them for some years to come of a sufficient amount of available capital. So much for the *on dits* which have reached us regarding the Provincial Association.

It is a curious Medico-meteorological fact that, notwithstanding the presence and great depth of Snow, the temperature of the Medical Society of London rose on Saturday evening last to a degree above even fever-heat, and that it retained this high mark during the whole of the evening. To be plain, the old and often-contested battle between a would-be exclusive and would-be liberal set of principles was once more fought on this occasion. From the time when the Medical Society was founded, nearly a century since, the election of officers has always been by the free voice of the majority; and hence the reason why we have so often seen the chair of the Society filled by members of every section of the Profession. It seems that an active party in the Society are anxious, however, to put an end entirely to this system of free and fair representation; and under the argument of the necessity of "putting a stop to canvassing," they have succeeded in carrying resolutions in the Council, which provide for the formation of a Committee, in the January of each year, of seven Fellows, who are to be members of Council, and who are to prepare a double house-list, etc., to nominate two Fellows for each office annually. As this Committee is to be elected by all the Fellows of the Society, and as the Society will afterwards have to elect one of the two names proposed for each office by the Committee, it is obvious that the Council-resolutions have suggested the most wise and most certain of all plans for securing the briskest of all canvasses, and the greatest possible number of dissatisfied disputants. To modify, as he thought, these resolutions of the Council, Dr. Richardson also brought forward, in due form, other propositions which gave the Council the power of nomination, but compelled them to name a larger number of Fellows for each office. On speaking, however, as to the general question, Dr. Richardson seemed to have repented of his proposition, for he declared himself "conscience-stricken" for having proposed such illiberal measures, and, after tearing to pieces the Council resolutions, ended by strongly recommending a continuance of the present system of free and full representation and government by the majority. After a long discussion the Council resolutions were carried by a majority of four, when it was argued, that, according to the laws, a majority of two-thirds of votes was required to ensure the passing of a new regulation or law of the Society. This objection was decided against by the President, upon which a protest was at once sent in, calling for the Council, or for another general meeting, to decide on the validity of the President's views. So the matter rests. Meantime we cannot but regret to see in the Medical Society, which was never before in so flourishing a state, or so universally known, any attempt to split it into two sections, and endanger its existence by the establishment in it of an exclusive policy, for which, by its previous constitution, it is quite unfitted. The Society had better, by far, reform, and bear

> "the ills it has,
> Than fly to others which it knows not of."

We referred last week to the benefit which had resulted to the public health during the past quarter as a consequence of sanitary improvements. But it will be a great mistake and mischief if either the authorities or the public allow themselves to sink into that calm of indifference which too frequently betokens a fearful crisis. While it is indisputable that the health of our large towns is improved, we must not forget that we have valuable public records which supply the data as to what the public health should be, and we must perseveringly advance towards that goal. Now, it appears that, at the rate of mortality which prevails in the healthy districts of England, the deaths in London last week should have been 836, instead of 919; so that *twelve* deaths daily may be said to have resulted from unnatural causes. As an illustration of what may be done by ourselves, it is a fact, that the mortality is much above the average in Chelsea, Kensington, and St. George's Hanover-square, which are still obliged to look to the filthy Thames for their water; while in Bermondsey, during the last fortnight, the deaths have been 10 and 10 in each week, against a range of 18 to 34, in the corresponding weeks of 10 previous years. Bermondsey was then supplied with Thames water from Battersea, but now from Hampton, six miles above the tidal range. With such facts before us, it is certain that we have something else to do than to rest on our lees, and talk about "Providence."

The first meeting for the season of the Epidemiological Society was held in Soho-square on Monday evening. There was a large attendance of members and friends. We are happy to find that this Society is in a prosperous condition, and we feel convinced that it is only necessary to make its objects known to gain for it an extensive support, not only among the members of the Profession, but also among the other influential classes of society. Although Medical men are the best authorities on sanitary matters, yet it is undoubtedly desirable that a knowledge of the influences which improve or injure the public health should be extensively diffused among members of Parliament, the officers of the Army and the Navy, and the Clergy and the members of the Bar. This Society is open to all these classes, and we are glad to find that it has members from all quarters who are cordially joining our own ranks in the noble work of sanitary improvement.

On Tuesday, the 6th instant, the new Professor of Medicine in the University of Edinburgh, Dr. Laycock, delivered his Introductory Lecture to a crowded auditory, in one of the largest class-rooms of the College. Besides his pupils, many of the leading men of the city honoured the Lecturer with their presence; and all testified, by their cordial greetings on his entrance, and by their plaudits at the close of his eloquent discourse, how well satisfied they were with their new Professor. We understand that Dr. Laycock has procured, for the illustration of his course, the large collection of Pathological Drawings made originally by Dr. John Thomson, and afterwards added to by his son, Dr. William Thomson. It comprises many hundreds of the original drawings of Sir Robert Carswell, besides others by men of the first talent in Edinburgh, and altogether numbers about 2400 specimens.

We have noticed elsewhere the half-yearly meeting of the Society for the Relief of the Widows and Orphans of Medical men. This Society is truly a provident and benevolent one, rather than a public charity. The affluent of the Profession, living within the Society's limits, should belong to it because they love to benefit their less fortunate brethren and their families, and scarcely in any other way can they accomplish the same amount of good by the sum they contribute in becoming members. Gentlemen whose circumstances are not good, should join the Society for the sake of those they love, and who may be left in penury. The intermediate classes of the Profession should not fail to associate themselves with its members, for a change may make them

less prosperous than they now are, and because so excellent an Institution deserves every effort that can be made in its support. By the combined advantages offered by this Society and the Medical Benevolent College, a Medical man's widow may be entirely maintained in her declining years.

A person, named Robert Henry Parrott, has been tried and convicted at the last Surrey Sessions for unlawfully removing a dead body for anatomical examination; and he has been sentenced to one month's imprisonment. The whole story is so extraordinary, that we find some difficulty in believing it. The prisoner is said to have opened the body of the deceased *with a razor*, and then, having put the heart and lungs into his pocket, to have produced them *at the bar of a public-house*, exhibiting them to the landlady and to other persons standing there. To conclude this strange proceeding, he is stated to have solicited money for the alleged purpose of burying the deceased, and to have received half-a-crown from the landlady, who was anxious to get rid of him. We must remark, that there is no mention of any person named Robert Henry Parrott in the London and Provincial Medical Directory, and there does not appear to be the slightest evidence that he belongs to the Medical Profession, except from the loose report of the newspapers; and our impression is that either this person must have been insane, or that he is some fellow who, having received a smattering of anatomical knowledge, has adopted a very unusual and hazardous plan of extorting money.

On Tuesday afternoon last Dr. Easton, the new Professor in Materia Medica in the University of Glasgow, commenced his important duties by an address remarkable for its eloquence and for its high scientific and professional tone. The class-room was crowded by students, Medical Practitioners, and others, amongst whom were Mr. Hastie, M.P., and Sir James Anderson, M.P.

REVIEWS.

Guy's Hospital Reports, Edited by Samuel Wilks, M.D., and Alfred Poland. Third Series. Vol. I. London: 1855. Pp. 381.

This volume commences a new series of the Guy's Hospital Reports. It contains several excellent papers, but we cannot say that, in our opinion, it fully supports the reputation which was earned by the two former series. From the vast clinical resources of Guy's Hospital, in itself a magazine of facts, which only require to be appreciated and arranged, where diseases which are regarded as curiosities, so seldom are they met with in many of the other metropolitan Hospitals, may be studied in groups, we certainly look for reports which, in extent of research, shall be at least commensurate with the field afforded. In the present instance, we do not think that this is quite the case. The volume proceeding from this immense establishment, and professing to be a "Report of Hospital Experience," does not surpass what might have been issued by any one of the less favoured London Hospitals. The Editors appear themselves to be, in a degree, conscious of the deficiency. The volume has been hurriedly got up, and we are told that, on this account, "much inconvenience has been occasioned to the respective authors in the preparation of their papers, and many valuable contributions are, for the present, deferred."

The first paper is by Dr. Gull, and consists of a tabular statement of the results of treatment of fifty cases of tænia, by the oil of male fern, which is given in the Hospital in doses of a drachm and a-half to two drachms. More or less of the worm seems to have been expelled in each instance, and in eight out of twenty cases in which the head was sought for it was discovered. The record of most of the other cases, however, is very unsatisfactory as to the extent to which a cure was actually obtained. Fuller details should have been given, and such as would have enabled the reader to judge whether it was probable that any, or much, of the worm was retained in the body after the operation of the medicine. We are left to conclude, indeed, that, in most of the cases, only a portion of the parasite was expelled.

There is an interesting communication by Dr. Pavy, upon the normal destruction of sugar in the animal system, an inquiry which derives its principal importance from the sugar-making function of the liver established by Claude Bernard. Still it seems to us out of place, in a work which is professedly devoted to Hospital Reports, and should, we think, be confined to inquiries strictly clinical. Dr. Pavy's experiments show that the sugar met with in the blood in the right side of the heart is not, as has been supposed, all destroyed in its passage through the pulmonary capillaries, but that a portion is met with in arterial, and even some, though less, in the systemic venous blood; but that complete destruction of the sugar occurs in the capillaries, which give origin to the radicles of the portal vein. He further shows that the liquid fibrin of the blood is essential to the destruction of sugar in the lungs, which he admits to be dependent upon the action of oxygen. He considers that the molecular changes which take place in the lungs, however, are the immediate cause of the metamorphosis which the sugar undergoes, and compares the change of that element to the lactic-acid fermentation in the presence of certain catalytic agencies. Here his demonstration is at fault, since he fails to show that the lactic acid, into which he thinks the sugar transformed, is discoverable, as it ought thus to be, in abundance, in the blood of the pulmonary veins, and left cavities of the heart.

Mr. France, after narrating some cases of purulent ophthalmia, points out that, out of 36 eyes affected, which were subjected to treatment in hope of cure, vision was preserved to 30, in all of which the cornea was intact on admission. On the authority of the facts he records here, and in the pages of a contemporary periodical, he recommends with confidence the following mode of treatment:—

"*α. During the acute stage*:—

"1st. Local depletion, by leeching the lids and scarifying their inner surface every twenty-four hours.

"2ndly. Scarifying the ocular conjunctiva according to Tyrrell's mode, in radii, daily, as long as chemosis is high.

"3rdly. The application, between the lids, every three, four, or six hours, of drops of a solution of nitrate of silver, containing from 3 to 8 grains in the ounce of distilled water; the strength of the collyrium, and frequency of use, depending on the severity of the symptoms, and being, consequently, modified as these abate.

"4thly. Constant fomentation and ablution with decoction of poppies, having ʒj. of alum dissolved in the pint.

"5thly. The brisk exhibition of calomel and antimony after proper relief of the bowels, until the chemosis is subdued, or the mouth gives the earliest signs of commencing mercurial action. This remedy should be guardedly used, where the stage of active interstitial deposit, marked by rising chemosis, has given way to that of ulceration manifested in the cornea. It should then be accompanied by

"6thly. The use of quinine, in cases where debility prevails at the outset, or is subsequently induced.

"7thly. Moderately nutritious diet, which seems generally most eligible from the commencement, and may be progressively improved as the disease recedes.

"*β. In the convalescent or chronic stage*:—

"Tonics in diet and regimen, varied local astringents of mild character, and counter-irritants, must be used to complete the cure." P. 65.

The next two communications consist of cases illustrative of some Diseases of Women by Dr. Lever, and of some Diseases of the Stomach by Dr. Habershon. Many of them are very worthy of record and perusal.

These are succeeded by a very excellent paper on Adenocele, from the pen of Mr. Birkett, which is quite on a par with the best monographs in former series of the Reports. Towards the middle of the volume we meet with a Digest of 209 Cases of Cholera, furnished by Dr. Hughes and Mr. E. B. Brown. They are arranged in a tabular form, and give particulars of the sex, age, duration of the complaint before admission, the apparent exciting cause, the interval between its occurrence and that of the complaint, the treatment and its duration and result, and the occurrence of rheumatism or cardiac murmur in the subjects. It seems to be a pity that

some uniform plan was not adopted for the observation of these cases, since it does not appear that rheumatism was inquired for in more than 58 of the cases, or cardiac murmur looked for in more than 95. The information given then upon these matters is not such as it might or should have been. Clinical observation must be systematic to render all the services of which it is capable to practical medicine. The authors state, that in 14 out of 45 cases of cardiac murmur, for instance, the latter was sought for and found on dismissal, but there remain 31 in which it was not sought for at all. They also say, "that the cardiac murmur was not stated (in the Reports) to have ceased in any single instance where it was noticed at all on the dismissal of the patient from this Hospital." We naturally inquire, then, Were variations of the murmur looked for? In these 14 cases, judging from the neglect of observing the persistence or not of murmur at dismissal in two-thirds of the cases, and from the absence of any inquiry into the presence of the murmur at all, more than half of the total number reported, we should conclude that as little trouble had been bestowed upon ascertaining this point; and yet the authors are ready to allow weight to such observations as these in determining the dependence of the murmur on permanent valvular lesions. Would the staff of Guy's Hospital but adopt in its fulness the numerical method of investigation, we have no difficulty in prophesying hat the importance of the results would be incalculable, and hat their publication in the Reports would give to them a value as durable and permanent as Medical Science itself—and this is what we have a right to look for.

A few pages on, Dr. Wilks supplies a Report of all the Cases of Fever which occurred in Guy's Hospital during the year 1854. It is well worth perusal. Speaking of the two eruptions of typhus and typhoid, the distinction of which as separate diseases he fully recognizes, he says, "How the two can be confounded, in the majority of instances, I cannot well imagine." Nor can we, except by those who will not take the pains to compare them. After referring to the fact that the rash is sometimes wanting, and that its intensity does not vary with that of the fever, he adds, that this "proves that some other conditions are present to influence its development, and these, I cannot but think, are mostly accidental, and due to the nature of the skin itself, or some such secondary cause." In the analogous instance of scarlatina we see the mildest and the worst cases where little or no eruption exists, so that no relation can be determined between the virulence of the disease and the amount of the rash. As to the inter-communicability of the disease, his experience quite coincides with that of Dr. Jenner, when he says, "in those instances where it has been known that other members of a household have had fever and its nature discovered, it has invariably been of the same character as that of the patient admitted to the Hospital."

Our space will not permit of our noticing all the papers of which this volume is composed, but our readers must not conclude from this that they are devoid of interest or instruction. Nor must it be thought that the criticisms we have deemed it right to make, are dictated by any desire but that of seeing the Guy's Hospital Reports continue to take the elevated position which they ought to do in the literature of clinical medicine. We wish the new Editors every success, and do not question that their next volume, prepared more leisurely, will be in every respect worthy of the distinguished school whence it originates.

On the Sanitary Applications of Charcoal, etc., and on Ventilation. By J. Forbes Watson, A.M., M.D. London, 1855. Pamphlet.

This is a communication, which was made by Dr. Watson, of the Bombay Army, to the Society of Arts, and is a reprint from the journal of the Society. It treats of contrivances for the purification of the air from noxious gases by charcoal, and from excess of moisture by lime, and of the uniform diffusion of the air thus freed and warmed through a building by ventilation. We think the following observations worthy of attention:—"During the course of a series of observations made in India, on the direct influence of climate on the human body, I found that, after a period of continued rain, as during the monsoon, the blood became deteriorated in a remarkable and striking manner; and that this was no accidental occurrence was proved from the fact, that it was found towards the end of the rainy season to exist without exception in every case which I examined. . . . . The change presented itself in two ways: in the first, the red globules of the blood, which are usually pretty regular in size, were found to vary, and that to a considerable extent, some of them being not larger than the 1-6000th of an inch in diameter, or nearly one-half less than ordinary; but the most striking feature was, that the great majority of them, instead of presenting their usual smooth appearance, were found studded with small, highly-refracting granules, evidently from that and other circumstances of a fatty nature. The blood-cells, in short, had undergone a change which some of my readers will recognize as constituting that peculiar morbid condition, known, when affecting various tissues, under the name of 'fatty degeneration.'" As a remedy for the excessively moist condition of the atmosphere, to which he attributes the change, he proposes the "lime filter." He thinks that, on the ground of the moisture introduced, also, the cooling of the air in India by "tatties," is objectionable.

Living Streams; or, Illustrations of the Natural History and Various Diseases of the Blood. By James Paxton, M.D. London: 1855. Pamphlet.

Some of our friends, at the termination of their day's labour, while comfortably ensconced in their easy-chair, flatter themselves that by indulging in physiological and pathological speculations, they are digesting and assimilating at the same time their dinners and their experience; that, like some of the giants of the world of science, their minds are ever active, and that they are constantly penetrating by reflection the deepest arcana of nature. It is true that out of such speculations have arisen, occasionally, investigations that have gone far to extend the boundaries of real knowledge; but then—there has been something more—work has been done, toil has been expended, and what is given to the world is the result of laborious observation and experiment. Unless speculation has this conclusion, the indulgence of the habit is not to be commended, and the less so, when, an idol having been set up, facts are made to fall down and worship it. Everything in this pamphlet is announced *ex cathedrâ*. The blood is a medium in which animalcules, protozoa, hæmatids live and move; other protozoa, which are convertible into hæmatids, also inhabit it, and disease is the death or injury of these little organisms. We cannot congratulate the writer either on his physiology or his printer at Rugby. The names of authors are so metamorphosed that their proprietors would not recognize them; nor is the spelling in other instances quite in accordance with general usage.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

TREATMENT OF PNEUMONIA.

A writer in *L' Union Médicale* (No. LXXXII.), quoting the account given by Dr. Burkart, of the great benefit he has derived from the employment of acetate of lead in pneumonia, states that he can amply confirm it by the results of his own experience of its use, and especially in the aged. In the pneumonia of childhood and the adult, he has always preceded its employment by bleeding, antimony, and blisters. But there are cases in which these means either exert no effect, or, after a while, cease to do so, while in others the patient will not admit of bleeding, or antimony may not be tolerated. In such, lead will be often found a valuable resource, and the pneumonic inflammations, that hasten on the progress of softening in phthisis, may be often arrested under its influence. In the aged, defective power contra-indicates active bleeding, and the pneumonia, in place of proceeding towards resolution, becomes complicated with abundant secretion, the patient dying from asphyxia, in consequence of his inability to expel this; even if the pneumonia be relieved, the convalescence is tedious and troubled. Antimony has less power over these cases, and is ill supported, while the lead gives rise to no dangerous consequence. Still, as a general rule, a local bleeding, and small doses of antimony should be

first prescribed; but, if amendment be not very prompt, or debility commences to appear, the lead should be exchanged for the antimony. In other cases, in which the reaction is less at first, and debility of earlier occurrence, the acetate may be given from the beginning. When resolution is very tardy, a large temporary blister will often give the first impulse to a movement that the acetate will continue. The period of convalescence is much diminished, by supplying the patient with a sufficient nourishment when the appetite returns. The mean dose is 4 or 5 grains in the twenty-four hours, this being increased, in rare cases only, to 6 or 7. It may be given in solution in distilled water, with syrup, or in pills, adding opium only when there are indications for it. It must not be omitted for colicky pains and temporary constipation, which are usually relieved by lavements. The author has continued it for three or four weeks without any ill effects being produced, although the characteristic blue colour of the gums has been present.

Dr. Richter reports in the Berlin *Medecin. Zeitung* (No. XXXII.), that Staff-Surgeons Drescher and Lemke, after repeated trials, quite confirm the favourable accounts that have been given of the efficacy of chloroform inhalations in the treatment of pneumonia and bronchitis. In their mode of employing it, thirty drops of chloroform are poured upon a piece of closely-pressed wadding, a finger or two in breadth, which is wrapped up in another piece of wadding, and held about half-an-inch from the patient's nose for about five minutes. This is repeated every hour, until some remission of the symptoms occurs, when twenty drops are inhaled every second hour, until convalescence is established. The subjective symptoms—as constriction, pain, irritating cough—are usually diminished, even after the first inhalation, and entirely disappear from the second to the fourth day. At the same time the sputa lose their bloody admixture, remaining tough, however, until about the fourteenth day, when they disappear, as well as the cough. The frequency of the pulse is diminished by the second day, descending, in a case of double pneumonia, from 120 to 80. Sweating generally sets in after the first inhalation, and never later than the fourth or fifth. As regards the duration of the disease, complete recovery, so that the patient can be discharged, does not seem to take place more rapidly than under treatment by bleeding. The preferability of this treatment arises from its simplicity of application, its applicability in cases in which from the character of the disease, or the individual, depletory treatment is forbid, and the rapidity with which the distressing symptoms are relieved, and convalescence is commenced—the patient being enabled to leave his bed by the fourteenth day.

M. Fournier (*L' Union Méd.* No. XCIX.) furnishes an account of the success M. Aran has obtained from the employment of veratrine. The hyposthenising effects of this drug seem to have been exaggerated; for in the 41 cases in which he has seen it given, in quantities of from 2 to 3 or even 4 centigrammes, divided into six doses, in the twenty-four hours, no alarming prostration, excessive vomiting, etc., have been observed. Of these patients a fifth part only were females, and the bulk of them were between 24 and 36 years of age, many being persons of feeble constitution. The majority came in about the fourth or fifth day after the invasion of the disease, and the next day red hepatization was almost always recognized. With the exception of three or four they all exhibited active febrile reaction. In about one-half the cases, soon after taking the medicine, a deep-seated burning near the spine, and a peculiar sensation at the epigastrium are complained of. Although in a few cases there was no vomiting, this occurred in the others upon an average from three to five times during the first day, tolerance soon taking place, and a peculiar nausea continuing for several days. No active purging resulted from these doses.

The effect on the pulse was constant and sometimes immediate. In twenty-four hours this fell by 15 to 36 beats, and there was the curious phenomenon of an eminently febrile acute affection coexisting with an apyretic condition of the circulation, the pneumonia still pursuing its course, as ascertained by auscultation. The pulse descended to 60 or 70, or even sometimes to 56 or 48, and took several days to reassume its normal frequency, even when the medicine was suspended; it not being uncommon to find it only 55 or 60 during the early period of convalescence. Its character was also changed, it being less strong and more depressible. That this condition of the pulse was not the result of the emetic power of the drug was seen in the fact, that it prevailed in cases where no vomiting was present, while in others it was not proportionate to the amount of vomiting. The temperature of the body was constantly diminished by 2° or 3°, never, however, descending lower than 96°·8; the skin also remaining constantly moist. A notable languor followed the taking the medicine, being more than a simple sedation, but less than true prostration.

It was, however, not alone upon the febrile condition that the veratrine exerted its power, but also upon the local disease itself, as shown by the changed condition of the respiration, cough, expectoration, and physical signs. In more than two-thirds of these cases the respirations were diminished by 4, 8, 10, 12, 14, or even more per minute on the first day—such diminution of the frequency of the respiration being much more in unison with the diminution of the pulmonary lesion than the lessening the number of the pulse was. Whenever a diminished number of the pulse contrasted with a stationary or increased number of respirations, the local disease was of a very menacing character.

Veratrine given alone suffices for the cure of pneumonia; and of twenty-three cases so treated, some of them being severe, twenty one recovered, resolution usually occurring on the fourth day. The great success, however, that attended bleeding in the rare cases that resisted veratrine alone, induced M. Aran to try the effects in severe cases of commencing treatment by a *single* bleeding. The rapidity of the cure of cases so treated has been remarkable. The veratrine treatment is especially applicable to primary simple pneumonia, occurring in rigorous adults, and is not so well suited for the adynamic forms of the disease.

FOREIGN CORRESPONDENCE.

MEDICINE IN HOLLAND.

ON STIMULATION OF THE BREASTS AS A MEAN OF PREVENTING OR ARRESTING UTERINE HÆMORRHAGE.

By Dr. LANDMAN.

With reference to the well-known connexion between the breasts and the uterus, Landman communicates two cases, in one of which the arrest, and in the other the prevention of metrorrhagia must be attributed to the act of sucking the breasts. The first case was that of a primiparous woman, aged 23, whose mother and sister had suffered from hæmorrhage after every confinement. Labour was natural, but slow; immediately after the removal of the secundines, however, a violent hæmorrhage set in, in consequence of imperfect contraction of the uterus. The use of the several ordinary external and internal styptics gave only temporary relief; each time the bleeding returned, and it was not until a woman present sucked the breasts, that a contraction of the uterus, attended with slight but painful spasms in the abdomen, set in, on which the hæmorrhage ceased and did not return. The second patient was a multiparous woman, aged 30, in each of whose five former deliveries violent hæmorrhage and atony of the uterus had followed the expulsion of the placenta, and could be subdued only by means of the most powerful styptics. In her sixth confinement, therefore, Dr. Landman had, immediately after the birth of the child, another child, some months old, applied to the breast; the result was satisfactory, the placenta was expelled without any extraordinary loss of blood, the uterus contracted strongly, and no hæmorrhage ensued.—*Nieuw praktisch Tijdschrift over de Geneeskunde in al haren omvang.* From the *Nederlandsch Lancet*, July and August, 1854, p. 119.

CASE OF INTESTINAL CONCRETION.

By Dr. SCHOOR.

Dr. Schoor describes a case of illness, caused by the presence of an intestinal concretion, and appends to his description some remarks on alvine concretions in general. The case was that of a tradesman, aged 53, who, after having suffered for several years from dyspepsia, and from time to time from attacks of violent colicky pain, passed a concretion per anum, after which his state was certainly improved, although the melioration by no means amounted to perfect

recovery. Two years subsequently, he died of dyspepsia and chronic diarrhœa, in the author's opinion, probably the results of intestinal ulcerations, caused by the previous long-continued irritation and lesion of the mucous membrane of the colon by the rough surface of the concretion. No post-mortem examination could be obtained.

The concretion was of a dark-brown colour; it was oblong, longitudinally triangular, with rounded edges, thicker at one extremity than at the other; the surface was rough and tuberculated, resembling that of a mulberry calculus; it was tolerably hard. Its length was 4·1 Netherlands inches, its greatest breadth 2·9; it weighed 44·9 grammes (about 693 English grains); after drying at 100° (212° Fahr.), it weighed 5·3 grammes (81·79 English grains) less. On making a section of the concretion, the nucleus was found to consist of a triangular piece of bone, around which the incrusting matter had deposited itself in different-coloured layers;—around the nucleus as a uniform, compact, dark-brown mass;—towards the circumference it was occasionally striated. Its composition in 100 parts (the fragment of bone being excluded) was as follows:—Ammoniaco-magnesian phosphate, 57·44; phosphate of lime, 23·20; vegetable fibre, 9·35; biliary colouring matter, 5·16; cholesterine, 2·31; chloride of sodium and loss, 2·54.

From the structure of the concretion, the author inferred that a stratum of biliary colouring-matter had first formed around the fragment of bone, and that to it the vegetable fibres had become attached, between which the saline combinations may have deposited and crystallized in layers.

After a short statement of what Jäger and others have made known respecting the composition of intestinal concretions, Dr. Schoor, in conclusion, communicates the result of his examination of a mass, with which the mucous membrane of the upper portion of the rectum was incrusted, and which was given him for analysis by Professor Sandifort. This incrustation consisted in 100 parts: of phosphate of lime, 71·24; ammoniaco-magnesian phosphate, 27·50; organic matters, 1·26.—*Tijdschrift der Nederlandsche Maatschappij tot bevordering der Geneeskunst.* From the *Nederlandsch Lancet*, November, 1854, p. 311.

CONTRIBUTIONS TO THE MORE MINUTE STRUCTURAL ANATOMY OF THE LIVER.

By Dr. A. CRAMER.

The author has been for a considerable time occupied in the examination of human livers in as recent a state as it was possible to procure them, and he has succeeded in making preparations which appear to him distinctly to demonstrate the existence of a proper membrane enveloping the hepatic cells, and being a continuation of that of the interlobular ducts. He gives a representation of an interlobular duct, which divides into two branches, and is composed of pavement epithelium, invested with a proper membrane, while another figure represents a structureless tube, said to be derived from the membrana propria investing the hepatic cells. On some hepatic cells the author observed filaments, such as Huschke thought might be regarded as excretory ducts of the hepatic cells; on accurate examination, especially with acetic acid, Dr. Cramer recognized these filaments to be areolar tissue, probably derived from the capsule of Glisson. —*Tidjschrift der Nederlandsch Maatschappij tot bevordering der Geneeskunst.* From the *Nederlandsch Lancet*, November, 1854, p. 310.

ON THE INFLUENCE OF THE TEMPERATURE OF THE ATMOSPHERE ON THE MORTALITY.

By Dr. BUCHNER.

The author's investigations, carried on during twelve years, from 1841 to 1852, on the influence of the temperature of the the air on the mortality of the population of Amsterdam, have shown that the greatest mortality occurred in the month of March (on an average. 686 individuals), after which come January (685), December (651), April (591), February (589), October (573), November (567), May (564), September (554), July (553), June (509), August (489). The difference between the months, in which the greatest and least mortality took place, amounted for the twelve years: o 2365 persons, or a yearly average of 197·08. Of the seasons, the greatest mortality belongs to winter (December, January, and February), the next to spring (March, April, and May), the next to autumn (September, October, and November), while summer (June, July, and August), affords the smallest number of deaths. The difference between the mortality in the winter and summer months amounts to 4500 persons, giving a yearly average of 375; that between spring and autumn is 1771, or 147·58 annually. On reviewing the several seasons, in connexion with their average temperature, it appeared that, in the years in which the spring months were warm, the mortality was considerably less than in those in which the temperature was below the average. In the summer months, the mortality was highest during great warmth; this was also true of the warmer autumnal months, while, during the winter months, the mortality rose with severe cold, confirming for Amsterdam the position laid down by Moser, that elevation of the temperature above the ordinary range diminishes the mortality of winter, and increases that of summer. In very warm and very cold months, the mortality at Amsterdam appears not to be invariably great, while on the contrary, in those which followed the hottest months, the mortality far exceeded the average. The coldest months of the several seasons are March, June, November, and January; the warmest are May, July, September, and December. As to the seasons, the mortality was greatest in the coldest winters and springs, and in the hottest summers, while the greatest mortality occurred neither in the warmest nor in the coldest month of the season. Great mortality appeared to coincide with high degrees of cold or warmth, in connexion with relatively low ranges of the barometer and with drought. A comparison of the weekly mortality with the weekly range of the barometer, did not lead to the establishment of any rule as to the connexion between the mortality and the pressure of the atmosphere.—*Tijdschrift der Nederlandsche Maatschappij tot bevordering der Geneeskunst.* From the *Nederlandsch Lancet* for February, 1855, p. 503.

PROVINCIAL CORRESPONDENCE.

IRELAND.

Dublin, November, 1855.

Dr. Jacob, the distinguished Professor of Anatomy and Physiology to the College of Surgeons, commenced the public course of twelve lectures on Comparative Anatomy, usually given in the College as an introduction to the business of the session, on Monday, the 29th of October. The lecture was attended by the chief Secretary for Ireland; the President of the College, Sir Philip Crampton; the Council, and a crowded auditory of practitioners and pupils. Having briefly alluded to the recent institution in connexion with the College, of a Regius Professorship of Military Surgery, the learned lecturer dwelt at considerable length on the arrangements lately adopted in reference to the medical appointments in the East India Company's Service, which he hailed as a step in the accomplishment of Medical Reform, by throwing appointments open to merit, as well as requiring from the candidates *practical* evidence of proficiency; and he argued that this could not fail to lead to the general adoption of such a system, and that when the pressure caused by the present war shall be removed, similar regulations must be made in the home service. He strongly urged upon the students the necessity of perfecting themselves as far as possible in each of the four departments—medicine, surgery, midwifery, and pharmacy; and after much additional excellent advice, alluded to the importance of chemistry, botany, zoology, and comparative anatomy as preliminary subjects of study.

On Monday, November 1st, Mr. Ledwich, Professor of Anatomy and Physiology, opened the winter session in the Original School of Medicine and Surgery, Peter-street, with an introductory address. The lecturer, in considering the subject announced in my last communication, namely, the "Social Aspects of the Physician," traced the progress of civilization from its earliest dawn, and showed that as protective laws became necessary against the aggression of others, so medicine was introduced to combat the elements of decay and death within ourselves. In the course of his observations, he paid an eloquent tribute to the memories of Richard Mackenzie, and of Sidney Bernard, as affording in their heroic deeds, the noblest examples on record of true bravery and of disinterested self-devotion; and with pain alluded to the too general neglect by the government of the services of the pro-

fession. This well-conceived and elegantly written address, was concluded with a feeling exhortation to the assembled students to devote themselves with energy and earnestness to the profession, on the study of which they were about to enter.

On Friday, November 2nd, Mr. John Hamilton, in opening the Carmichael School, alluded to an introductory lecture he had given five years previously, in which he had described the great improvements then recently introduced into practice, and especially the great advances made of late years by conservative surgery. Among the most important additions to the resources of the surgeon, acquired during the period which has since elapsed in the application of choloroform as an auxiliary in the reduction of dislocations of the femur, particularly when combined with the method lately recommended by Mr. Cock, of Guy's Hospital, and Pravaz's discovery of the power of the perchloride of iron in coagulating the blood within the blood-vessels, applied in the modification of the original method of using it by the introduction by M. Giraldès, of a more dilute solution than that originally proposed. Mr. Hamilton proved by numerous well-selected examples, that vast discoveries are seldom the result of accident, and he illustrated the slowness of any great improvement by a full and lucid and most interesting history of the operation of amputation, in the course of which he exhibited a new and ingenious tourniquet, recently invented by Mr. Read, Surgical Instrument Maker, of Parliament-street, in this city, the principal object of which is to avoid the compression of the superficial vessels; this instrument, Mr. Hamilton stated his intention of trying in the next amputation he should be called on to perform.

The able and eloquent Introductory Address, delivered, extemporaneously, by Dr. Edward Hamilton, on the same day, at one o'clock, in the "Dublin School of Medicine," Peter-street, consisted chiefly of observations on the several avenues to success which lie open to the Medical man. The Lecturer, however, premised, that such speculations as to his future should not materially influence the present conduct of the student, as his great object during his educational course should be to render his attainments at its termination such as to qualify him for the duties of any position which Providence might allot him. Having reviewed the advantages and disadvantages of the several situations in our military establishments, now so much sought after by our young men, Dr. Hamilton alluded to the degree of amelioration lately effected in the position of the Naval Assistant-Surgeon, through the powerful influence of the press, and the spirited determination of the London Students. He next adverted to the new era in Medical appointments presented in the recent regulations of the East India Company, whereby the student may become the architect of his own fortune; and, towards the end of his lecture, showed that we have little reason to congratulate ourselves on the transfer of our dispensaries to the control of the Poor-law authorities, the duties having been rendered vexatious and uselessly complex, while the scale of remuneration is degrading to the Profession.

At three o'clock on this day, also, the first session of a Medical School in connexion with the Catholic University of Ireland, so recently established by the exertions of the Roman Catholic archbishops and bishops in this country, was commenced, by an Introductory Lecture from Mr. Ellis, their appointed Professor of Surgery. I understand that this Address is to be published at length, in the course of next week; but the only novel point I could collect therefrom was a defence of the sectarian principle involved in its constitution—all the Professors being of the same religious profession. The school, although opened, is as yet not at all completed, a difficulty having been evidently experienced in obtaining lecturers on Practice of Medicine, Materia Medica, Midwifery, Chemistry, Botany, and Medical Jurisprudence—these chairs being still unfilled.

The Medical session in the University of Dublin was inaugurated, as I announced in my last letter, by an address from the Regius Professor of Physic, Dr. Stokes. The examination-hall, in which it was delivered, was filled by a numerous auditory, consisting of the Vice-Chancellor, the Provost, and the other heads of the University; the University Professor of Surgery, Mr. Cusack, and the several Professors of the School of Physic; the President and Censors of the College of Physicians, and many other eminent members of the Profession; together with a large number of students in their academics. The distinguished lecturer was listened to throughout with the utmost interest and attention, while he unfolded the vast advantage to the student of the association enjoined by University education of the study of arts in connexion with medicine, especially as it affected the position of the Physician in public life; and also while he pointed out the high feeling which dictated a similar course of study to the pure Surgeon required in the curriculum of the University. I refrain from giving any abstract of the lecture, as I expect to furnish you with it in full for publication in your pages (a).

GENERAL CORRESPONDENCE.

CASE OF CONVULSIONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have thought that the following case might be instructive to some of your readers. The vast mass of useful Medical facts never come to light, because most Practitioners are too much engaged to communicate them. Besides this, all journalists will not take the trouble to print them when they are sent; but, as I have not found this the case with you, perhaps you will not think so now.

Last week I attended, with another Practitioner, N. R., aged 3 years, with convulsions, which proved fatal twenty-four hours after she was first visited. She was a fine, healthy girl the last two years. In infancy, she had convulsions, arising, we thought, from a narcotic administered by the nurse, unknown to the parents. The child had been weaned. By the cold dash on the head, and warm bath, etc., she recovered in a short time, and being put again to the breast soon did well. This time the same remedies, with leeching and purgatives, etc. did no good.

The history of the previous week is as follows:—The child had been noticed to stammer, to look cross-eyed, and to have its mouth drawn aside, and had coloured discharge from nostril and ear, besides being at times in unusual spirits. But all these dangerous symptoms did not lead to Medical help, because the parents considered the child's apparent good constitution would prevail; and, moreover, they are strongly tainted, together with many of their relatives and neighbours, with the Homœopathic lie, backed up by a Cambridge quack, though, in shame be it spoken, a qualified Practitioner, and he, again, backed up by a London man, who, though he does not live in Epping Forest, deserves to be, like the trees, a fixture there, instead of travelling down, at a villanously low price, to globulize the country gulls.

A post-mortem examination revealed nothing particular about the head, but, on examining the bowels, two intussusceptions were found in the ileum, about 2 inches in length and about 12 inches apart. The colon was in patches, black internally; all other organs healthy. Now, this state of things was unexpected, because, although there was violent vomiting, the bowels were freely opened three times after we saw the child, that is to say, at some times of vomiting.

Were the intus-susceptions occasioned by the vomiting? Was not the vomiting caused by the state of the colon? and were not the convulsions caused by the intestinal irritation? But it is remarkable that the child's bowels had been regularly relieved daily up to the time of the attack of convulsions. It may be noticed, further, that the child had a heavy fall in the street two days before the convulsions; that she ate a very hearty meal of meat pudding in the day; and that the vomiting came on in the same night. I am, etc.

St. Ives. John Leigh.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I cannot refrain from expressing the deep regret I feel at the result of the late Meeting of the Association at York. This retrograde movement convinces me that the Profession will never reform itself; and (if I may be allowed to say so without incurring a charge of egotism) it confirms me in the opinion that the plan which I suggested in my

(a) This Lecture will be published in our next Number.

letter to Sir John Forbes, which was published in the *Association Journal*, on the 2nd February last, is the only way of settling this *quæstio vexata*, with which the Profession and the Legislature have been agitated for the last fifteen years. Let the State fix the qualification for license, based on a liberal and uniform course of education; and let the moral government of the Profession be vested in itself, through its Colleges and Associations.

I hope, the triumph which the "Worcester clique" has obtained will only be of short duration; and therefore I will not follow the example of Dr. Cowan, Dr. Barker, and others.

"Fas est ab hoste doceri."

Let me recommend the leading Members of the Provincial Medical and Surgical Association to read the editorial articles of the *Lancet*, 14th October, 1837, and 24th September, 1842, and beware lest, by their future proceedings, they prove that the remarks of that acute writer are not destitute of truth, but as applicable to the Association in the present day as they were then, when he said it was ruled by "migratory showmen," and "that annual meetings, feasting, toasting, guzzling, complimenting, and puffing, formed the chief features of that stupidly-managed society." I am, etc.

Antigua, 11th October, 1855. Thos. Nicholson.

A MEDICAL STUDENTS' INSTITUTE.

[To the Editor of the Medical Times and Gazette.]

Sir,—Your first Leader of October 27, contains a most important proposal. In common, probably, with all who have considered the subject, I agree with you in most highly approving the motives of those who have formed the "Medical Students' Christian Association." I agree also, however, with you in thinking that that Association has not a sufficiently wide basis, and is not likely to effect so large an amount of good as is desirable. What is wanted is rather of a social, than a purely religious, character. I have thought a good deal on the subject, and being convinced that the project is quite feasible, would be much obliged if you would allow me to bring before your readers, and more particularly the younger part of them, the following sketch of what might be called a Medical Students' Institute. The first requisite would be large and commodious premises, centrally situated. In these should be comprised a library and reading-room, a chess-room, class-rooms, and a dining-hall. Let the library be well stocked with works on all departments of general literature, including, of course, religious ones, and the news-room thoroughly supplied with the better class of the productions of the ephemeral press. Let duplicate copies of the best books be kept, and circulation permitted. Of the chess-room I need not allude to the use; it would favour sociability, and encourage a harmless kind of recreation. The class-rooms should be devoted to subjects allied with Medicine—the classics, modern languages, the topics required to be got up for the University examinations, etc.; anatomical drawing, perhaps, and certain others. In the library should meet once a fortnight an essay and discussion society for the reading of papers on any subjects connected with literature or history. The rooms should be open Sundays and week-days at all hours. On Sundays a Bible-class might meet, and perhaps also meetings for prayer might be held. It might even be possible to organize, in connexion with it, a Sunday-school for the employment of the superfluous energies of such as could afford them to this sphere of labour. There ought to be a *table d'hôte* at a certain hour or hours in the afternoon, and tea and coffee ought to be always obtainable. Admission to the Institute should be by annual subscription, and to each of the classes, etc., by special fee; the payments in all departments being arranged on the lowest possible scale. The management of the whole should be kept in the hands of a committee, composed chiefly of teachers in the various Medical schools.

Such an establishment might, I should think, be made nearly, if not quite self-supporting; at any rate, with you, I cannot doubt but that for so useful a project, funds would be forthcoming. It would supply what, I believe, is felt as a great want by Medical Students, and would indirectly effect much good. It would encourage sociability and provide for its indulgence. It would afford opportunity for that relaxation which all students must have, supplying to those who can make change of work as good as play, the means of recreating the mind in the walks of general literature; to others, who need a more thorough abandonment of study, the amusement of innocent games. If a yard for gymnastic exercises, quoits, etc., could be also obtained, it would render the establishment more complete, and would be of invaluable service to the *physique* of the students. Of course, to meet the wants of all the students in London, several such Institutes would be needed, but this is a matter which might be discussed at a future time. I am, etc.

London, Oct. 31. A Hospital Surgeon.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, November 3, 1855.

Dr. Snow, President, in the Chair.

This was a "general meeting" of the Society for the transaction of ordinary business, and made "special" for the purpose of confirming or rejecting certain propositions of the Council for a change in the method of electing officers. The propositions had been read at two previous meetings, and would thus have become law but for a protest which had been handed in against them, signed by Dr. Richardson and five other Fellows, and which rendered it incumbent on the Council to call a special meeting to confirm or reject them.

Mr. I. B. Brown moved the confirmation of the propositions of Council, which were as follow:—

"I. That on the last Saturday in January, between the hours of 8 and 8.30 p.m. the Fellows of the Society shall elect by ballot seven members of the Council, to constitute a Committee to prepare a list of those Fellows of the Society, who, in their opinion, are most eligible to fill the several offices to be declared vacant at the next general election of officers.

"II. That this Committee shall, in weighing the claims of the Fellows proposed for office, take special cognizance of—

"1st. Seniority.

"2nd. Services rendered to the Society.

"3rd. Number and quality of the papers read to the Society.

"4th. Position or standing in the Profession.

"III. That this Committee shall submit to the Council at its meeting, to be holden on the first Friday in February in each year, a list containing double the number of names of Fellows for each office to be declared vacant, viz., two Presidents, four Vice-Presidents, twenty Councillors, etc.; and this duplicate list having been read by the Council at its usual meeting in February, shall be forthwith printed and circulated among the Fellows, at least ten days before the date of election, together with the other papers usually sent and having relation to the business of the anniversary meeting.

"IV. That the balloting list shall consist of three columns, in the first of which the names of the officers and Council for the past year shall be inserted; in the second, the names of the Fellows recommended by the Council; and the third shall be left blank for the names of any gentleman whom the Fellows may consider possess superior claims to those proposed by the Council.

"V. That no name shall be admitted by the Scrutators unless the surname shall have been written in ink and in full.

"VI. That any balloting list containing a greater number of names for any office than there are vacancies to be filled up in that office shall be rejected by the Scrutators so far as relates to such office."

He complained of the want of system in previous elections, members often not knowing for whom to vote for want of having some names before them. By the appointment of the proposed Committee the present system of canvassing for office would be discountenanced; and diffident members, deserving office, who were frequently overlooked, would come under the cognizance of the Committee, and stand a chance, with others, of election.

Mr. J. F. Clarke seconded the motion. He said, that as the members would appoint the Committee, there could not be that objection to the proposed method, which applied to the system adopted in "other societies."

Dr. Richardson opposed the proposition, on the grounds

that canvassing would be rather increased than diminished, as many would canvass for office on the Committee; that the principle of strict representation would be violated; that it would be an insult to tell a man for whom he should vote; that disunion and disaffection would be created by the new system; that inconvenience would arise from the circumstance that some who ought to hold office would probably be chosen on the Committee of selection; and that the present system had hitherto worked well.

Mr. Bishop opposed the propositions, believing that they would give rise to heartburnings and disunion, and lead to an increase of canvassing.

Dr. Crisp said, if members voted for the proposition they would assuredly be excluded from all important offices, as was the case with the Medical and Chirurgical and Pathological Societies.

Dr. Lankester thought that the proposed change would peril the prosperity of the Society, and concurred in the objections stated by Dr. Richardson.

Mr. Dendy drew attention to the fact, that in the list sent out by the Council, there would be a third column, in which each Member might write the name of any other gentleman than either of those named; hence, he contended that there would be nothing like dictation on the part of the Council.

Mr. Ross had no objection to the appointment of a Committee, but would prefer that they should be composed of ordinary Fellows, and not of Members of Council. The proposal was only a blind, as such changes had always proved in every Society that had adopted them.

Mr. Hancock supported the propositions. Past elections, he said, had greatly injured the Society; members having often voted in the dark; and complained that no assistance had been given them by the Council.

Dr. Murphy thought the proposal was an attempt to introduce the thin end of a wedge, that would ultimately split the Society into numerous divisions.

Dr. Lankester moved as an amendment "that the proposition of Council be not confirmed."

Dr. Crisp seconded it.

Mr. Brown, in replying, said the election of the Committee would be with the members themselves, and that no member would be dictated to, as he had the option of rejecting all the names proposed, and voting for any gentleman he wished to be elected.

A ballot was then taken, the result of which was:—

For the amendment	26
Against	30
Majority against	4

The resolution confirmatory of the propositions was then carried by a similar majority.

Several Fellows protested that the propositions were not carried, one of the laws of the Society stating, that such a change required the votes of two-thirds of the members present; but the President decided that the law in question did not apply to the vote of a special meeting, but to the event of a vote being taken at an ordinary meeting, when no protest was entered, and the resolutions were merely read from the Chair.

Several propositions relating to the election of officers, had been sent by Dr. Richardson, but were withdrawn.

WESTERN MEDICAL AND SURGICAL SOCIETY.

October 19th, 1855.

Dr. James Arthur Wilson, President, in the Chair.

After the transaction of the usual business, the President took the opportunity of addressing a few remarks to the members present. He observed that it was the duty of individual members to endeavour to continue the practical utility of the Society in all ways that lay in their power, but especially in bringing before the meetings records of cases of interest, and short suggestive papers on particular matters, especially those connected with present epidemics, and the special charactera istics of disease in the Great Western District under their charge. Still, he objected to the notion of such communications being, in the popular sense, purely practical, to the exclusion of scientific analogies and deductions, all of which, in proper measure, belonged legitimately to the term "practical," a term which unfortunately had been much abused and appropriated by those whose views of professional duty were deficient or contracted. He then passed on to the state of the public health at the present time, observing that according to the published records the bills of mortality continued low, and that the season had been remarkably free from the usual autumnal diarrhœa: a fact of much importance when we remember how cholera and diarrhœa had ravaged the country last year, and how severe the former has been in Italy, Spain, and in many of the German towns during the present season. This necessarily led him to remark upon the attention which the Profession was now giving to prophylaxis, a subject of considerable importance; indeed all the modern improvements in sewerage and buildings were prophylactic, and perhaps to them we owed much of the present immunity of the metropolis from any unusual epidemic. The same interest to prophylaxis had been extended to tropical countries, and the coast of Africa, and our Navy was now reaping the advantages of this application of science. He urged upon all to extend its advantages, and not to rest until the pest sources of the metropolis (with special regard to the Ranelagh sewer) were closed. The subject of the advance of chemistry was a matter of congratulation, and the product of aluminium (a specimen of which, owing to the kindness of Mr. Morson, Jun., was exhibited), in marketable quantities anticipated; its medical application was not yet known. He also remarked upon the attention that was being given also to the local extinction of pain by ether and cold; the former being applied through the medium of albumen with which it forms a compound, and which readily permits its application to any part.

Much interesting conversation then followed, on invitation of the President, during which Dr. Aldis and Dr. Simpson remarked upon the imperfect sewerage of Brighton, Hastings, and Sandgate, and the fact that in all these, and many other watering-places, the sea was polluted with the sewerage of the town at the very spots which were frequented by the bathers, whereby at low water the atmosphere was loaded with effluvia.

At the next meeting, November 2nd, Dr. Cahill will read a Paper "On the Waters of Carlsbad and Vichy."

BELFAST CLINICAL AND PATHOLOGICAL SOCIETY.

The third Session of this Society was inaugurated, on Saturday, in the Library-room of the Medical Society, by an animated and eloquent address from the President, Dr. Malcolm; upon which occasion a very large and influential muster of members and others was present.

The President, in his address, observed that the Society, although comparatively recent in its establishment, had already 107 members on its list, 50 of whom had been enrolled as original members; thus showing a success which was most gratifying and encouraging. A distinguishing feature, too, he stated, of this Society, was, the encouraging of the freest discussion on the reading of papers, the advantages of which could not be over-estimated, and concluded by remarking that, as the continued success of the Society depended mainly upon individual co-operation, so each member should feel himself conscientiously bound to advance its important interests and objects; and, further, that the senior members of the Profession should make it a duty to attend the stated meetings, if not to derive, at least to supply, information to their younger brethren.

The following candidates for membership were proposed for election, by ballot, at the next meeting, viz.:—Dr. Leathem, Ballymoney; Dr. Robert Herd, Dr. Forsythe, Dr. Francis M'Minn, Dr. Sheal, Killyleagh; Dr. Murray, Ballymacarret; Mr. Weir, Dromore; and Dr. Seaton.

Dr. M'Cormac then read a paper, on an anomalous case in practice, which, having elicited remarks, from its unusual nature, from Drs. Fergusson, Pirrie, M'Mechan, was postponed for further discussion, at the next meeting of the Society.

Dr. Ross, one of the Secretaries, next read a very interesting paper, on "The Best and Safest Mode of Administering Hydrocyanic (Prussic) Acid," which was well received, from its practical value; after which, the meeting separated.

THE ASSOCIATION JOURNAL.

LETTER FROM SIR JOHN FORBES, M.D.

The following letter appeared last week in the *Association Journal*:—

Sir,—Earnestly desirous of benefiting our Association, even in the slightest degree, in this crisis of its fortunes, I send you a few observations on a subject closely connected with its future prosperity, and trust that you will deem them sufficiently pertinent to the office of your journal to give them a place in its pages.

Various causes, some of long standing, have contributed to bring about the state of dissatisfaction and disunion which now unhappily exists in the Association; but, in this short communication, I will confine my remarks to one of those of comparatively recent growth.

In a previous communication (see *Association Journal* for November 10, 1854, p. 1019), I endeavoured to show the extreme impolicy, and indeed the absurdity, of attempting to maintain a journal of a general character, and of large dimensions, by means of the present subscription of one guinea annually, unless, indeed, the members were content to see the Association converted into a mere Journal-club, without the means of effecting any of its more essential objects.

The actual condition of our funds seems to indicate that our ordinary sources of revenue are insufficient to effect even this humble purpose of a Journal-club. We are now largely in debt, and still more largely in disrepute and disorder; and I own I can see no way out of our difficulties but by a modification of the journal in such wise as to bring the outlay on it considerably within the actual amount of the Association revenue.

In my former communication on this subject, I advocated the necessity of an increased annual subscription, on the assumption that the members were determined to maintain the journal in its then large size. I hold the same views still, and indeed more firmly than before, on the same assumption; but further consideration of the matter has led me to the conclusion that, even if the subscribers to a journal consented to pay an additional sum annually, it would be most unwise to retain such a journal. Independently of its being the grand, if not the sole cause of our present financial difficulties, our journal has unquestionably been the source of a considerable amount of our present discontent and differences. Men in embarrassed circumstances, whether as individuals or as members of an Association, are notoriously disposed to be out of humour; and much that has appeared in the journal has contributed not a little to keep up and foment this tendency.

It is worthy of consideration, also, that even if the funds were sufficient to cover the expenses of a large journal, conducted on the general plan, it would be impossible for it successfully to compete with the other journals, so long as it continued to be at the same time the organ of the Association.

For these reasons, and others that might be adduced, I maintain the absolute necessity of our journal ceasing to be —or rather, from the attempt to be—what I call a *General Journal*, and to assume its proper function as a *Special Journal* —the Journal of the Association, and nothing more.

At one time I was of opinion that such a journal should be restricted to the simple office of recording the proceedings of the Society and its branches, and of promulgating such official documents and announcements, or such communications from members, as had immediate relation to the Society, its operations and affairs. Further reflection, however, and the opinion of friends with whom I have conversed on the subject, have led me to modify my original views so far as to propose the retention in our journal of one important department of the general journals, namely, that of "Original Communications." By the careful and exclusive cultivation of this department among a clientship of members now reckoned by thousands, and of whom a considerable portion are attached to Hospitals and Dispensaries, I believe that our journal might be raised to the very first place among periodical publications, as a repository for original papers; and would thus acquire a value, and excite an interest, which must command the support of the Profession generally. At present, we attempt to do a little of everything, and fail to do anything well.

In a journal on the plan proposed, we should certainly do two things, at least, well, and those two that ought most to interest the members of the Society; namely, (1) the reporting at full length the proceedings of the Association and its branches; and (2) the publication of every communication of value which the members might desire to lay before the Profession.

In conformity with the proposed plan, the journal—then truly the journal of the Association—would cease to have Leading Articles, Reviews of Books, Extracts from other journals, whether British or Foreign; Medical News, or Gossip, except, indeed, such news as had direct relation to the members, such as the record of births, deaths, and marriages, appointments, etc., etc. It would thus have only three or four departments in all:—1. Proceedings of the Association and its branches; 2. Original Communications from the members on all subjects relating to Medical science and the Medical art; 3. Letters from members on the affairs of the Society, or on subjects of interest to the members generally; 4. Professional Intelligence having special reference to the Association, its branches, and its members.

In the second department, besides purely medical or surgical papers of a technical character, we might expect more than one series of reports on subjects of a somewhat more general kind, such as topographical, meteorological, statistical reports, and more especially reports from hospitals and dispensaries. Considering the large number of officers of such institutions belonging to the Association, it might be anticipated that this latter class of reports would be large and valuable, so as to constitute a particular feature of the journal. Common journals of a general character cannot afford space for such communications.

Gentlemen who have been accustomed to regard the Journal of the Association as essentially a general journal, fulfilling all the objects and discharging all the functions of ordinary journals, more especially those gentlemen (and I fear their number is considerable) who have joined the Association solely or chiefly as a means of thereby obtaining a cheap publication, will no doubt protest against the inadequacy of such a plan as I propose to satisfy their journalistic tastes and wants.

I admit this inadequacy in its fullest extent: but I maintain, at the same time, that the Association ought not, and cannot, provide a journal to supply and gratify such wants and such tastes; and, consequently, that those possessing them must read some other journal or journals of a general character. Hitherto, no doubt, our journal has attempted to minister to such wants and tastes, but very inadequately, and assuredly in a much less perfect way than is done by the other journals. Hence I would say, that, even if our journal were to be continued on its old plan, it ought not to be regarded as a sufficient substitute for journals of a more general character; and if the adoption of the proposed plan, by destroying all semblance of identity with other weekly publications, lead to the habitual perusal of these, it will even thus, I conceive, be of positive benefit to the class of members referred to.

The exclusion from the *Association Journal* of those papers called leading articles I hold to be a matter of great importance; they are a complete anomaly in any journal professing to be the organ of a Society, and conducted by an editor who is the servant of that Society; they assume an authority to which they are in nowise entitled; they are a source of great expense; and they are not merely useless, but often positively injurious, by tempting an injudicious editor to indulge in his own crotchets, or to promulgate, *ex cathedrâ*, doctrines at variance with the views and the opinions of the public body of men for whom he acts. "The means to do ill deeds make deeds ill done."

The advantages to the Society of limiting its journal in the manner now proposed, if great in a moral or social point of view, are still greater in a financial point of view. It seems probable that the capacity of a single sheet of sixteen pages would suffice for all its requirements on the new plan; and if more space should be occasionally wanted, it could be occasionally supplied. In either case, the expense in paper and print would be vastly below what it has been during the two last years. The expense of editing such a journal would likewise be greatly less, inasmuch as the labour and the responsibilities of the editor would be reduced to a minimum. The savings thence derived, surely amounting to many hundred pounds annually, would place the Association in a position to carry out numerous objects of importance which clearly belong to its office, but which financial difficulties have of late years kept entirely in abeyance. I am, etc.

Old Burlington-street, Oct. 22, 1855. John Forbes.

THE HOSPITALS IN THE EAST.

London, October 20th, 1855.

Dear Sir,—You will recollect, I think, that in June last, I wanted a commission as a Medical officer, in Her Majesty's Service in the East; you will remember that I left the city without that commission, and proceeded of my own accord to visit the great Hospitals around the theatre of action; and now on my return, I am desirous of giving you some account of what I saw in some of the Hospitals. The Mamoult Hospital at Scutari in Asia, is by far the most attractive of them all. From it go all the materials for the others, with which its communication is as quick as circumstances will permit. The house is in the form of a parallelogram, and two sides of it are longer than London-bridge. In front is the Bosphorus, on two sides are large open fields, and on the other side is the town of Scutari. In the middle of each side a large door-way leads into an immense court. The building is three-stories high. The first floor is used as the receptacle for stores, blankets, beds, cookery utensils, medicines, surgical instruments of all sorts; in short, everything is deposited here on its arrival from England. The articles are landed on the wharf just in front of the house, inspected at once by an appointed officer, and sent to their proper places in the interior apartments. On one occasion I here saw some lint and tow which were much damaged.

There is in every storey of the house a corridor, about fifteen feet wide, extending the entire length of each side of the building; the windows of this corridor open upon the court, and its doors lead into the wards, the windows of which look out upon the Bosphorus, the fields, and the town of Scutari. In the second storey are placed the sick. On entering it, the first thing that attracts the stranger's eye is its extreme cleanliness.

In the corridor of this floor, beds are placed between the windows nearly all the way around the house. Had a bed been placed only between every other window, it would have been better for its occupant. Upon entering the ward from this corridor, the beds are found to be equally as close together, but with this difference, that the bedsteads are placed on a little platform or elevation, and raised about 12 inches from the floor of the ward, which I conceive to be of very great advantage. Light and fresh air, from the great number of windows, are afforded in abundance, much to the comfort of all the inmates. I was glad to see that curtains were not placed around the windows and beds; they collect and retain all manner of filth, and, I am confident, do much harm. The French have them in all their Hospitals in the City of Constantinople; they cannot be kept clean, and, I am sure, add no little to swell their bills of mortality. Thus, reports show a wonderful difference between the number of deaths in their Hospitals and those of the English.

The Medical officers at Scutari visit each patient twice a-day, and there is, moreover, an assistant always in the ward. The Apothecaries' shops are on this floor; their shelves are replenished from the great store-room below. When a prescription is written, it is taken at once to one of these, and often, before the Medical man has proceeded three beds further on his visit around the ward, the patient has received his medicine. This is placed on a little table by the side of his bed, and the nurse of the ward gives it to him at the appointed time.

The cases were chiefly of dysentery, and typhoid fever. The typhoid fever was managed with marked ability and success; the dysentery was alway malignant, and everything that could be done was often of no avail; nothing arrested its termination but death. The devastation caused by it in the French Hospitals of Constantinople was fearful indeed. There, to have the dysentery, was like being doomed soon to die; but at Scutari, with more room, and purer air, with more quiet wards, and the constant care of the Medical man, the cases would sometimes terminate more favourably, notwithstanding their malignant character. The patients who were very ill were not put in wards together, but properly placed here and there among the convalescing patients, thereby preventing men from being placed next to others as sick as themselves. This arrangement was highly beneficial.

When the patient had so far recovered as not to require further attention from the Medical officer, he was sent into the cabins situated in the court of the Hospital, there to await further orders.

These cabins are constructed of wood, and are of various dimensions. They are admirably adapted for their present use. They are raised upon walls, about four feet from the stone pavement of the court, and their ceilings are nearly ten feet high. The men prefer these cabins to the great stone Hospital—for what reason I know not, unless it is that the immense court of the house is more accessible when they can walk about, while gaining full strength. This, of course, they were never allowed to do in the corridors of the stone house.

The supply of water at this Hospital in Scutari is better than at St. George's and King's College. I need scarcely add that, when a bath was to be taken, there was never a murmur. It was the greatest luxury of the convalescing patient, whether from wound or disease, as it was his greatest sanitary provision. The poor weak man was bathed by one stronger than himself, and his friend performed the task with a good will, excited by the recollection of former pleasure, when he himself was in a similar condition; and so the enjoyment was mutual. A Medical officer was in every bathing-room, to see that each bath was of its proper temperature and duration. The water, economy, and cleanliness of this house would elicit the highest admiration from any critic. The ventilation of the corridors and wards is as good as it could be in such a building. Every comfort which the Medical man deemed advisable was nearly always granted; and frequently the men became too exacting, wanting things which were entirely unnecessary and could not be obtained.

The culinary department of this immense house excited the wonder and praise of all, especially of the French, who appeared to visit it every week or two. It is in the court of the Hospital, very near the cabins of those who are soon to move to other scenes, and is apart from all other buildings. There is no smell of the kitchen, except in the kitchen.

I never went into this department when the French Medical officers were there, that each of them had not a spoon in one hand and a bowl in the other, tasting one kind of food or other. This kitchen might be kept cleaner than it is, but it is so much less filthy than the others, that I do not wonder that its dirt is not generally noticed. It is remarkable that of all the body of cooks and kitchen-assistants, no one was ever taken sick; their work was always well done. Better broth and arrowroot, food so essential to the sick man's comfort, could not be made. I always thought there was too much cooked of everything. There seemed a needless expenditure of many things, and yet the convalescent gourmand always complained when the champagne, or other luxury needful for the sick man, was taken from the well; and I once heard an impudent fellow in one of the cabins say that if he had his rights he would have another bottle of champagne. Had this man been in any Hospital of the American army he would have been punished for his impudence.

The great essentials of this house for the reception of sick and wounded men I found, in many respects, as perfect as they could be; and, in all the arrangements it was as good as it could well be in the nature of existing things. The greatest difficulty is to warm it properly. Fresh air, proper ventilation, good food, and Medical care have thus far produced good results, but at times, during the cold rains of summer and autumn, many of the wards were too cold; though large stoves were placed in them, and every effort made to keep them at a proper and equable temperature, it was often not accomplished. From such happy results as the Hospital has had during this summer and fall, unless the heating of the house is better than at present, in the winter, when there will be more wet weather and more cold, the bill of mortality will surely increase. All the Medical officers frequently spoke of the difficulty they should have to contend against during the approaching winter, knowing that these depressing agents would prove more prejudicial to the health of the patient than the heat of summer.

I am sorry I had to leave this Hospital so attractive to me, at the time I did, but for the many interesting associations formed there I am indebted to you, and now, Sir, on my homeward way, allow me to express my gratitude.

Respectfully yours, Wm. S. Forbes, M.D.

Doctor Andrew Smith, Director-General, etc.

UNIVERSITY OF EDINBURGH.

Dr. Laycock's Introductory Lecture.—Dr. Laycock, the new Professor of the Practice of Physic, delivered his introductory lecture yesterday in the chemistry class-room. A large crowd of students and others assembled on the occasion. Professor Dick, Mr. Ritchie, Dr. Murray, and other Councillors were present, and Dr. Laycock was accompanied into the class-room by Professors Pillans, Gregory, Donaldson, Allman, George Wilson, etc. He was received with great applause. The lecture sketched the method which the Professor proposes to follow in his course, and the doctrines which he intended to teach. Commencing with the consideration of constitutional diseases, diseases affecting the system at large, they would be necessarily led to the consideration of principles as regarded the causation of diseases, and as regarded prognosis and diagnosis. Causation and diagnosis constituted the foundation of all success in practice. If they knew the order of phenomena in disease, and could alter that order in any part of the course of the disease so as to lead to healthy action, they were true Physicians; but if they only guessed darkly at the process by which disease was developed, they were only empirical Physicians, that was to say, they were guided only by blind experience. Constitutional diseases gave the type of all other diseases; some illustrations of this were mentioned by Dr. Laycock. After considering morbid affections, they would proceed to those known by the name of acute, under which he included all fevers. In speaking on this part of the subject, the lecturer observed that a deep debt of gratitude was due to physicians for the investigation of the causes of fever occurring on a large scale; and he only carried out what had been already taught from that chair when he pointed out the necessity of students making themselves acquainted with the doctrines of epidemics, that they might be prepared when occasion arose to show that they were not only practitioners for families, but for the nation, and that they could contribute to the public weal far more largely than by their attendance on individual families. Dr. Laycock next alluded to diseases of the nervous system, and then passed on to what would form the second division of his course—viz, special diseases, in which different methods of diagnosis were employed. He then congratulated the students on having chosen a study the most intellectual and satisfying which could occupy the mind of man. It was their duty to know man in every relation, under every condition, in every climate, in robust mental health, on the verge of unsoundness of mind, and raving mad, deprived of the light of reason. In prosecuting this important study, industry and perseverance were absolutely necessary, and he cautioned them against being led away by the attractions of other sciences—of botany, for example, which had been rendered so very interesting by the eminent Professor of it in this University—(cheers)—of chemistry, so ably taught in that room—(cheers)—or of physiology, professed by a man distinguished for microscopical researches, and without equal in the United Kingdom in that branch. (Renewed cheering.) He recommended a careful study of all these, reminding the student that, however attractive, they were only the means to an end—that end being the successful practice of their art. Dr. Alison, his distinguished predecessor, had authorized him to say that he still took the warmest interest in the class, and that he was still most anxious to advance its interests, and he had offered, in a way for which he (Dr. Laycock) could not be sufficiently grateful, to do anything which might be thought advisable to further the interests of the class and of the University. (Loud applause.) This was only what was to have been expected from a man so universally beloved and esteemed. In his opening address Principal Lee had expressed a hope that he (Dr. Laycock) would endeavour to follow in Dr. Alison's footsteps. He would certainly endeavour to do so, but he knew not whether he should succeed. He concluded by a word of encouragement to the students. On commencing his career he had as little prospect of obtaining this present chair as any of them. He could only say that those of his students who earnestly cultivated his professsion, and sedulously followed out the instructions given, he (Dr. Laycock) would be most happy to make his personal friends. Whatever the practice of physic gave in the way of filthy lucre was as nothing to the troops of kind friends which they might all secure by the earnest cultivation of the science of medicine.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at the meeting of the Court of Examiners on the 26th ult.:—

Allen, Joseph, Stradbrook, Suffolk.
Carr, William, Gomersal, Leeds.
Dowling, Francis Joseph, Chew Magna, Somerset.
Dryland, John Winter, Newbury, Berkshire.
Forrest, Edward Phelan, Army.
Furnivall, Edward Thomas, Egham, Surrey.
Granger, Frederic William, Army.
Hall, Benjamin William, Army.
Harvey, John Alexander, Kingston, Canada West.
Iles, F. H. Wilson, Binbrook-hill, Louth, Lincolnshire.
Pettingal, Frederick James, Calcutta.
Picachy, David, Calcutta.
Robinson, Edmund, Birmingham.
Stevenson, John, Gateshead.
Storrs, William T., Church Missionary Society, China.

At the same meeting of the Court, Mr. Edward Adams passed his examination for naval surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date April 16th, 1847.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on Thursday, October 18, 1855:—

Eagland, William Henry, Leeds.

The following gentlemen passed their examination on the 25th ult.:—

Dean, Henry Dacre, Windsor.
Kavanagh, Patrick, County Kilkenny, Ireland.
Mason, Joseph Wood, London.
White, Frederick George, Marlborough, Wilts.

The following gentlemen also passed their examination on the 1st inst.:—

Fendick, Robert, Bristol.
Jones, Edwin, Blackfriars-road.
Lawson, George, Egremont.
Michell, George, Cambourne, Cornwall.
Mouncey, James Ainley, Manchester.

DEATHS.

Day.—November 3, at Isleworth, Middlesex, William Day, Esq., Surgeon, in his 76th year, deeply regretted.

Franck.—November 2, at Brighton, suddenly, Dr. Hermann Franck, Ph.D., aged 54. Deceased was a native of Breslau, in Silesia, and one of the most respected and learned men in Germany. He was an intimate acquaintance of Baron von Humboldt.

Hough.—Lately, at Tenterden-street, Henry Francis Hough, Esq., late Physician-General H.E.I.C. Service, Bengal Establishment, aged 74.

Snowball.—October 31, at Newport, Isle of Wight, J. C. Snowball, Esq., M.D., Fellow of St. John's College, Cambridge.

APPOINTMENTS.

Cambridge University.—Dr. Whewell, Master of Trinity College, has been elected Vice-Chancellor for the ensuing year.

Dr. Graily Hewitt, Lecturer on Comparative Anatomy at St. Mary's Hospital, has been appointed Physician to the Westminster General Dispensary.

West Herts Infirmary.—Mr. Joseph H. Sutcliffe has been elected House-Surgeon to this Institution.

The General Hospital, Birmingham.—W. Hamilton Roe, Esq., M.A., M.B., Oxon, St. George's Hospital, London, has been elected Resident Physician to the above Institution, in the place of Dr. Wade, resigned.

New Lunacy Commissioner.—Dr. James Wilkes, of the Staffordshire Lunatic Asylum, has been appointed to the Commissionership in Lunacy, vacant by the resignation of Dr. Turner.

THE LONDON UNIVERSITY is now located in Burlington House. The present tenure is for three years.

UNIVERSITY COLLEGE, LONDON.—The Council held their first Session of the Academical year on Saturday last. The Andrews Scholarships were awarded to Mr. Fielden Thorp and Mr. Percy Greg: to the former, £100; to the latter, £60. Of the other candidates, Mr. Alexander W. Young and Mr. John Hennell were mentioned with honour, for their attainments in classics and mathematics; and Mr. John Manning Needham, for his attainments in mathematics. The vacancy in the Lectureship of Practical Physiology and Histology was directed to be advertised. A vote of thanks was passed to Horace Hall, Esq., of the firm of Fenzi and Co., Bankers, of Florence, for the zeal, ability, and generosity, with which, as agent for the executors of the late Edward Lombe, Esq., at Florence, he had acted gratuitously for the interests of University College Hospital, in the estate of the deceased during a long and intricate negotiation.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—The half-yearly meeting of this Society was held at the rooms, 53, Berners Street, on Wednesday, October 31st, at Eight o'clock, when the vacancies in the Court of Directors, occasioned by the retirement of those gentlemen who go out by rotation, were filled up; a Treasurer was elected in lieu of Mr. Blagden, who had gone to reside at a distance from London, and a Vice-President in place of Mr. Ridout, whose recent decease all who knew him must deplore. It appears, that some years since, this latter gentleman contemplated leaving a legacy of £100 to the Society, but upon reflection determined to be, as he termed it, "his own executor" instead, and, therefore, presented that sum during his life. He always expressed himself very warmly in favour of the provident character of the Society, and much approved of the cautious manner in which its funds have been managed. In the course of the evening it transpired, that within a comparatively short period, so many of its members who have died, have left their families unprovided for, that the fresh grants to Widows' and Orphans', which have to be renewed in half-yearly votes, amount to £370 per annum, exclusive of £5 per annum, which has of late been voted to widows of sixty years of age, above what is granted to their juniors; whilst a very small amount of decrease has taken place in the annual expenditure, by the decease or superannuation of recipients. The condition of the resources of the Society, enabled the Directors to meet without hesitation this increased call upon its income.

THE PROFESSION IN THE CRIMEA.—Major-General Daeres thus reports to the Commander-in-Chief, under date "Camp before Sebastopol, September 14.—The numerous sick and wounded of the siege-train have been attended to with a degree of skill and interest which I have never seen exceeded, and which has given me particular satisfaction. The state of comfort and order in which Surgeon Bent, who superintended the Medical Department of the right attack, and Surgeon Fogo, of the left, assisted by Assistant-Surgeon Taylor (who has served in the trenches through the whole siege, and whose gallantry was most conspicuous, as well as his skill), have, by their judicious arrangements, kept their Hospitals during the greatest pressure of casualties from the enemy's fire and epidemic cases, has frequently called for my thanks and approbation, and I beg to recommend these officers to your notice. The whole Medical department has been, since his promotion, under the charge of Surgeon Ellio[illegible], who previously had charge of the left attack, and his efforts at all times to provide comforts, and his attention to the sick and wounded, were unremitting." And Lieutenant-Colonel George says:—"The Medical Department of the siege-train, under the able and careful supervision of Surgeon Bent at the right attack, and Surgeon Fogo at the left, assisted by their juniors, of whom I would especially mention Assistant-Surgeon Taylor, has been such as to give me the greatest satisfaction. The air of comfort in their Hospitals, and the happy appearance of their patients, are sufficient proof of their admirable arrangements, and unceasing attention."

DEATH FROM CHLOROFORM.—A case occurred in Edinburgh, on Tuesday, in which fatal results attended the application of chloroform. As it might pain the feelings of relatives to give names, we shall merely mention the circumstances. A lady, with her husband, came into town a few days ago, to visit her friends. On Tuesday, she suffered so much from a decayed tooth, that a dentist, residing in a fashionable street in the New Town, was applied to for relief. To render the operation less painful, chloroform was resorted to, but the effects of this powerful agent were deplorable. The lady remained unconscious; and, notwithstanding that the services of an eminent Physician were immediately procured, and every attempt made to restore the unfortunate lady to sensibility, death supervened in the course of an hour or less from the inhalement of the chloroform.—*Edinburgh Advertiser.*

SMALL-POX.—In one house, 24, Ewer-street, St. Saviour, Southwark, 3 children died of small-pox within five days.

SCARLATINA still prevails with much intensity in St. Pancras.

CONSUMPTION.—124 persons died last week of consumption, 68 at the ages 20-40, 28 at the ages 40-60.

BRONCHITIS AND PNEUMONIA were fatal last week to 122 persons.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the General Monthly Meeting, on Monday last, Sir George Pollock, G.C.B., Vice-President in the Chair; Delamore J. Bailey, Esq.; Archibald Campbell, Esq.; John Evelyn Denison, Esq. M.P.; R. Dick, Esq.; Thomas Farquahar Hill, Esq.; and Jonathan Rigg, Esq., were duly elected Members of the Royal Institution: and Thomas Dunn, Esq.; William Chapman, Esq.; John MacLennan, M.D, were admitted Members. The Managers reported, That they had appointed Thomas Henry Huxley, Esq., F.R.S. to fill the vacant office of Fullerian Professor of Physiology.

HAIR-DYES.—A man was placed a few days ago in a lunatic asylum at Berlin, to be treated for a mental alienation, brought on by the use of hair-dye. On examining the dye which he had employed, it was ascertained to be composed of lead, mercury, and lunar caustic. It produced violent pains in the head, and at length led to madness.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	1	13	2	3	8
North	490,396	6	4	17	6	5	11
Central ..	393,256	..	5	10	3	4	9
East.....	485,522	3	1	10	6	6	10
South	616,635	5	..	20	5	6	11
Total..	2,362,236	14	11	70	22	24	49

MORTALITY NOTABILIA.—The mortality in London is still below the average rate, for 919 deaths were registered in the week that ended on Saturday, November 3rd, or 193 less than the corrected average of previous years. The diarrhœa (24) are much below the average number; yet 3 cases of death from cholera are recorded:—In *Millbank Prison*, on 29th October, a prisoner, formerly a labourer, aged 27 years, "Asiatic cholera (11 days)." In the Workhouse, Chelsea, on 28th October, a widow, aged 74 years, "Asiatic cholera (30 hours)." At Royal Military Asylum, Chelsea, on 29th October, a laundress to the institution, aged 49 years, "cholera spasmodica (6 days)."

BIRTHS.—The births of 671 boys and 675 girls, 1346 children, were registered; average 1440.

METEOROLOGY.—The moon was in its last quarter on Thursday; the barometer was low during the whole week, the mean ranging from 28·973 in. daily to 29.624 in., and averaging 29·412 in. The air at its highest on Sunday (53·0°) on Friday night fell below the freezing point (30.3°) for the first time in the season, and the mean daily temperature of the week fell to 42·8°, or seven degrees below the temperature of the previous week, and *four* degrees nearly below the average of the corresponding days of 38 years. The mean dew-point was 41·1°, and 1·7° below the temperature of the air; the air was consequently damp, and was completely saturated with watery vapour on five nights. The temperature of the Thames fell from 51·9° to 46·2° during the week. The wind blew gently at first from the north, veering sometimes to the east or west, but on the four last days passed over Greenwich at rates ranging from 195 to 110 miles daily.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, November 3, 1855.*

Causes of Death.	In the Week ending Saturday, November 3, 1855. Deaths of Persons. At all ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 42·8						° 47·9
All Causes	919	457	149	135	153	22	1011·4
Specified Causes	915	457	149	134	153	22	1004·0
Diseases:—							
1. Zymotic Class	227	177	22	13	15	..	268·3
2. Dropsy, Cancer, and others of uncertain seat	41	4	5	15	15	2	43·9
3. Tubercular Class	163	58	68	28	9	..	169·3
4. Of Brain, Nerves, etc. ..	88	41	8	14	23	2	108·0
5. Of Heart, etc.	35	6	7	11	11	..	37·6
6. Of Respiratory Organs ..	140	84	7	21	25	3	160·2
7. Of Digestive Organs ..	48	19	9	13	5	2	58·7
8. Of Kidneys, etc.	9	1	2	2	3	1	11·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	..	4	..	3	..	10·2
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	7	1	2	..	4	..	7·1
11. Of Skin, etc.	1	1	..	..	..	..	1·8
12. Malformations	3	3	..	..	..	..	3·8
13. Debility from Premature Birth, etc.	25	23	..	2	..	..	24·9
14. Atrophy	25	17	..	..	7	1	25·1
15. Age	28	..	..	..	19	9	38·9
16. Sudden	14	6	2	1	4	1	7·8
17. Violence, Privation, etc...	54	16	13	14	10	1	26·7
Causes not specified.. ..	4	0	..	1	..	..	7·4

BOOKS RECEIVED.

Guthrie's Commentaries on Surgery. Sixth Edition. London: Renshaw. 1855.

The Pharmaceutical Journal. November.

Veteriuary Education: an Inaugural Lecture. By John Gamgee. Londou. Baillière. 1855.

Edinburgh Medical Journal. November.

Fourtecnth and Fifteenth Annual Report of the Registrar-General Abstracts of 1851-2. Londou: Eyre and Spottiswoode. 1855.

Ueber die Cystengeschwülste des Halses. Von Dr. E. Gurlt. Berlin. 1855.

The Correlatiou of Physical Forces. By W. R. Grove. Third Edition. London. Longman and Co. 1855.

Practical Remarks on State Vaccinatiou. By Dr. E. T. Hughes. Loudon. Whittaker and Co.

An Introductory Lecture at the Opening of the Session of the Chatham-street School of Medicine, Manchester. By Daniel Stone, F.C.S. Manchester. 1855.

TO CORRESPONDENTS.

All Communications intended for insertion in this Journal should be sent, *post paid*, to the Editor, 11, New Burlington-street.

In our next Number we shall publish the Introductory Lecture, delivered on Saturday last, at the Opening of the Medical Classes in the University of Dublin, by Dr. Stokes.

Our contemporary, the *Lancet*, informs us that the Dublin Medical Session was inaugurated last week by an Introductory Lecture by Sir Philip Cramptou, who delivered a discourse relating to the War, and the recent appointmeut of Mr. Tufnell as Professor of Military Surgery. Our Irish frieuds are much amused at this piece of intelligence, as it is not known in Dublin that Sir P. Crampton has delivered any lecture at all this Session, aud tho openiug of the Irish Schools must have been communicated to our London contemporary by some Magnetic Telegraph possessiug prophetic powers; as that event did not take place till after our own Journal aud the *Lancet* had beeu published.

Dr. Noble Seward will receive a private note.

Dr. Macleod's letter is inadmissible. We are quite ready to retract any scutimeuts or expressions contaiued iu a Review, if they should be proved to be uufair, or couched in terms of undue severity; but, after carefully reading over the Review again, we must adhere to the statements which it contains and the opinions which it adopts. We do not object to the scientific employment of water as a Therapeutical Ageut, but we entirely disapprove of the so-called Hydropathic system, which professes to offer a panacea for the diseases of mankind, and which, as carried on in the Hydropathic establishments, savours too much of quackery to merit commendation or defence in a Journal devoted to the advancement of legitimate Medical Science.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—While I cordially join with you in congratulating the Naval Medical Reform Association "upon the attainmeut of its object and the conclusion of its labours," I beg to express my disapproval of the distributiou of "the Audited Balance."

It is quite right that the balance should be devoted to charitable purposes, but I cannot see on what grounds the Committee excluded the Medical Benevolent Fund Society for Ireland from a share of the balance, and hauded over the whole amouut to two exclusively English Institutions, a portiou of the funds haviug been raised in Irelaud.

I am, etc. Thomas H. Babington, M.B,
Treasurer to Co. Londouderry Medical Association.

Londouderry, Nov. 6, 1855.

We are compelled this week to postpone the publicatiou of the following important Lectures and Original Communications, which are uow in type: On the Connexion of Apoplexy with Renal Disease, by Dr. Kirkes; On Fuuctional Diseases of the Nervous System, by Dr. J. Russell; On Local Anæsthesia, by Dr. James Arnott; On Congenital Phymosis, by Dr. Dick; Experimeutal Researches by Dr. Browu-Séquard.

A Metropolitan.—We must adhere to our determinatiou of decliuing to publish any letters on the subject of the Provincial Medical and Surgical Association, without the names of the writers. Were we to adopt a contrary course, we might fill our Journal with anonymous communications upon the affairs of that body. The letters we have already inserted, are from gentlemen who are not ashamed to avow their names, aud we shall be quite ready to lend our columns to the expression of opposite opinions, if the writers adopt an open system of warfare.

Inquirer.—The book is out of date. Consult "Bushe on the Rectum," or Curliug's Work ou the Rectum.

M.D., M.R.C.S.E., L.A.C.—The Metropolis Local Management Act does not defiue what it meaus by a "legally-qualified Practitioner," aud in the absence of such definition, a Licentiate of the Apothecaries' Company without any other qualificatiou, would be legally eligible.

S. Bolton.—Beale on the Microscope, and its Applications to Clinical Mediciue.

J. W.—The next preliminary examinatiou at Apothecaries' Hall, will take place on Tuesday, the 20th instant. There will be oue, if uot two, more examiuatious on the same subjects, during the eusuing year.

Inquirer.—Brande's Cyclopædia of Chemistry.

COMMUNICATIONS have beeu received from—

Dr. R. U. West; The Geological Society; Dr. W. Cooke; Dr. W. H. Ashley; S. Bolton; Mr. J. H. Sutcliffe; Dr. Brown-Sequard; Dr. Russell; Mr. Haynes Walton; Mr. W. T. Bell; Dr. Stokes; Dr. Noble Seward; X; J. K.; Dr. Marcet; Mr. Kesteven; Mr. Adams; X. Y. Z.; Dr. Macleod; Dr. Baines; Mr. Hunt; Sir John Forbes; Dr. James Arnott; Surgeon, R.N.; M.D.; M.R.C.S.L.; L.A.C.; Mr. Richards; Mr. Montague; A Physician; The Secretary of the General Hospital, Birmingham; Dr. Ramskill; A Subscriber J. W.; Dr. T. H. Babington; Mr. N. M. Nunn, of Wexford; Mr. Edward Pilkington, Sunderland; Mr. C. Stokes.

APPOINTMENTS FOR THE WEEK.

November.	Miscellaneous Register.
10. Saturday....	Operatious at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m. Medical Society of Loudon.—Mr. De Meric on "Bubo."
12. Monday.....	
13. Tuesday	Operatious at Guy's, 1 p.m.
14. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m. Hunterian Society, Blomfield-street, 8 o'clock.—Mr. Hutchinson will read a Report on the "Uses of Chlorate of Potass." Geological Society.
15. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central Londou Ophthalmic, 1 p.m. University College Medical Society, 8 o'clock.—Mr. David Boswell Reid on "Injuries of the Chest and Abdomen."
16. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m. Western Medical and Surgical Society.—Mr. Martin will read a paper on "The Successful Treatment of a case of Croup by Stimulants," also on a "A Case of Polypus Uteri."

ORIGINAL LECTURES.

OPENING OF THE MEDICAL SESSION IN THE UNIVERSITY OF DUBLIN.

INTRODUCTORY LECTURE

By WILLIAM STOKES, M.D.
Regius Professor of Physic.

I HAVE been directed by the Provost and Senior Fellows, to open the Medical Session by a public address. This proceeding, which is a novel one, is not without its meaning. It implies the wish of the heads of the University to make known, through their proper officer, the steps which they have taken to promote the schools of Medicine and of Surgery, within their walls, and the views which they entertain, as to the advancement, not only of these Institutions, but of Medical education in its broadest sense.

From an early period the University system in these countries, a constitution mainly borrowed from the Italian schools, implied the conferring of degrees of two kinds: 1st, in Arts, in which there were the lower and higher degrees; and next, in some faculty requiring a special education or set of exercises; so that the student, having first taken, at least the lower degree in Arts, and having thereby acquired a competent knowledge of the literature and science of the day, could proceed to qualify in Divinity, Physic, or Law, as his wishes might direct him. No degree in these faculties was attainable, unless the candidate had already graduated in Arts.

These ancient regulations, more or less modified, have been long followed out in the Universities of Oxford, Cambridge, and Dublin; and, although of late years objections have been raised against them, let us hope that they will remain, if not absolutely in their original form, yet preserved in their essence or spirit. A great principle is implied, a great truth is foreshadowed in them, namely, that for the highest exercise of any one function or calling, it is above all things necessary that those who are to follow it, should have had means placed at their disposal for the discipline and enlargement of their minds. There is implied in these regulations, that wise and wholesome doctrine,—that an exclusive education must always be an imperfect one. A purely special education, from which everything is excluded but matters ancillary to the calling or pursuit which a man is to follow, must fail in elevating the profession to which it is applied. Such an education might produce a Clergy skilled in polemics, if you will, but wanting in higher qualities,—wanting in the reasoning power, in general knowledge, and in charity: a Clergy skilled to defend, but unfitted to adorn their position. It might produce an ingenious and unscrupulous Lawyer, but not an enlightened Judge or Lawgiver. It might produce a Physician or Surgeon, with just as much knowledge as would enable him to follow his business as the mechanic follows his trade, but without the success and without the honour which the skilled and upright artisan can claim. But not so were trained in Divinity a Pearson, a Bull, a Beveridge, or a Butler; not so in Law, a Blackstone, a Mansfield, an Erskine, or a Plunket; or in Medicine, a Sydenham, a Meade, or a Graves. Exceptions will occur to many of you, but indeed they prove the rule.

On the other hand, it is not to be held that the system of the old Universities was opposed to special education. For they have not omitted to make provision for it, as the requirements of the time demanded. But always they have insisted, that the general should precede or accompany the special education. In these times we should see that the importance of this early training in general knowledge is not too much overlooked. Do not be misled by the opinion, that an University education will do nothing more than give you a certain proficiency in classical literature, in the study of logic and ethics, or in mathematical or physical research. If it does these things for you, you will be great gainers, for there is no one branch of professional life, in which these studies will not prove the most signal helps to you. But it has another, and equally important result: it enforces respect for the ordinances of religion, it habituates the mind to the humility of prayer, it enlarges it by communion with contemporaries who are preparing for the varied walks in life, and it excites the best ambition, by presenting so many examples of successful exertion. Lastly, it serves you by increasing your self-respect: for the humblest member of our Profession, who has been thus educated, will feel, should he meet the mitred prelate or the ermined judge, that in Academic rank he is not their inferior.

Our profession, gentlemen, has long been in an anomalous position. While its more successful members may attain wealth, and rank, and consideration, the mass is not on an equal footing with that of the Church or the Bar. I will here only indicate one of the many causes of this state of things: it is that so many of us have received but the special or exclusive education. It is not so in the sister professions. And the evil has, in part, arisen from the fact, that in former times the study of Medicine was not sufficiently fostered by the great Universities. The teaching of Medicine passed in a great measure into private hands, and licensing bodies sprang up, who were content with the merely special education. The result was natural. The student, while yet a boy, commonly uneducated even for his age, knowing nothing of the world or of the requirements of society, is sent to work in the dissecting room, or to sit on the benches of a medical theatre, to listen to lecture after lecture on different subjects, until the time come when he is enabled to pass an examination. At the end of the fourth year, the licence is obtained, and he enters the world, too often unfit to take his place in society, or support the rank of his Profession. He may be, and generally is, the son of a gentleman, but he has not received the education of a gentleman. Such a man is often soured by finding himself deficient in the knowledge which society requires. He rails at the treatment of his Profession by the public, while he should feel that much of what he complains of, is but the result of the vicious system to which he was a victim. Yet such a man is better off than he who has sprung from the lower ranks, and who has never been afforded the sole means by which he could take and keep his place. For he often wants those refinements of feeling and thought which are often hereditary, and which to a certain degree would compensate for a proper mental culture. To him the want of a liberal education is a bar which it is hardly possible to get over.

I can speak on this subject, with confidence, for I have now been more than twenty-five years occupied in the teaching of Clinical Medicine, and I know that some of our students have obtained their diplomas from various licensing bodies, without possessing the knowledge indispensable to a common clerk. I shall not soon forget an observation made to me by a gentleman, then high in office, and head of one of the Departments of the Public Service. "We get," he said, "from Ireland, some of our very best and very worst men." I asked him in what the second class were wanting; he answered, "in conduct and in common letters."

Gentlemen,—you have adopted Medicine as your Profession. Let me ask you, have you thought on the nature of the road you are about to travel,—do you expect to move onwards as on a beaten path, like machines and not like men? Do you look at your Profession as a mere means of livelihood, to be reached by a course that can lead only to mediocrity, or will you strive to fit yourselves for the highest place, by a full moral and mental culture? I trust you will. We hear of our Profession being overstretched: but remember that saying of Swift's, that "in every crowd there is room, over their heads." By these means alone will you obtain self-respect. Avoid the lower, qualify for the higher aim. Regret as false, and utterly mischievous, whatever you may be told as to the inutility of a broad and liberal extra-professional education; you are not going to a trade, but to become members of an honourable Profession, and, therefore, it behoves you to consider whether you will sacrifice your chances of rank and success, by following those advisers who tell you, for their own purposes, that an exclusive education will serve your purpose. I warn you against such a doctrine. A few years will show you that it is contrary to the spirit of the age. Do not believe that with your minds unopened, unrefined by literature, untrained to accurate reasoning,—with your tastes undeveloped, and your habits untutored; the mere fulfilment of your medical or

surgical curriculum, will qualify you to support the honour of your Profession, or place you in the class of the workers and pioneers of a progressive science. No, you will not go to a Profession as an ignorant man to a handicraft; you are to be associated with men of education, therefore you must not be inferior to them in education; you are to support the dignity of a noble Profession, therefore your mental powers, and your moral perceptions, must be cultivated and exalted; you are to be placed in a position of all others the most fruitful in opportunities of doing wrong to your brother in the dark, and of obtaining wealth by practising on the credulity of mankind; therefore you must cherish the most delicate sense of honour, and so train yourselves, that your conduct shall be based, not so much on the fear of the consequences of wrong, as upon the perfect love of that which is right.

But let me not be understood as conveying any slight on the members of our Profession who have been condemned to the mere education of the curriculum. This, however, I will say, that their character has been made by one branch of study. It was not made by the practice of repeated anatomical dissections, nor by listening to triple courses of lectures. It was made in the Hospital. In its wards, the student learns that which cannot be taught in the dissecting-room, or in the theatre. Here—where disease in every shape, and the suffering of his fellow-man in every degree, surround him, and mutely, but imperiously, ask for help—he begins to do for himself that which he had been hindered doing before. He learns to reason, to teach himself to act and to discover. But he does much more. The kindlier feelings of his heart are stirred, and he is so trained to works of charity and mercy, that their practice becomes at last a second nature. He may be rude, unlettered, but he not only bears with him into after-life that which is the characteristic of our Profession, the wide-spread and lasting exercise of that virtue which the inspired Apostle denotes as the great mark of the Christian character; but, he acquires that moral courage by which, at the call of duty—or of mercy, which is his duty—he learns to despise danger and to meet death, whether it come by the pestilence or the sword.

With such a basis for our Profession, it is lamentable to see how, by a bad system, so many of its members are compelled to take a place inferior to that of the Church or the Bar. Those, however, who for their own interests advocate such a course, degrading the Profession of which they should be the guardians and promoters, will at last be compelled to adopt larger views. The evil will cure itself in time; and the student will do for himself that which he should have been encouraged to do before. The University of Dublin has led the way in elevating the Profession of Surgery, by insisting on an extra-professional education for the Surgical as well as the Medical Student. It has sought to do away with the difference of rank between the Medical and Surgical Professions; not by lowering the educational status of the Physician to that of the Surgeon, but by elevating the rank of the Surgeon to that of the Physician. On the cooptation of Surgery into the academic system, and on the school founded upon these principles, I shall presently dwell. Let me point to the fact that, by a recent regulation of the Army Medical Boards, a course of Logics must be attended by those who seek to enter the Medical service. This rule has led to the creation of a Chair of Logics in the Royal College of Surgeons, on which those who are not students in Arts must attend, if they seek to enter the service of the Queen. This rule admits the principle for which the University contends. It has a general as well as a special application; for, if it leads to increased educational rank of the Military Surgeon, that of the Civil Practitioner will follow.

This regulation is due to Dr. Smith, the Director-General of the Army and Ordnance Medical Department, and is to be taken as showing his desire and determination to elevate the rank of the department over which he has been placed. For this, and for the interest which he has taken in the School of Surgery in this University, Dr. Smith has been exposed to attacks in more than one of our periodicals, which have been discreditable in the last degree. The style and animus of these productions are such that further notice of them is not to be desired. But I wish to say in this hall that no man can have a more thorough perception of the causes which have acted in depressing the Medical Service of the Army, than the present Director-General. And I know his determination not only to serve his country through evil and good report—by providing for her devoted soldiers that care which a liberal education can alone afford, but by using, for the elevation of his order, the irresistible force of an ample extra-Professional education.

It has been urged upon the Board, that the numbers attending the Medical classes would be increased, and that certain advantage would result to the student, if the degree of Doctor of Medicine was conferred without requiring the education in Arts. We may admit the first of these propositions, but not the last. If the degree in Medicine were given without Arts, it would be at once degraded. Our Bachelors and Doctors of Medicine would be placed in an inferior rank to those of Oxford or Cambridge. The step would be nothing but a yielding to the system of exclusive education, so injurious to our real interests. Do entirely away with the Arts education for the Physician, and you remove his claim to be placed on an equal footing with the Clergyman or the Barrister. It is now many years since this matter was so urged upon the Board,—I grieve to say it, by some who should have had larger views,—that it consented to give not a Degree but a Diploma in Medicine on a purely Medical qualification and an examination. This rule, objectionable from its creating two orders of Physicians, was rescinded after a few years, and since then no Diploma whatever has been given by the University unless the candidate had qualified as a Bachelor of Arts.

Let me here draw your attention to some of the existing regulations of the University, which have been framed with the view of facilitating the Professional Student in taking his degree in Arts.

By the regulations I allude to, arrangements have been made, exempting professional students from certain portions of the course in Arts, on the condition of their attending, in the professional schools, such an amount of lectures as is considered equivalent to the parts of the course in Arts remitted. These regulations apply to students of Divinity, Law, Physic, and Engineering. Thus, in the Junior Sophister year, Medical students may keep terms by attending the lectures, or answering at the examination in Science only; but to obtain this privilege the student must be matriculated in Medicine, and must be in actual attendance on the full courses of the Medical Session, necessary for completing an annus medicus.

In the Senior Sophister year, the professional student may keep terms either in lectures or at examinations, by studying any one of the three voluntary courses, provided they have complied with the rules which bind them in their Junior Sophister year; and at the degree examination the privilege is only allowed to such as have completed full attendance on lectures, during the Medical session preceding the Michaelmas term of their Senior Sophister year.

In the last place it has been provided that the Student of Medicine, that is, he who is on the books of the University as a Student of Arts, and who has also matriculated in Medicine, is permitted to attend on the four University Medical Professors for the courses qualifying for the Bachelor of Medicine degree without any additional fee. The certificate cannot be granted until after the degree in Medicine is conferred. The student, however, should he require such a certificate to obtain any other degree, diploma, or licence, may obtain it on paying the Professor's fee. This arrangement, which is calculated to encourage the Medical Student in taking his education in Arts, has yet another advantage, for it places a large portion, at least, of the Examining Board above the charge of favouritism. For, if it could have any effect on the Professor, it would be to make him more stringent in his examination. This arrangement does not apply to the Professorships on the foundation of Sir P. Dun, nor to those of Midwifery or Medical Jurisprudence, for this reason, that the College of Physicians have no funds wherewith to indemnify the Professors for the fees of the Students in Arts. Indeed the two last of these Professorships remain unendowed. But if the College of Physicians, who, by Act of Parliament, are united with the University in the government of the School of Physic, had command of the funds proceeding from Sir P. Dun's bequest—as that great benefactor of our Profession originally intended they should have had—these things would not now exist. We should not see the important Chairs of the Practice of Medicine, Materia Medica, or the Institutes of Medicine so miserably endowed, nor those of Midwifery and Medical Jurisprudence without any endow-

ment at all. These, and many other matters which call for amendment, result from the provisions of the Act of Parliament, the 40th of George the Third, an Act of which I feel compelled to say, that it would be difficult for human ingenuity to have produced a more effectual means of damaging the School of Medicine.

This Act is the great incubus of the Irish School of Medicine. It disposes of the funds of Sir Patrick Dun's estate, in a manner which is plainly a perversion of his intentions, which were clearly to endow the Professorial Chairs. It compels a mode of election to the very Chairs which it has stripped objectionable in almost every step of its process, and alike damaging to the elected and the electors. It indirectly limits the choice of candidates to a very small circle. It virtually deprives the University of any influence in the election of five of the Professors in the School of Physic. It provides a miserable endowment for three of the existing Chairs, and leaves two others unendowed, unless in the event of a most improbable contingency. It acts in removing the most distinguished members from the College, by declaring that, once a Professor, the individual can have no further voice in its regulation or government. It has, after giving a wretched pittance for three Chairs and for the Library of the College, handed over all the surplus funds for the endowment of a Hospital in a city where there were already many Hospitals, and gives the administration of these funds to a Board who have no connexion with the School of Medicine. All this was ostensibly to provide for clinical education; and, to crown the whole, the Act provides that the Professors of Anatomy, Chemistry, and Botany should, in their turn, become Teachers of Clinical Medicine,—an arrangement so faulty that it has now become almost effète. In justice to the College of Physicians, it is to be stated that they have not been insensible to the evils of this Act. During the Vice-Royalty of the Earl of Clarendon, the enlightened Chancellor of the Queen's University, I formed one of a deputation to His Excellency, which was headed by Dr. Collins, then President of the College, when these matters were laid before him, and I have reason to believe that, had the College been in a position to proceed as in the case of a private Act of Parliament, we should have had His Excellency's sanction and assistance for the repeal of this Act. But, whether the funds of Sir Patrick Dun's estate are ever wholly, or in part, restored to their proper purpose, it is clear that, if the system of compulsory attendance upon this Hospital is to continue, the Institution should be made a General Hospital. Medicine cannot be taught in a purely Medical Hospital, any more than Surgery in a purely Surgical one. Such a change is demanded by the requirements of the time; and so strongly did the Board feel the insufficiency of attendance on a purely Medical Hospital to afford proper instruction to the Bachelor of Physic, that they have made it imperative on the candidate that he should produce certificates of attendance on a general Hospital, as well as on that of Sir P. Dun's,—thus doing all that they could do to obviate the effects of a system to which, by law, they were compelled to submit.

The last regulation for the benefit of the student to which I shall refer, is that by which the President and Censors of the College of Physicians are associated with the Professors of the School of Physic in the examination for the Bachelor of Medicine degree. This is intended to save the candidate for the licence of the College from the necessity of a second examination. The regulation, which is a recent one, might be advantageously modified, by leaving it optional to the candidate to be examined by the single or double Board.

I have not endeavoured to prove to you that the School of Physic is in all respects unexceptionable. On the contrary, I and my brother Professors are of opinion that it is still susceptible of reforms. Some of these are indicated in the report of the Royal Commission appointed to examine into the government, teaching, and discipline of the University. Others are still under consideration. The method of examination might be improved by confining the terminal examination to practical subjects, and by establishing examinations at an earlier period for the elementary courses.

The method of election to the Professorships on the foundation of Sir P. Dun should be altered, and it is greatly to be desired that Medical honours in the University should be established. At present, class prizes are awarded by the University Professors, and they are most valuable. But we should have higher honours. These might be of three kinds:—

1st.—Exhibitions or Scholarships to be awarded for proficiency in the collateral sciences, such as Anatomy, Physiology, Chemistry, and Botany. These might be attainable for junior students, and continue for two or three years, as the case might be. In the next place, we should, I conceive, adopt the system of attaching a mark of honour to the best, and, perhaps, the second best answerers to the Medical degree. This is done in the University of Edinburgh, and that simple asterisk attached to the name on the University roll would remain as a precious and a permanent record of distinction and success. Lastly, the establishment of a gold, and, perhaps, a silver medal, to be competed for by the candidate Bachelor of Medicine, on an examination which should embrace all the higher departments of medicine, is greatly to be desired. I need not say to this auditory, that the Gold Medal of the University would pass current over the world as one of the most honourable testimonials that any young Physician or Surgeon could possess.

Let me now lay before you the steps which have been taken by the University to extend the benefits of general education to the Surgical as well as to the Medical Student. From an early period Surgery has been excluded, or but feebly recognized, in the academic system of the old Universities. It was recognized in Oxford and Cambridge so far as that a diploma on the performance of certain exercises was conferred for proficiency in the art. But it seems to have been placed in a position inferior to that of Medicine. This was obviously the result of the state of knowledge at the time. But in nothing is the real nature and function of a University better seen, than in its being on the one hand the reflector, and on the other the promoter, of the knowledge of the day. To the honour of our University be it said, that for nearly a hundred and fifty years, Surgery has been made a qualification for its degree in Medicine. In the year 1711 the joint Professorship of Anatomy and Surgery was established, since which time the candidate has had to attend on the Professor of Anatomy and Surgery, and to be examined by him.

Up to the year 1848, Anatomy and Surgery were taught by the one Professor. The advance of knowledge in both branches had been such that it became desirable to separate the Chairs of Anatomy and Surgery; and I am proud to say, that Professor Harrison was an earnest advocate of the new arrangement, although it entailed a pecuniary loss to himself. A separate Chair of Surgery was founded, and Dr. Smith, who had already done so much for Irish Surgery was elected into it.

I now come to the negotiation between the University and Royal College of Surgeons in Ireland, commenced by the Board, with the view of establishing a fair reciprocity between the two bodies. For the full history of this transaction, and for the correspondence connected with it, I shall refer you to the Report of the University Commission. And here I will content myself with giving a succinct view of the question at issue.

Up to the year 1829, the certificates of the School of Physic were admitted by the College of Surgeons as qualifications for its licence. The College of Surgeons, soon after receiving their new charter, enacted a by-law, by which the certificates of all Colleges and Universities that refused the certificates of its Professors were excluded, but which reserved a discretionary power to admit candidates whose curriculum of study might be considered as equivalent to, though not in strict conformity with, the regulations of the College. Under this power the certificates of the School of Physic were received, but, after some time, even this indirect recognition was withdrawn; and while the certificates from every private school in Dublin were admitted, those of the School of Physic, established by several Acts of Parliament under the University and College of Physicians, were ignored, the student being the principal sufferer. To do a great and patent wrong requires hardihood, and this quality was not wanting. Two of the most distinguished Professors in the School of the College of Surgeons had been elected into the University Chairs of Anatomy and Chemistry, and the lectures of these gentlemen, who were respectively admitted to be the first in their departments in this country, were refused by the very body which had originally selected them to fill the corresponding Chairs in its own school.

The effect of these proceedings was to enforce a double attendance and a double expense on the University Medical student, who sought to obtain the licence of the College of Surgeons; and, on the other hand, to impede the Surgical student in his desire to take the Medical degree, so that the one had to go to Scotland to get his degree in Medicine, while the other was forced to repair to London, Edinburgh, or Glasgow, to obtain his Surgical qualification.

With the view of removing these evils the Board made a decree, the carrying out of which was to depend on the consent of the College of Surgeons to return to their original system. It embodied three propositions, which were carefully considered and drawn up in good faith, and with the view of advancing the cause of liberal education. The propositions were the following:—

1. Any of the courses required for the degree of M.B., being also courses required for the licentiateship in the Royal College of Surgeons in Ireland, may be attended in the school of that College, provided the student attend also an annus medicus in the School of Physic.

2. Licentiates of the College of Surgeons in Ireland, being graduates in Arts of the University, will be admitted to examination for the degree of M.B., on attending an annus medicus in the School of Physic.

This regulation is not to take effect unless the College of Surgeons will agree to a regulation equivalent to the following:

3. Bachelors of Medicine of the University, will be admitted to examination for the licentiateship of the College of Surgeons, provided they exhibit certificates of having attended two courses in the school of that College, or in any school recognized by that College.

These propositions were answered by the College in such a manner as to break off the negotiation. The Council declared its anxiety to encourage the education in Arts, but it consented to receive the certificates of the School of Physic only in the case of the graduate, and it refused to recognize the teaching of the same Professors for students who were not in Arts; and again for those who, although their names were on the books of the University, had not yet taken their degree. This concession—the word is theirs, not mine—was only to be granted on the full recognition of all their certificates.

With respect to the third regulation and the equivalent which the Council was asked to grant, the Council refused to entertain it, until the time should arrive when all the pupils of the College of Surgeons, and all the pupils of the University Professors, should be admissible to examination for Medical degrees, that is to say, full reciprocity was refused by the College of Surgeons, unless the University lowered the standard of its degrees by dispensing with the education in Arts, so that the conclusion arrived at by the Council of the College of Surgeons was, that the teaching of the School of Physic Professors was to be taken as valid in the case of A, but not valid in that of B or of C; while the proposition, by which the licence of the College was honoured, its position as an educational body admitted, and the lectures of every private school in Dublin recognized, was refused. Surely, if the teaching of the Professors was good for the graduate in Arts, it should be equally valid for the under-graduate, to say nothing of the student who was not in Arts at all.

I will not say, that in these proceedings the Council of the College of Surgeons have acted illegally; for I do not pretend to judge of the powers given by their charter. But it is clear that they have misapprehended their position, which is, or ought to be, that of trustees for the public safety. Looking at the question in this light, we should conclude that incompetency alone should be the ground of disqualification. Here it is necessary to state that, notwithstanding the refusal of reciprocity as conveyed in the correspondence of the College of Surgeons with the University, that body has since received as qualifications the certificates of the School of Physic in the case of a graduate in Arts. But this regulation still leaves the School of Physic in a position inferior to that of any private School, inasmuch as the College of Surgeons refuses to recognize two important classes of its students. On the surface it may appear as if the College of Surgeons was thus the liberal, and the University the illiberal, body. But the University is one of the joint heads of the School of Physic, and will not submit to any slight upon that School by which it would be placed in an inferior position to that of any private School in Dublin.

The University having done all that was possible to remove these great evils, determined to use the powers of its charter, and to establish a complete School of Surgery within these walls. An University Court of Examiners was appointed, and a Professor of Surgery, whose duties were to be analogous to that of the Regius Professor of Physic, was elected; the choice of the Board falling on Dr. Cusack, whose name requires no allusion here. A curriculum of study equal to, and in some most essential points superior to, that of the College of Surgeons, was laid down; and since then the University School of Surgery has flourished. The candidate for the diploma must have gone through at least one year in Arts, and he has to be examined on two successive days by a Court, which is permanent. It consists of the University Professor of Surgery, Dr. Cusack; the Professor of Surgery in the School of Physic, Dr. Smith; the Professor of Anatomy, Dr. Harrison; the Professor of Chemistry, Dr. Apjohn; the Professor of Botany; the Professor of Midwifery, Dr. Montgomery; and the Regius Professor of Physic. Of my colleagues in this Board I fearlessly say that it would be difficult indeed to exhibit a body of men more individually distinguished. The full and complete legality of the diploma has been declared by the most eminent legal authorities in this country and in England—including the law-officers of the Crown. Our licentiates have been admitted into the service of the Army, the Navy, the Militia, and the Poor-Law Commission, and I am proud to say, that on the late examination for appointments in the Medical service of the East India Company, two of our University Surgeons, and two of our Bachelors of Medicine, were successful; one of them, indeed, Dr. Mathew, taking a high place. As yet the diploma has not been obtained or sought for by any candidate who had not graduated both in Arts and in Medicine; and I have little doubt that the Heads of the University will carry out this great reform, and determine on conferring full degrees in Surgery; having an equal rank with those in Medicine, which require that the candidate shall have completed his education and graduated in Arts.

This movement, calculated to provide the public with a more highly educated order of Practitioners, — to confer Academic rank, for the first time, on the Surgical Profession, and to elevate its status and its influence, will be followed by other Universities; and that the public service will be thereby a gainer, and the influence of the Profession at large augmented and preserved, no right thinking man can, for a moment, doubt.

But there is another result, it may be a remote one, to which this educational movement points—I mean the getting rid of the corporate distinctions in our Profession. I am not about to discuss the many questions of Medical Reform, but I ask of you who are to enter the Profession as Physicians or as Surgeons, or as both, it matters not—you who will form part of the Medical community, who will act as its future lawgivers—to consider to what is attributable the admitted want of political station, and of influence, which is so deplored. On whom does the fault rest? Is it with the Government? Is it with the public? Is it in the preponderance of the aristocratic feelings of the country? It has been attributed to all these. Yet, have we been faultless? Have we read the signs of the times, and perceived our own interests? What, I will ask, can we expect, so long as our selfishness and blindness keep us a divided body? The corporate distinctions in our Profession are at the root of many of the evils we complain of. While they exist we shall be, in our position towards the State, weak and uninfluential; in our position as a scientific and educational body, unhealthy. These corporate divisions sow the seeds of jealousy, and create a smothered dislike among us. They weaken our influence in the State, they interfere with our powers of protection to our members, and they retard the progress of enlightened education. It is fit that there should be Physicians and Surgeons, and individual tastes or aptitudes will lead men to adopt this or that line of practice. But Medicine and Surgery are one, in principle and practice inseparably connected. They are based on the same foundation—for Pathology teaches us that there are none of the so-called Surgical diseases that have not their counterparts in visceral and constitutional affections. Why, then, should corporate distinctions, only fruitful in mischief, be permitted to exist?

If I have succeeded in convincing any of you, I beseech of you, not only to bear these things in mind, but to labour for the cause of union, as a great step towards the advance-

ment of our Profession in rank and power. I do not urge these views now for the first time, or to serve a purpose. Long before I received the distinction of an honorary degree from this University, I advocated these opinions in public, and I venture to say, that the time is fast coming when we shall find ourselves members of a powerful, because a united, Profession.

Gentlemen, Medicine is essentially a progressive science, and avails itself of almost every branch of knowledge in its progress. It has been objected to Medicine, that it is not an exact science, and a slur is attempted to be cast on it by those in whose minds the ideas of the inexact and the erroneous, or at least the uncertain, are confounded.

Medicine is an inexact science; but this is no reproach. By this very character it enters into fellowship with the most noble of human inquiries,—with those which have for their object the relations of the created to the Creator,—the future state of man, his moral and his intellectual nature.

Remember what it is that constitutes the bases of the exact sciences,—number, force, weight, form, arrangement, chemical constitution, and so on.

The mathematician, ascending from the simplest idea, can develope new powers almost indefinitely. The astronomer measures and weighs the heavenly bodies; and the physical philosopher, dealing with light, and heat, and electrical action, can bring either pure mathematics or geometry so to bear in his researches, as to enable him, not only to explain, but to predict. Thus our own Hamilton predicted conical refraction; our own M'Cullagh was in the path to discover it by another method; and Leverrier and Adams declared the existence of a planet which eye had never seen. The chemist has analysis and synthesis at his command, and even the anatomist and geologist have their constants to start from; They have little more to do than to observe, to reckon, and to compare. They deal with what has been, and their principles, once determined, are little likely to be disturbed.

But we have to do with something which cannot be measured or weighed; something, too, in which experiment can only be used within narrow bounds,—an element whose nature is yet unknown, fleeting in its action, and every day producing new combinations, not merely new because they were never observed before, but really new as appearing for the first time.

All this will help us to understand why we have not yet a theory of Medicine. But let not our zeal be therefore diminished: we are yet young in the world. Let us firmly believe that, at the appointed time, when the required amount of facts have been faithfully recorded, they will, by one of the great properties of truth, crystallize spontaneously into a system and a law.

In the mean time, let us never forget, that every connexion that can be established between the mathematical and physical sciences and Medicine, will impart to it more or less of certainty. It was long ago proposed by Graves, that, with the view of discovering the laws of epidemics, Medical observatories should be established in various parts of the world, in which reliable observations should be made, not only on the history and character of disease, but on all the co-existing conditions of temperature, of chemical and magnetic action, and the hygrometric and meteorologic states. This great idea has since been put forward by Humboldt, who, in speaking of epidemic diseases, observes that we shall probably remain in ignorance of their nature and causes, until all the laws of terrestrial magnetism and meteorology are determined. What better argument could I use in favour of a scientific education?

Gentlemen, I have in this lecture alluded to but a few of the causes which have tended to retard the progress of Medicine; but there is, in the very nature of Medical science, a power and a virtue which will cause it to triumph over all those influences which an unenlightened system has brought to bear upon it. A time will come when it will take its proper place, and what that place is to be, we can anticipate without difficulty and without presumption. The physical and moral natures of man are mysteriously and inseparably united: and if to save the erring soul, and to elevate the moral condition of man, was thought worthy of a special revelation, can we doubt that the science which has for its object the well-being of man in his physical state, so intimately mixed up with his mental and spiritual life, will not yet occupy a foremost place? Let us not, then, be disheartened; remember that the human family is still young upon the earth, so young that not a monumental inscription of one of us has been yet written on any of the mighty tombstones with which Nature has overspread the earth. Let us have an unshaken belief in the ultimate harmonizing of the truths of religion and of science, a harmony which, at this moment, doubtless exists, if we could but see it; and let us further believe, that when those influences which enslave the minds and the bodies of men have faded away before God's light, we shall see our science taking a foremost rank, only inferior to that which deals with man's future existence, and man's future hopes.

ORIGINAL COMMUNICATIONS.

A FEW REMARKS ON THE SURGICAL DISEASES OF CHILDREN.

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PART I.

CONGENITAL PHYMOSIS.

Every Surgeon must have been frequently struck with the anomalous diseases of a purely sympathetic character to which children are liable; diseases arising simply from irritation, yet assuming frequently a very serious aspect; every one, indeed, must have observed how the irritation of a tooth or undigested matter in the bowels gives rise to the most apparently cephalic symptoms, and the mere removal of the former is the means of immediately restoring the child to its natural health. In frames so delicate and susceptible we are not surprised to find such results arising from such trifling causes; and of a like nature is the subject of this communication, which has reference to a cause of disease as trifling as the above mentioned, as easily removable, though requiring most frequently surgical interference.

The subject is that of urinary irritation arising from long pressure, or from congenital phymosis. Cases of this affection are rarely to be seen in Hospitals, except among the out-patients, but are of very frequent occurrence. I find no special remarks concerning them in our own literature, and, therefore, having during the last few years seen many instances, I have deemed the subject worthy of a few observations.

It is not my intention to report several cases all having more or less the same symptoms, but to relate the most common features of one as a type of the class.

A boy is brought for advice, varying in age generally from two to ten years or more, (adults even may apply, as they are by no means free from the same symptoms arising from the same cause,) and the mother complains that for some time the child has wetted the bed, he has frequent desire to pass his water, and seems to suffer a little pain in the act of micturition; the urine also, instead of passing freely, frequently distends the prepuce, and trickles away through the constricted opening in a very slow and irregular manner; the little patient also frequently seizes the penis, as if it itched, and elongates the prepuce. These, and other symptoms, resemble calculus in the bladder, though, as a diagnostic difference, I have never known any blood passed by these children, and they do not suffer any inconvenience from riding or jumping; the urine also is quite natural, and in all respects they are in perfect health. If the Surgeon is content with the description given by the mother, alkalis or iron are administered, sometimes with temporary relief, but more frequently with no benefit. If the penis be examined, as should always be done in such cases, the boy is found suffering from a lengthy, puckered, and contracted condition of prepuce, any attempt to withdraw which over the glans, is attended with much pain to the patient, and therefore a view of the glans, in most cases, is quite impossible. The orifice of the urethra is sometimes, with a good deal of trouble, to be brought into view, though more frequently the constriction of the prepuce is so great as totally to prevent even that part being exposed. In those cases where the whole of the prepuce is distended with urine each time the child passes his water, there is also frequently some ulceration on its under surface. As the cause of the disorder appears to arise from nature having been too prolific in the supply of skin at the extremity of the penis, every nurse should be directed carefully to wash away the secretion that may form, which may easily be done by withdrawing the prepuce from the glans; and if that simple expedient were

adopted in early infancy, no inconvenience would, I believe, ever result. Where the symptoms are such as I have described, there is no doubt that the operation of circumcision is the surest means of relief; indeed, I think if this operation was more frequently performed upon young children, even when suffering from much less severe symptoms than I have described, (if the above-named precautions have not been adopted by the nurse,) it would do much to prevent the occurrence of many of the diseases and troubles that occur in after-life. Of the advantage of circumcision to adults, every Surgeon must be fully aware. Who has not seen the annoyances of retained secretion, syphilitic sores under the prepuce, the swelling accompanying gonorrhœa, etc., as the result of congenital phymosis? And I have no hesitation also in saying, that it is the exception to see a case of cancer of the extremity of the penis, where the patient has not also been the subject of this malformation. No doubt the most natural state of the penis is with a covered glans, but, at the same time, the prepuce becomes a source of evil where the glans cannot be uncovered for the purposes of ablution.

With a part so plentifully supplied with nerves, it is not to be wondered at that any undue irritation at the extremity of the penis should give rise to symptoms connected with the bladder, and therefore the constant contact of the prepuce with the orifice of the urethra sufficiently accounts for the frequent desire to micturate complained of by these children. The irritation and itching have their origin in the masses of filthy secretion poured out by the glandulæ Tysoni, which secretion is seen lying in a ridge behind the corona, becoming inspissated, and having no means of escape, frequently causes a superficial ulceration in the part in which it is lodged, though occasionally there is such perfect union between the prepuce and glans as to leave little space for its collection. These few remarks would scarcely be complete without a description of the mode of performing the operation of circumcision which I have found most useful. After the chloroform has been administered, the prepuce close to the extremity of the glans should be seized transversely with a pair of dressing forceps, and all the loose skin removed with a knife; the skin of the penis immediately retracts to a level with the corona, or not quite so far back; the prepuce resting on the glans, not being elastic like the skin, is then to be slit up with a sharp-pointed bistoury (on a director or not, as the Surgeon deems fit), and the part on each side turned back. A piece of lint placed around the cut edges, which are now closely in contact, is all that is required, sutures are quite unnecessary, no bleeding occurs, and in the course of a few days the whole unites, and leaves a very elegant organ for after use. During the performance of what I may call the second part of the operation, adhesions may be found more or less uniting the prepuce to the glans, and occasionally entire agglutination of the two parts is seen. The separation is easily accomplished. I need hardly give the caution not to slit up the urethra, which I have known accidentally done.

Wellington-street, London Bridge,
September 22, 1855.

EXPERIMENTAL RESEARCHES
ON THE
FACULTY POSSESSED BY CERTAIN ELEMENTS OF THE BLOOD OF REGENERATING THE VITAL PROPERTIES.

(READ AT THE ACADÉMIE DES SCIENCES, OCTOBER 22.)

By E. BROWN-SÉQUARD, M.D.

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The Paper, of which I have the honour of reading a short summary to the Académie, contains the principal details of a very considerable number of experiments which I have performed during the last five years. These experiments tend principally to show that the contractile and nervous tissues, after having entirely lost their vital properties in consequence of a complete interruption of the circulation of the blood, may recover these properties under the influence of red blood injected into the arteries of these tissues.

To be complete and short at the same time, I will here merely sum up, under the form of propositions, all the principal results at which I have arrived by my new researches on this subject, and also by the researches I have already published(a).

1. *Enumeration of the tissues and organs in which vital properties have been restored by red blood.*

1. Muscles of animal life, having completely lost their vital properties, and, still more, having become rigid, by that kind of rigidity usually called cadaveric, may, under the influence of blood injected into their vessels, lose their stiffness and recover their vital properties, *i.e.*, become again contractile and able to give origin to what is called muscular induction by Professor Matteucci.

2. The muscular layers of the bowels, of the urinary bladder, and of the uterus, having completely lost their contractility, even for half-an-hour, may, under the influence of blood injected into their vessels, recover this vital property.

3. The muscular fibres of the blood-vessels, and particularly those of the veins, may, under the influence of blood, recover their contractility, more than a quarter of an hour after they had lost it.

4. The contractile fibres surrounding the bulbs of the hair in the arms (fibres which produce, by their contraction, what is called cutis anserina) may, under the influence of blood, recover their contractility, long after they had lost it. For instance, on a man guillotined on the 12th of July, 1851, at Paris, I have seen cutis anserina very evident on the forearm, little after I had begun to inject blood into the brachial artery, more than fifteen hours after decapitation. This experiment was made in presence of Drs. Bonnefin, Martin-Magron, Crouzet, and Moyse.

5. The contractile fibres of the iris, in mammals, may recover their contractility, under the influence of blood, even half-an-hour or a little more after they had lost it.

6. Of all the contractile tissues, that of the heart appears to be the least able to recover its contractility. Very often, I have tried in vain to produce any appearance of return of this vital property in the left ventricle, even immediately after it had lost it. In other and rare cases I have, on the contrary, by injecting blood into the cardiac arteries, succeeded in reproducing contractility in that part of the heart, even when it had begun to be rigid for almost half-an-hour. As to the cause or causes of these differences, I can only say, that sometimes clots of blood have been found in the cardiac arteries, preventing the passage of the blood I tried to inject.

7. The motor and sensitive nerves, as well as the contractile tissues, may, under the influence of blood, recover their vital properties a little more than ten or fifteen minutes after having lost them.

8. The spinal cord may, also, under the influence of blood, recover its vital properties about ten or fifteen minutes after having lost them.

9. After having recovered their vital properties, all the tissues and organs of which I have spoken may continue to have them for many hours; for instance, in one case, seventeen muscles of the hand of a man, decapitated more than thirteen hours before, have, under the influence of blood, recovered their contractility for two, three, or four hours, more than two hours after they had lost it. In another case, almost all the muscles of the arm and fore-arm of a man, decapitated more than fifteen hours before, and having lost their contractility for about four or five hours, recovered this vital property for more than five hours.

10. In a single experiment, it is possible to observe at once almost all the facts above related, as regards the restoration of vital powers in muscles, and in motor and sensitive nerves.

A ligature is put around the aorta, behind the origin of the renal arteries, in a strong rabbit. Voluntary movements, sensibility, reflex actions, the power of motor nerves, and, at last, muscular contractility, successively disappear from the posterior limbs of this animal. I wait until cadaveric rigidity has come (b), and even until it exists in all the parts of these limbs, and then I take away the ligature. The anterior part of the body of the rabbit being still living, circulation recom-

(a) My previous Papers on the questions treated here have been published in the *Gaz. Médic. de Paris*, 1851, Vol. VI., p. 379 and p. 421, and in my work, "Experimental Researches applied to Physiology and Pathology." New York, 1853. P. 88.

(b) It comes in a very variable time, from one to ten hours after the ligature has been placed on the aorta.

mences in the posterior part of the body, and, with the arrival of blood in that part, muscular contractility, the power of the motor nerves, reflex actions, sensibility, and, at last, voluntary movements successively reappear in the posterior limbs. From this experiment, it results that, not only local life, but the properties and actions of full life, can be restored in limbs that have been in the state called rigor mortis, cadaveric, or post-mortem rigidity.

Since the 9th of June, 1851, when I communicated to the Académie the details of the first experiments of this kind that I have made, I have performed them many times, and they have been repeated with success by Professor Stannius, of Rostock.

II. *On the nature and quantity of red blood necessary to restore properties.*

11. Blood deprived of fibrin may restore vital properties in contractile or nervous tissues as well and as quickly as blood containing fibrin. Therefore, it seems very probable that fibrin is not at all essential to the nutrition of these tissues.

12. After having washed away, by a prolonged injection of diluted serum, all the blood contained in a limb just separated from a living animal, I have often found that defibrinated blood, which I injected in the main artery of this limb, came out by the other blood-vessels, containing a small quantity of a peculiar and very soft fibrin. The quantity of this apparently newly-formed fibrin was a little greater when I excited muscular contractions in the limb, by the application of galvanism.

13. Pure serum of blood, milk, and albumen of eggs, appear not to be able to restore vital properties, either in nerves or in muscles.

14. It is principally by the oxygen that it contains that red blood acts when it restores vital properties in contractile and nervous tissues. We do not intend, nevertheless, to say that the globules, the albumen, or some other principles of the blood, are not necessary in the nutritive action by which the vital properties are restored. We mean merely to express that oxygen appears to have the principal share in that action, or, at least, that such an action cannot take place without it.

15. The integrity of the globules of blood appears to be necessary for the power of this liquid to regenerate vital properties, but it is still a question whether this depends on the fact that healthy globules are themselves necessary, or whether oxygen is not brought in sufficient quantity to the tissues when the globules are altered. At any rate, it is certain that oxygen is absorbed by blood in less and less quantity, the more the globules are altered.

16. A small quantity of globules in a large amount of serum may be sufficient for the regeneration of vital properties. For instance, nine parts of serum, with one part of defibrinated blood, have been able to restore muscular contractility in a limb which had lost it for about half-an-hour. But, in this case, the regeneration has been very slow, and the degree of the restored contractility has been much less than it is in living animals. In making such mixtures of serum and defibrinated blood, I have seen that the smaller was the proportion of serum, the greater was the regenerating power of the mixture.

17. The venous blood appears as able as the arterial blood to regenerate the vital properties, when both of them have been defibrinated by beating in the open air, or in an artificial atmosphere, containing a very large proportion of oxygen. Arterial blood, which has become quite black from its having been exposed to an atmosphere of nitrogen, hydrogen, or carbonic acid, for ten or fifteen minutes, is not able to restore vital properties. A mixture of serum and defibrinated blood is able to regenerate these properties only when it contains oxygen enough to have a reddish hue, and it seems that the increase of its regenerating power, in proportion with the quantity of defibrinated blood, and consequently of globules, depends, in a great measure, on the quantity of oxygen.

18. Dr. J. Phillips Kay (c) states that he has found that when muscular contractility has just disappeared, venous blood may restore it. I have ascertained that fresh venous blood may have, though in a very slight degree, the influence discovered by Dr. Kay; but I have found that when a certain amount of the oxygen contained in venous blood has been transformed into carbonic acid, this blood is no more able to restore muscular contractility. On the contrary, as I have already said, venous blood, when containing a great deal of oxygen, may do much more than what has been found by Dr. Kay; it may restore contractility in muscles which have lost it for many hours, and even which have been in the state of rigor mortis for two, three, or four hours, and even more. Besides, it has then the power of regenerating also the vital properties of many other tissues and organs.

19. The question whether oxygen alone might have the power of regenerating vital properties, I have not been able to solve, partly because I have found it impossible, till now, to inject oxygen through the capillaries of muscles, of the spinal cord, etc. I have repeated the important experiments of Gustav Liebig, and found, as he had, that muscles kept in an atmosphere of oxygen remain contractile a longer time than in any other atmosphere; but I never saw rigid muscles, exposed to the action of pure oxygen, (around them and injected into their arteries,) regaining their lost vital properties (d).

20. Blood injected red into a limb, the muscles of which, although rigid, have not lost their faculty of becoming contractile again, flows out, having a more or less dark colour. This change of colour depends mostly on the fact that muscular tissue absorbs oxygen and gives out carbonic acid.

21. When in a limb, just separated from the body of a living animal, or in which muscular contractility has just been regenerated by an injection of red blood, galvanism is applied, at the same time we are injecting red blood, we see this liquid coming out from the veins darker than usual.

22. If red blood is injected into the arteries of a limb, the muscles of which have been rigid for a long while, and have lost the power of becoming again contractile, we see the blood coming out by the veins almost as red as when it was injected into the arteries.

23. It seems to be a part of the function of the globules of the blood to absorb oxygen and carry it to the contractile and nervous tissues. This view appears to be well-established by many of my experiments, and also by some facts related by one of the most eminent natural philosophers of France, Professor Dumas, in a paper on the blood, published nine years ago, "Comptes Rendus de l'Académie des Sciences," 1st of June, 1846.

24. The quantity of blood necessary to regenerate vital properties in a determined number of muscles after rigidity has appeared, varies extremely according to a great number of circumstances, such as the duration of rigidity, the quantity of oxygen in the blood which is employed, the temperature of the blood and of the muscles, etc. In one case 250 grammes (about half-a-pound) of defibrinated human blood, have rendered contractile, for many hours, seventeen muscles of the hand of a man, an hour and a-half after rigidity had been established. In another case nearly 500 grammes (about a pound) of defibrinated dog's blood have regenerated contractility, for many hours, in almost all the muscles of one of the superior limbs of a decapitated man, after these muscles had been rigid for about two or three hours, if not more. One of the most curious facts I have observed, has been the re-appearance of contractility and its persistence, for about four hours and a-half, in the muscles of one of the posterior limbs of a rabbit, an hour after the establishment of cadaveric rigidity. The weight of the muscles of these limbs I have ascertained to be about 500 grammes (one pound) and the quantity of the blood employed was only 30 grammes (about one ounce.) This shows how small may be the quantity of blood necessary to regenerate vital properties in muscles, and to make it last more than four hours.

25. When we make use of a very small quantity of blood we must receive it in a vase when it flows out by the veins during the injection. We must then beat it again, so as to take away the newly-formed fibrin and to make it absorb oxygen and expel carbonic acid; and when it has become scarlet we inject it again. This operation must be performed a great many times.

26. Not only is it sometimes easy to regenerate contractility in muscles which had lost it for the first time, but I have been able also to regenerate it four times in the same muscles, and

(c) Physiology, Pathology, and Treatment of Asphyxia. London: 1834.

(d) It is a curious fact in connexion with what is described in the text, that in cases of death by the entrance of air into the veins exposed, in animals, the heart, whose blood-vessels contain atmospheric air, remains contractile a longer time than usual.

all the times by the same means, *i.e.*, an injection of richly oxygenated blood.

27. Still more I have been able, by frequently-made injections of red blood, to keep contractility more than forty-one hours in the muscles of a limb separated from the body of a rabbit. Contractility was still strong when I gave up the experiment on account of extreme fatigue.

28. I cannot say how long after the beginning of cadaveric rigidity in a muscle oxygenated blood might regenerate contractility. In one of the two decapitated men upon whose limbs I have made experiments, rigidity had existed at least five hours before the injection of blood was begun. It seems that the stronger an animal is, the more easy it is to regenerate the vital properties in rigid limbs by injections of blood. In the limbs of weak rabbits, it is impossible to regenerate vital properties two hours after cadaveric rigidity has appeared. In a very strong dog I have produced muscular contractility four hours after rigidity had been fully developed. Ten hours after the appearance of cadaveric rigidity in human limbs I have vainly tried to reproduce muscular contractility.

29. Contractility may be regenerated by red blood in muscles which had been paralyzed in consequence of the section of their nerves, and although these nerves have entirely and definitely lost their vital power for many days. This fact clearly proves that muscles are not dependent upon their motor nerves for their contractility.

30. Motor-nerves, separated from the spinal cord, may recover their vital property (the *motricité* of Flourens) under the influence of red blood. This fact, added to some others, which I have already published, appears to prove that the vital property of motor nerves is independent of the nervous centres.

31. The spinal cord, separated from the encephalon, may recover its reflex power, under the influence of red blood. This fact proves the independence of the spinal cord from the other nervous centres.

32. My experiments confirm those of Professor Dumas, relative to the fact that the globules are not altered in blood which has been beaten for the extraction of fibrin. The microscope does not show any change in them; they absorb oxygen as well as before the beating, and besides the beaten blood, when containing much oxygen, is able, as we have said, to regenerate the vital properties of contractile and vital tissues.

33. In performing many of the experiments above mentioned, upon animals belonging to the five classes of vertebrata, I have obtained almost the same results, and I have found that the power of regenerating vital properties in contractile and nervous tissues is possessed by the blood of all the animals I have experimented upon.

General Conclusions.

1. The contractile tissues, *i.e.*, the muscles of animal life, the muscular fibres of the uterus, of the bladder, of the heart, of the bowels, of the iris, of the skin, may, under the influence of red and defibrinated blood, recover their contractility, from half-an-hour to five hours after having lost it.

2. The motor and sensitive nerves, and the spinal cord, may also, under the same influence, recover their vital properties, from a quarter of an hour to about an hour after having lost them.

3. The vital properties appear to be independent one from another, and their existence seems to depend upon the organization of the tissues, and upon the maintenance of this organization by red blood.

NAVY MEDICAL REPORTS.

No. XXIII.

SOME FURTHER ACCOUNT OF THE WOUNDED IN THE LAST BOMBARDMENTS OF SEBASTOPOL.

By D. J. DUIGAN, Esq., Surgeon, R.N.
Lately attached to the Naval Brigade serving before Sebastopol.

[In the *Medical Times and Gazette* of Sept. 8, we published a graphic account, by Mr. Duigan, of the wounded in the earlier bombardments of Sebastopol, and feel sure that the following will be read with similar interest.]

The English batteries, about 3·30 a.m. on the 17th of August, opened fire, in full force, for the fifth time upon the Russian lines. The French merely sustained a partial cannonade. Few of their guns were, therefore, brought into action, in consequence of which the enemy was enabled to direct a stronger force of artillery against the English besieging armament.

On the 5th of September a general bombardment recommenced—the sixth and final one—which lasted about three days and a-half, when a general assault was made on several points. On Sunday morning, the 9th of September, the Allied Armies occupied Sebastopol, from which the enemy retreated on the previous night.

On opening the fifth bombardment from the Left Attack, the first gun hung fire. The man whose duty it was to serve the vent, immediately placed his thumb upon it, while another proceeded to draw the charge; the gun, unfortunately, went off, blowing the latter man through the embrasure. When picked up, his comrades thought he was dead; he, however, rallied rapidly. The right wrist-joint was destroyed, with a lacerated wound on its palmar surface, through which a festoon of the flexor muscles hung, having been torn from their attachments around the elbow-joint, and drawn from beneath the integuments of the forearm. The ring and little finger of the left hand were destroyed; the surface of the upper part of the body was black and burnt. As soon as he rallied, he became quite delirious, struggled violently, and died in about three hours. The Captain of the gun, who was serving the vent, had the ungual phalanx of his thumb shattered. Strange to say, the temporal artery was throwing out jets of blood, as if arteriotomy had been performed with the lancet. I can only account for the artery being wounded by imagining that a spicula of the splintered bone penetrated the vessel, which was brushed away by the man in wiping his face.

A mortar-shell having dropped into No. 10 Battery, killed two seamen by its explosion. One was terribly mutilated; the right leg taken off below the tuberosity of the tibia; the opposite limb was removed above the condyles of the femur; the left arm was carried away, taking with it the left side of the thorax, exposing all the viscera of that side, like an anatomical wax-work; the heart was torn from base to apex. The second man's head was cloven through the medial line, one half of which was detached, the other remaining in position.

Commander H., while directing the fire of the 8-Gun Battery, saw a shot coming straight for the embrasure, where he stood, in rear of a gun. He warned the men of its approach, but, from some fascination or another, did not move himself, although seeing the danger for those around him. The shot struck the wheel of the gun carriage, splintered the tire, which struck him in the abdomen, destroying all its viscera.

Captain O., Royal Artillery, stationed in No. 16 Battery, was struck over the left frontal protuberance by a fragment of shell. The depression caused by the fracturing violence was so great that it resembled a pouch. He conversed calmly to those about him, and gave directions about going into camp, to his own tent. There was a large circumscribed ecchymosis over the left mamma, and a scratch on his thigh, caused by other pieces of shell. At the expiration of about half-an-hour, while speaking, his voice faltered, when he suddenly and calmly expired. Somewhat later in the day, in the same battery, another Artillery Officer had his arm destroyed at the shoulder-joint.

Mr. H., Ordnance Department, mortally wounded, in the 8-Gun Battery, by the bursting of a shell from the Redan. Right hip-joint and upper third of femur comminuted; femoral vessels and nerve divided in Scarpa's face; compound fracture and dislocation of right elbow-joint; left knee-joint open.

On the 8th instant, the day of the assault, as may be expected, when hostile troops meet on the ramparts, wounds of the most terrible and fatal character, from the shortness of the range of musketry, were received on both sides for one hour and twenty minutes, during which time our troops held their ground on the parapets of the Great Redan; but the most appalling spectacle of the campaign was the discovery of some hundreds of Russian (a) wounded, who had been completely abandoned by the enemy on their precipitate retreat from the town. Three days had elapsed, during which time none of those unfortunate soldiers had either food or water. No Medical Officer was left behind with them, nor even an ordinary attendant. The rush was evidently as selfish as possible, *sauve*

(a) Five or six wounded English prisoners were found here, both officers and men.

qui peut. The living and the dead were massed together. The unhappy victims of neglect seemed to have died in every attitude of agony and despair. Some were dead on their knees at the bed-sides, in the attitude of prayer. Some fell prostrate out of bed, while others hung from their bed with congested and livid features. Many, in their last agonies, rolled or struggled out, falling over some helplessly wounded comrade, and then died. The corpses were all swollen, and tense to bursting from gaseous decomposition (a). The smell from the blood and fæces was quite pestiferous. Wounds of every kind and description were seen, except bayonet wounds, and of those I found none. Many bodies were naked ; several with both legs off, and spiculated tibia protruding. The limbs of most of the wounded were nearly strangulated, and threatened with sphacelus from the tightness of the bandages, arising from the subsequent swelling of the wounds. The poor creatures with outstretched hands implored help ; when their stiffened bandages were divided on directors, they kissed the hands of their benefactors, from the immediate relief afforded. There was plenty of bandages and charpie in the wards, but everything else was deficient. The wounded were huddled together in the very cellars. On the day of their discovery, a Russian steamer crossed the harbour with a flag of truce to demand those men.

September 15, 1855.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

REDUCTION OF A DISLOCATED FEMUR WITHOUT PULLEYS AND WITHOUT CHLOROFORM.

J. J. O., aged 23, a labourer, was admitted, on October 20, having dislocated his right femur on to the dorsum ilii. The symptoms were well marked, and the accident—a slip from a railway platform—had occurred but just previously. Mr. Corner, the House-Surgeon on duty, at once proceeded to reduction, by the flexion-method, and accomplished it with the greatest ease. The procedure did not occupy more than a minute, and no pain was complained of. Chloroform was not given.

This case is the second in which, at this Hospital, during the last few months, recent dislocations of the femur have been reduced by manipular movements only, and without the use of chloroform. In the other the dislocation was into the ischiatic notch, and the replacement was effected with such ease, that the man, who had also a comminuted fracture of the other leg, was not moved from his bed. (See *Medical Times and Gazette*, August 25, page 198.) Each successive case in which it is tried goes to make it seem probable that this plan is as superior in efficiency, as it is in simplicity, over the old method by pulleys (b).

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING OCTOBER.

The subjoined report includes, as usual, the following Hospitals :—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LITHOTOMY.

Case 2 (Mr. Statham's) of last month's report, under treatment at the time, has since recovered.

Number of cases, 6 ; recovered, 4 ; under treatment, 1 ; died, 1.

Case 1.—A man, aged 21, in good health, under the care of Mr. Paget, in St. Bartholomew's Hospital, having suffered from stone for some years. The usual operation was performed, and a large flat oval stone removed. The superficial arteries bled very freely during its performance, but they did not necessitate the use of ligatures. A considerable quantity of blood was, however, lost. Excepting a single rigor, the man had not a bad symptom afterwards ; he recovered quickly. *Case* 2.—A boy, in fair health, aged 4, under the care of Mr. Stanley, in St. Bartholomew's Hospital. The usual operation was performed. Is nearly well. *Case* 3.—A boy, in moderate health, aged 6, under the care of Mr. Skey, in St. Bartholomew's Hospital. The usual operation. Recovery. *Case* 4.—A pale, rather cachectic man, aged 22, under the care of Mr. Borlase Childs, in the Metropolitan Free Hospital. He had long suffered from symptoms of stone. In the operation a vessel of considerable magnitude in the outer and lower part of the incision was wounded, and bled most alarmingly. The operation was at once desisted from, and with some difficulty a ligature was, by means of a tenaculum, applied to the wounded vessel. A large stone was afterwards removed. The wound was plugged with sponge. No further hæmorrhage occurred, the sponge being left in for four days. The ligature came away about the twelfth day, and the wound is now fast healing. Neither in this case nor in Case 1 does the great loss of blood which in each occurred during the operation appear to have materially interfered with the subsequent progress. *Case* 5.—A weaver, aged 46, of intemperate habits and worn-out health, was admitted into Guy's Hospital under the care of Mr. Cock, having three days before broken a gutta-percha bougie into his bladder. About eighteen months ago he had been under Mr. Lawrence's care in St. Bartholomew's Hospital, on account of a similar accident, on which occasion the urethra was opened in the perinæum, and a large fragment taken from that canal ; a smaller one, which was in the bladder, being left to escape spontaneously. The wound had soundly healed, and with so much contraction, that he had found it again needful to resort to the use of bougies. When admitted, under Mr. Cock, the retained portion was wholly in the bladder, and was believed to be about 5 inches in length. The man at first refused to submit to any operation, believing that he should be able to pass the fragment by the urethra. Symptoms of vesical irritation became aggravated, and a week after admission he consented to have the foreign body removed. Mr. Cock performed an ordinary lithotomy operation, making, however, but a very small incision in the prostate. Five inches of bougie in three portions, all coated with phosphates, were removed. Excepting an attack of orchitis, the man has since done uninterruptedly well, and the wound is now nearly healed. *Case* 6.—A man, aged 64, in good health, under the care of Mr. Luke, in the London Hospital. It appeared, from his symptoms, that he had suffered from stone for twenty-five years, although it had not been discovered prior to his admission. The usual operation was performed, and two large, triple phosphate stones removed. The stones had a very peculiar shape, much resembling the quarters of a large orange, and having sides which adapted themselves accurately to each other. Their appearance was such as to suggest most strongly the probability of there being others in the bladder, but, on careful examination, none could be found (c). The man did pretty well for the first fortnight, and then rather suddenly sank. Death occurred on the nineteenth day. At the autopsy, the kidneys were found extensively diseased, both from recent and old mischief. The ureters were dilated and inflamed. The bladder was hypertrophied and congested, and there was a considerable collection of matter in the recto-vesical cellular tissue. No other concretions were found in the bladder.

OPENING OF THE URETHRA FOR THE REMOVAL OF CALCULI.

A man, aged 48, was admitted into Guy's Hospital under the care of Mr. Cock, on September 12. He was in ill-health, and very nervous. He had suffered from stricture for many years, and had been under Mr. Cock's treatment for it in May, 1854. At that time he had a stricture which had resisted many months of continued attempts at dilatation, and Mr. Cock, being consulted in an urgent attack of retention, was able only

(a) Six hundred bodies are said to have been buried.

(b) For particulars as to the mode of conducting it, the reader is referred to Mr. Cock's case, recorded at page 644 of this Journal for June 30, 1855.

(c) For the particulars of an important case, in which, as in the above, two calculi had, by rubbing against each other, acquired *several* smooth sides, the reader is referred to the *Medical Times and Gazette* for July 30, 1853, page 109. In it, as in the above, strong suspicions were aroused that there must be more than two present, but in each the autopsy made it certain that such was not the case.

with the greatest difficulty to introduce a No. ½ catheter. After that the canal was got into a tolerably pervious condition, but the man remained unable to empty his bladder without the use of a catheter, and was accustomed to employ the instrument himself. At times great difficulty in its introduction would occur. When admitted on the present occasion he had for some weeks suffered great pain in the lower part of the urethra, and on several occasions had felt a stone on passing the instrument. Mr. Cock examined him, and also discovered what appeared to be a small fragment of stone close to the prostate, and on one occasion felt this to slip back into the bladder. The man's health was so bad, that it was feared he would not bear a lithotomy operation. Dilatation of the urethra was practised, in the hope that the stone, evidently a small one, might escape spontaneously. After a time, it became impossible to find the stone, while yet it was almost certain that it had not been voided. A No. 8 could be passed, but it occasioned much irritation. Suspecting that the stone had got lodged in a pouch by the side of the urethra, it was at length determined to open that canal. An ordinary lithotomy staff being used, an inch and a-half of the urethra, from the front of the bulb to the prostate, was laid open; no stone could be found, and the prostatic urethra having been dilated until it readily admitted the finger, a complete and careful examination of the bladder was made, but with like result; neither the finger nor the sound could detect a stone. The man was much relieved by the operation, but some pain continued about the neck of the bladder until nine days after the operation, when two calculi, the size of filberts, escaped spontaneously by the wound. From this time, all irritation ceased, and he has made very good progress. The wound is very nearly healed, and he has left the Hospital able to pass his urine by the natural way, without the use of an instrument.

LITHOTRITY.

A man, aged 74, asthmatic and in poor health, was admitted on August 24, into St. Bartholomew's Hospital, under the care of Mr. Paget. He had suffered symptoms of stone for nearly two years, but no stone had been discovered previous to his admission. A large calculus having been detected, Mr. Paget commenced treatment by lithotrity, the man being in so feeble a condition that it was not thought advisable to perform lithotomy. The bladder was contracted, and so irritable that the patient was accustomed to empty it every ten minutes. Between August 23 and October 30, six crushings were practised, and a large quantity of fragments removed. The first three operations were without chloroform, but in the three latter ones it was employed, and with great relief to the patient. The case remains under treatment, but the man has probably got rid of most of the stone; he is in improving health.

HERNIOTOMY.

Case 4 of last month's report was erroneously described as "oblique inguinal," it should have been *femoral*. The two cases left under treatment last month both recovered.

Number of cases, 11; recovered, 4; under treatment, 5; died, 2.

Case 1.—A lad, aged 17, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. He had been subject to oblique inguinal hernia for three years, but had never worn a truss. Fourteen days before admission, the tumour had much increased in size. Symptoms of strangulation for 60 hours. The stricture being at the neck of the sac, the latter was opened; it was found to contain much serum, and some congested intestine. His recovery was uninterrupted. *Case* 2.—A woman, aged 59, under the care of Mr. Poland, in Guy's Hospital. Hernia femoral, strangulated 40 hours; about the size of a pigeon's egg. The woman was extremely ill, having all the symptoms of advancing peritonitis. The sac was opened, and found to contain extravasated blood, and a knuckle of much congested and adherent intestine. After the operation, free opium treatment was pursued, and, in spite of the unhopefulness of her state, a good recovery followed. *Case* 3.—A lad, aged 17, under the care of Mr. Quain, in University College Hospital, on account of an oblique inguinal hernia, as large as a goose's egg, and strangulated four days. The sac was opened, and found to contain small intestine. Recovered. *Case* 4.—A woman, aged 36, under the care of Mr. Quain, in University College Hospital. Hernia femoral, of large size, and strangulated two days. The taxis had been very forcibly attempted prior to admission. The skin was of a dusky red colour, and the cellular tissue contained much coloured serum. On approaching the bowel, a fetid smell was distinctly perceptible. The sac was opened, and was found to contain small intestine, which was brown in colour, but had not entirely lost its polish. The stricture was very tight. Peritonitis followed the operation, and the woman was, at the time of report, still in a critical state. *Case* 5.—A woman, aged 34, was admitted into the London Hospital, on account of strangulated femoral hernia. She had for a year been liable to hernia, but the present protrusion had come down after an attack of diarrhœa, and had been strangulated about thirty hours. The operation was performed by Mr. Corner (House-Surgeon). The sac was not opened. Opium treatment afterwards. Bowels acted spontaneously on the sixth day. Recovered, without any ill symptoms. *Case* 6.—A woman, aged 36, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated six hours; size of a walnut. The sac was opened, and was found to contain only omentum; the latter being adherent. The adhesions were divided, and the omentum returned. Doing well. *Case* 7.—A woman, aged 39, under the care of Mr. Paget, in St. Bartholomew's Hospital. Hernia femoral; size of a small nut; strangulated three days. Division of the cribriform fascia sufficed to permit of reduction being effected. Doing well. *Case* 8.—A woman, aged 51, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated twenty hours; size of a large walnut. Sac not opened. Doing well. *Case* 9.—A man, aged 50, under the care of Mr. Hilton, in Guy's Hospital, on account of a scrotal hernia, of pyriform shape, and larger than a man's head. He had been liable to it for twelve years, and a considerable mass had for long been irreducible. Mr. Hilton and Mr. Callaway, both made patient attempts to effect reduction by the taxis, and subsequently ice was applied, and opium freely given. Under these means the more urgent symptoms passed by, but still the mass could not be made to diminish. During the night following his admission, and about seventeen hours after strangulation had commenced, collapse suddenly came on, and it was then deemed necessary to operate at once. This was done without giving chloroform, and without removing the patient from his bed. The sac was opened, and found to contain large coils of small intestine, some omentum, and a considerable length of the colon, the latter being firmly adherent. There was much fluid in the sac, and its contents were greatly congested. The man was sick almost directly after the operation. He never rallied from the collapse, and about an hour afterwards died. No autopsy was permitted. *Case* 10.—A very feeble woman, aged 73, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of double femoral hernia, the protrusion on the right side being strangulated. There had been symptoms of obstruction for three days, and vomiting had been present for thirty-six hours. Great depression. Immediate operation was performed; the sac being opened, a portion of omentum and some small intestine were returned. During the next twelve hours there was relief to the pain and vomiting, but subsequently the symptoms recurred, and continued until the time of death, five days afterwards. As the symptoms had not indicated any particular locality as the probable seat of obstruction, no further operative procedure had been deemed warrantable. At the autopsy the portion of small intestine which had been down was found congested, but free, and quite pervious. The transverse colon was greatly distended, and adhered firmly to the margin of the right femoral ring. The left hernia was reducible. The colon appeared to be constricted by the bands of adhesion, and contained much fæcal matter above this point, but none below. *Case* 11.—A feeble, paralytic old man, aged 77, was admitted into the London Hospital, on account of a large scrotal hernia, which had been strangulated for twelve hours. He was almost in collapse, and it was not deemed advisable to administer chloroform. The operation was performed by Mr. Hill (House-Surgeon); the sac was not opened. A portion of what was believed to be omentum was left in the sac. The man passed a quiet night afterwards, but sank and died about noon the following day. At the autopsy about fifteen inches of the jejunum were found claret-coloured, but retaining lustre and resiliency; a quantity of bloody serum occupied the pelvic cavity, and in the hernial sac was a large mass of healthy omentum, which was slightly adherent.

(To be concluded next week.)

NOTES AND QUERIES.

Ye that questionetly much shall learn much.—*Bacon.*

No. 57.—Medicinal Properties of Aluminium.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—Perhaps some of the readers of the Notes and Queries in the *Medical Times and Gazette* could tell in an early Number whether the medicinal properties of the new metal Aluminium have been tested, and with what effect? From the experiments of Dr. Simpson, of Edinburgh, it would appear that some of the rare metals have powerful and in some cases peculiar properties. There can be no doubt but that the therapeutic effects of numerous substances, mineral and vegetable, are almost unknown, consequently a wide field for experiment and observation is open in that department of science. I am, etc.

Thomas Westropp.

14, Westbourne-place, Clifton, Nov. 10, 1855.

ANSWERS.

To No. 54.—Cod-liver Oil with Quinine.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—I had thought that most chemists were aware that pure quinia was soluble in oils and spirits. Cod-liver oil with quinine, which at the present time seems to attract so much attention, and to have so many claimants for its discovery, is easily prepared as follows :—

First prepare the quinia by dissolving two drachms of the disulphate in half a pint of water, acidulated with two drachms of dilute sulphuric acid; then precipitate, by the addition of one and a half drachm of liquor ammoniæ, project and filter, and wash the precipitate with four or five ounces more water. When the precipitate has been well drained, sweep off the quinia, and introduce it into an evaporating pan and set it over a steam bath. The heat will cause the quinia to melt and separate from the interstitial water, which should be poured off, and the quinia collected on a piece of blotting-paper to dry, when it should be powdered and preserved for use. To prepare the oil take sixteen grains of the quinia and dissolve in eight ounces of oil by means of a gentle heat. The oil will become slightly coloured. This, however, is best obviated by dissolving the quinia in a mixture of one drachm each of ether and alcohol, and mixing the solution with the oil, and then evaporating the spirit by means of a steam bath, agitating it occasionally with a glass rod. If the oil requires filtration it should be passed through a piece of lint loosely inserted in the neck of a funnel. Every ounce of the oil will contain two grains of quinia. I am, etc.

John Horsley.

The Laboratory, Cheltenham, Nov. 10, 1855.

To No. 51.—Prevalence of Gout in Wine-growing Countries.

Sir,—Your correspondent, E. P. H. S., thinks much might be learnt by ascertaining how far the inhabitants of wine-growing countries are free from gout. Perhaps Dr. Gairdner, in his book on gout, may give the requisite information, who states, *vide* page 269 :—

"All the observations I could make in the wine-growing districts of France, and whatever information I have been able to obtain, impress on me strongly the conviction that the inhabitants of these districts are decidedly less subject to gout than the people of England. It is said, and I believe with truth, that the disease prevails in no common degree among the Germans of the Rhenish provinces; but they are, certainly, not a sober people."

Upton. I am, etc. W. H.

To No. 53.—Smothering Hydrophobic Patients.

Sir,—In reply to one of your querists, I beg to say that in Mead's Works, London, 1772, in his Treatise on Poisons, speaking of the practice of submerging the unhappy patients in water till nearly suffocated, he adds :—

"At least there is more humanity in this proceeding, than in stifling a miserable wretch between two featherbeds; which, as I have been informed, is the practice in a neighbouring country, and sometimes in our own."

Also, in the "Surgeon's Vade Mecum," by R. Druitt, 2nd edition, page 162, the writer gives this note :—

"Formerly it was the custom in decided cases of hydrophobia, to smother the patient between featherbeds. The author knows that about twenty years ago two respectable Surgeons, one of whom is still living, purposely bled a woman to death in a village in Lincolnshire; and it appears from the "Dublin Medical Press," 26th January, 1841, that a hydrophobic patient in France was put out of his misery by poison, only three years ago."

I hope these references may assist your correspondent.

Exeter, November 12, 1855. Yours, &c. Alpha.

To No. 55.—Treatment of Carbuncle.

In answer to Query No. 55, I may state that, although there are some sceptics respecting its benefit, yet a large majority of our Hospital Surgeons still practise incisions, and deem them of great importance. For further information, I may be permitted to refer to a detailed report on this disease given in the *Medical Times and Gazette* for December 2, 1854. The following are three of the conclusions at which the reporter arrived, after a careful examination of the question :—

Conc. 9.—Incisions are demanded when a carbuncle is spreading, or attended by much pain.

Conc. 10.—In a great majority of cases free incisions relieve the pain, and, in a considerable degree, arrest also the spread of the disease.

Conc. 11.—If the spreading and the pain have already ceased, no benefit will be derived from incisions, but the sloughing and suppuration will be much increased.—*Medical Times and Gazette*, page 571, December, 1854.

I am, etc. J. H.

Medical Times & Gazette.

SATURDAY, NOVEMBER 17.

THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

It will be in the recollection of our readers that certain resolutions of a very important character were passed at the annual meeting of this Association in August last; and that after a series of very warm discussions, the *progressive* party of the Association were decisively beaten on every point by large majorities. Among the chief points which engaged the attention of the meeting were,—the proposed change of the name of the *Provincial* Medical and Surgical Association to that of *British* Medical and Surgical Association; the introduction of a full measure of the representative system into the composition of the Council; the change of the name of the *Association Journal* to that of *Journal of the Provincial Medical and Surgical Association;* and the disunion of the offices of Editor of the Journal and General Secretary. Upon all these points, it will be recollected that Sir Charles Hastings and the Worcester party were triumphant; the Association was to maintain its exclusively *provincial* name and character; the extension of the representative system was ingeniously evaded; the *Association Journal* was to change its name to its original designation; and the offices of Editor and General Secretary were to be disjoined. A memorial from some four hundred and odd members, praying for certain changes in the progressive sense, was read to the assembly, but virtually disregarded; and the whole affair being settled entirely to the satisfaction of Sir Charles Hastings and his friends, Dr. Sibson expressed a hope that he should hear no more about the laws of the Association for the next twenty years,—a sentiment, the expression of which was almost drowned in the vehement applause of the meeting.

Of the policy or impolicy of this result we offered no opinion. Those whose propositions were negatived, were compelled to

acquiesce in the decisions of the majority, although it is true that some of them indulged in the old English habit of grumbling, because they had not had their own way, and because they considered that the movement at York was a retrograde one. Some, also, who had been allured to join the Association, from the prospect of indefinite improvement which it seemed to present to their imaginations, and others who were jealous of the ascendancy of the Worcester party, either resigned their membership, or threatened to do so. In the mean time, the Worcester Council did not hasten to carry out their own decisions, for which they had fought so hard at York, and the Journal, which was to be called henceforth the *Journal of the Provincial Medical and Surgical Association*, retained its name of *Association Medical Journal;* the other words indicating its exclusively Provincial character, being subjoined in small and unobtrusive letters. It became, also, very obvious, both from extrinsic and intrinsic evidence, that there was by no means an increase of harmony in the Association as a result of the proceedings at York, nor did it appear likely that there would be an increase of members.

The dissatisfaction of many of the members with the existing order of things, has lately been expressed in various ways; and, without regarding the anonymous letters which have appeared in the pages of some of our contemporaries, and which, being anonymous, are, of course, entitled to no attention, there has been a sufficient number of communications, authenticated with the names of the writers, to convince us, and any others who have examined the subject, that a deep-seated feeling of discontent exists at present in the Association.

For alluding to the existence of this feeling we have been severely called to task by the Editor of the *Association Journal*, who has assured us that not only are our statements "the very opposite of the truth," but that, to use his own words, "every hour is strengthening the position of the Association, and rallying members to its support." Did we not know that we derived our information from reliable sources, we should be inclined to thank our contemporary for his kindness and courtesy in thus correcting us; but we are compelled to adhere to our text, and to attribute to zeal for his new masters, and inexperience in Association affairs, the imputations so freely made by the Editor of the *Association Journal* upon our veracity. We need not look further than the number of the Journal in which we are assailed for a confirmation of our position; and in contrasting the words of Sir John Forbes, who is an old and warm friend and supporter of the Association, and those of the Editor, who has been only very recently introduced into the Association at all, we cannot doubt on which side the balance of testimony will rest. Sir John Forbes, so far from echoing the editorial language of exultation and of hope, thus expresses himself, in a letter published in the very same number of the Journal which contains the remarks to which we have referred: "Various causes," writes Sir John, "some of long standing, have contributed to bring about the state of *dissatisfaction and disunion which now unhappily exists in the Association*. . . . . We are now *largely in debt*, and still more largely *in disrepute and disorder*. . . Independently of its being the grand, if not the sole, cause, of *our present financial difficulties*, our Journal has unquestionably been the source of a considerable amount of *our present discontent and differences*." This corroboration of our statements, coming from so staunch a friend of the Association, will sufficiently exonerate us from the charge of ignorance or misrepresentation.

It is with no small surprise that we find, after what we believed to be a final settlement of affairs at York, that the laws are again to be considered at a General Meeting of the Association, to be held next week at Birmingham; and that thus, instead of the twenty years conceded by Dr. Sibson for legislative slumbers, it has become necessary to convene the Medical parliament in little more than three months since its last session. This assembly of representatives from all parts of England, in the gloomy month of November, and in the smoky and unattractive town of Birmingham, may, possibly, appear to the bright vision of our Association contemporary, nothing more than a friendly gathering of the Profession upon a holiday excursion; but, to our minds, it appears that nothing short of a rather serious crisis in the affairs of the Association could necessitate so extraordinary a step.

A rumour has reached us, involving the tactics of Sir Charles Hastings and his supporters, which we have some difficulty in believing, and which we shall be too happy to find contradicted by the event. We have heard it positively asserted, that—after the manly struggle last August, to retain the exclusively provincial character of the Association, and after the triumphant issue of that struggle in favour of the Worcester party—it is the intention of Sir Charles to concede at Birmingham what he resisted at York, and to conciliate animosity by the sacrifice of his principles and of his consistency. After the shouts of triumph which rang through the York Philosophical Institution, and sealed the victory of Provincial exclusiveness over Metropolitan encroachment; after the eloquent eulogia passed by some of our contemporaries upon the successful issue of a doubtful contest; after the numerous letters in their pages (most, it is true, anonymous) from provincial Surgeons, congratulating themselves and the Profession upon the signal discomfiture of Metropolitan "faction" and "intrigue;" after all these indubitable and honest expressions of joy and gratitude at the deliverance of the Association from the perils by which it was threatened, it is actually asserted, that Sir Charles is prepared to throw his former principles and professions to the winds, and to yield to "faction" and "intrigue" the victory which he has so lately, so nobly, and so legitimately won. If we attached any credit to this rumour, we might easily adduce a multitude of arguments against the extreme impolicy of again disturbing the fundamental principles of the Association; but as we cannot believe that Sir Charles Hastings has any intention of performing such a part, in the harlequinade which is said to be preparing next week at Birmingham, we can only express our conviction, that Sir Charles will remain staunch to the principles which he has so long maintained, and that he will still adhere to those honest convictions which were so candidly avowed by him at the York meeting, and which, according to the statements of some of our contemporaries, have been responded to in so warm a manner by the great majority of the Profession.

BOURNEMOUTH.

One of the standing difficulties which Sanitary Reformers encounter, in their endeavours to improve the condition of any given town, may be expressed in these words:—"The place was built long before such chimeras as drainage and ventilation were dreamed of; and it is hardly possible to apply a new system to remedy the original defects. If a town could be built afresh, everything proper could be done from the beginning." So it is said. But the example we are going to give, shows that in laying out a new town, we are not in all respects wiser than our ancestors.

Bournemouth is a town which has sprung into existence, and has acquired a considerable reputation as a resort for invalids, during the last twenty years; and it must be confessed, that few places possess greater natural advantages or attractions for this purpose. It is on the sea coast, in the

middle of a deep and capacious bay, protected by the Isle of Wight on the east, and by the hills of Purbeck on the west. In the centre of a high plateau of heath land, thickly planted with pines, there occurs a broad *chine* or hiatus, in the bold sandy cliffs, which hiatus extends some distance inland in the shape of a winding valley, along which a little bourne or brook winds its way to the sea. Here, it will be seen, are great capabilities. A good sea, yet a sheltered shore, firm sands, high cliffs, an airy and elevated country with capital views, and in the middle of this a winding valley, protected from almost every wind, and a soil sandy and porous, drying directly after rain; capable of absorbing an unlimited amount of sewage, which in fact it requires to render it sufficiently fertile to grow the ordinary fruits and vegetables. The houses built on each slope of the valley afford every facility for drainage; and there is a broad tract of low land, in the very centre of the valley, laid out in fields and gardens. Where, twenty years ago, was only one public-house, there is now a goodly town of substantial villas. Here the Committee of the Consumption Hospital have planted their affiliated institution, the Sanatorium for Consumption, an institution which, to our mind, would, if properly carried out, be even more valuable than its parent. We may mention, by-the-by, that the Sanatorium was opened last month, that its arrangements appear well calculated for delicate and convalescent patients, that its ample corridors afford plenty of space for in-door exercise, and that at present patients of various classes are admitted on condition of a small weekly payment; a plan which removes all that is degrading from the idea of entering a Hospital. We shall be extremely glad to hear that this institution flourishes, and, in some degree, supports itself.

New Bournemouth being a place which does not exist, as many places do, simply because a town has existed on the site from the time of Caractacus, nor yet because of its natural productions or manufactures, nor because it is the seat of commerce or of fashion, but which has been erected solely for sanitary purposes, and within the very years in which sanitary science, so far as it relates to the arrangement of towns, has been evoked, and the defects and dangers of the old system exposed and discussed *usque ad nauseam*; this being the case, we might fairly have expected that the new resort for invalids would have exhibited at least no flagrant violation of the commonest sanitary laws.

We have more than once, in our editorial expositions of sanitary topics, dwelt upon the absolute necessity of maintaining the strictest separation between water used for drinking purposes, and the liquid sewage of houses and towns. We have insisted, upon what ought to require no demonstration, that a drain is one thing, a conduit of pure water another; that the combining of these functions in one stream is an outrage on sense and decency, and a prolific source of disease and death. We have also urged that, with respect to sewage, the earth is its proper and only fit destination. In the earth it is harmless, and not only so, is applied at once to good uses; but every attempt to dispose of sewage without reference to its restoration to the soil is unnatural, and opposed to the economy of creation; it is almost sure to be valueless as a means of getting rid of nuisances, and is a source of boundless and fruitless expense.

Here, then, is a new town, built upon land of no intrinsic value, and where space is no object; the slopes of which give facility for any plan of drainage that may be required; and the soil is capable of deodorizing and utilizing any amount of it. Our readers must bear in mind that there is a little brook running through the centre of the valley, across the beach into the sea. Well, about a hundred yards from the sea, a filthy drain from houses or hotels discharges itself into this little brook, in the waters of which the children delight to play, and which enters the sea close to the bathing machines. This idea is sufficiently nasty. But will it be believed, that, at exactly three yards above the mouth of this open drain, close above the place where the water is black and foul with filth, a man with a water cart is in constant operation, baling up water for the use of some of the inhabitants, for drinking and culinary purposes! Not only does this stream in its course receive the drainage of roads, of gutters from the front of houses, (and the quantity of organic matter it contains, is evident from the multitude of insects in it,) but as we have said, just below the place where water is taken for domestic purposes, it receives a large drain. So, on a miniature scale, we have the sanitary evils of the oldest city; imperfect water supply; drainage into rivers; and the water of the selfsame rivers used for drinking purposes.

THE WEEK.

The parishes in and around the Metropolis have been busily engaged during the present week in electing Vestrymen to serve in the different wards into which the electoral districts have been divided. As may be imagined, much excitement has everywhere prevailed, and those who have already held the reins of office have been opposed by parties anxious to taste the sweets of power and patronage. The results will be of unusual importance to our Profession, as it will be the imperative duty of each Ward to proceed to the election of a duly qualified Medical Practitioner as an Officer of Health. If this trust be faithfully performed, of which we have strong doubts, the District Vestries will add to their Councils Medical gentlemen of skill and experience, capable of assisting them in their care of the public health, and will remunerate their services with due liberality. But if, on the other hand, as we have too much reason to fear, the power of election should be conferred upon the same class of persons as those who, in many instances, have grossly abused the trust placed in them, we have little reason to anticipate any boon to the Profession or any benefit to the public. The *Morning Herald* informs us that the rulers of the Parish of St. Pancras, (which numbers, we believe, between 250,000 and 300,000 inhabitants,) are chiefly small tallow-chandlers, greengrocers, and beershop-keepers; and it has been broadly stated in other journals that the Guardians of the Poor of that parish assemble in public houses almost nightly to discuss parish politics. If this be the case, Heaven help the poor, whose comforts depend upon such protectors! and Heaven help any part of our Profession, which may be dependent upon such task-masters! We have no objection to retail shopkeepers when occupying the sphere which is appropriate to them; but to confide to such persons the study of hygienic laws and the interests of the Medical Profession is a gross absurdity. We shall be most happy to find that our doubts and fears are groundless, and that, under the new *régime*, the Practitioners of Medicine will be regarded as the true friends of sanitary science, and will receive the treatment and the reward due to their services and sacrifices to the public good.

The rumours which we reported last week regarding the Provincial Medical and Surgical Association have already been confirmed to a certain extent. Under the auspices of Mr. Michael, of Swansea; Dr. Cowan, of Reading; Dr. Richardson, of London; and others, a Memorial has been issued for signature, which it is intended to present to the Birmingham meeting. In the mean time, it has been printed and widely circulated. The Memorialists "suggest that, in order to remove any technical difficulties that may arise regarding the making or altering of laws, the Association assembled in Special General Meeting in Birmingham, on Tuesday, the

20th instant, should declare itself competent, irrespective of any pre-existing arrangements, immediately to consider and adopt a new and liberal system, adapted to the requirements of the emergency, and calculated to ensure durable harmony among the members." If all parties concur in this proposal, then will come the tug of war between the old "*exclusives*," and the modern "*progressives*."

On Friday last the practical examinations for the degree of Bachelor of Medicine of the University of London were held at the London Fever Hospital. There were eighteen candidates, who were required to furnish written reports upon the diagnosis and treatment of the diseases of several patients who were subjected to examination. The cases included diseases of the lungs and heart, together with renal and cutaneous diseases. The candidates were also tested in their practical knowledge of the microscope in its relations to pathology. We have so frequently adverted to the importance of encouraging this new feature in Medical examinations that we can only now express a hope that other Examining Boards will follow the example so well set by the University of London.

A painful sensation has been lately excited by the melancholy death of two individuals, a father and a son, at Brighton. In a Medico-legal point of view, the case is quite imperfect, owing to the absence of any post-mortem examination of the son. It is true that a superficial examination has lately been made by the friends of the deceased parties, assisted by the Coroner and a Medical gentleman; but, without entering into particulars, we may only observe, that the tests employed are not at all satisfactory. With the evidence at present before us, we can come to no other conclusion than that the son was strangled by the father, and that the latter destroyed himself; both acts being performed under the influence of a sudden and unaccountable paroxysm of homicidal mania. But as the awful tragedy was enacted in the silence and secresy of night, and as the victims are both gone to their last account, it is improbable that any further information will ever now be obtained of the melancholy details. We therefore willingly dismiss the subject, and hope that our contemporaries, both of the general and Medical press, will not keep open a discussion which cannot in any way contribute to the progress of science, and which may cause needless anguish to the sorrowing relatives and friends of the deceased parties.

It is with considerable regret that we notice the feeling of dissatisfaction which prevails among several of the most distinguished members of our Profession, at the recent appointment of a Commissioner in Lunacy to fill up the vacancy caused by the retirement of Dr. Turner. In remarking upon this appointment we do not intend, in the slightest degree, to disparage the merits of the successful aspirant; but we cannot help feeling that so lucrative and important a post might have been most appropriately conferred upon some gentleman whose public character or writings had given him a claim to Government patronage. If we are correctly informed, the gentleman who has been selected (although a duly qualified Practitioner) has taken his degree only within a few months, while many of those whose names have been mentioned in connexion with the appointment have already filled the highest offices in the Profession. We are very far from asserting that seniority should be the first claim to public patronage; but we have no hesitation in expressing our opinion that in the present instance the choice might better have fallen upon some mature Physician, whose talents and experience had been tested either in an extensive Professional career, or by his contributions to Medical literature. There are but few rewards to which our Professional brethren can aspire, and in the present instance it is thought, not without reason, that some eminent names have been unfairly passed over.

REVIEWS.

A Manual of the Practice of Medicine. By George Hilaro Barlow, M.A. and M.D. Cantab. Pp. 706. London: 1856.

We have before us another of Mr. Churchill's excellent manuals. To a man of industry and research the compilation of a system of Medicine is only a work of labour and time: but Dr. Barlow has had a more difficult task than this to perform; for not only has he had to sift the chaff from the wheat in respect of all that has been written upon the pathology and treatment of disease, but from among all that is best proved he has had to select that which is most applicable to practice, and to condense it into a volume, which, for such a subject, must be regarded as actually small. We can compliment him on the mode in which he has accomplished it. He has given us a manual of orthodox medicine, well calculated to form a basis on which the student may build by adding, from time to time, the results of his own observation, and the best proved of the assertions of others. It is just such a foundation that has hitherto been a desideratum. We will endeavour to show how the book is constructed, the extent of the information contained in it, and the style in which it is written. Of course it is not to be expected, among the diversities of medical opinion, that we should be ready to coincide in all Dr. Barlow's views. We think, for instance, that sometimes he is rather too orthodox, that is, that he has taught those doctrines which are most universally accepted in the British Schools of Medicine, without always indicating sufficiently the doubts which investigation has thrown upon their accuracy.

The earlier pages of the book are occupied by the consideration of some general subjects, necessarily introductory to that of special Pathology; the causes of disease, the modes of death, elementary changes, especially in the blood and circulation, and inflammation.

Under the "signs of inflammation," he has included those of disease in general. The abstract is satisfactory, but will not replace, nor, indeed, should we think, is intended to replace the study of the standard works in our language on the principles of Medicine. It is, however, an excellent introduction to them. Doubt having entered the minds of some practitioners as to the action of mercury in the cure of inflammation, we looked with some curiosity to see what Dr. Barlow has to say upon this subject. Here it is:—

"It is, however, when given in repeated doses, and where the inflammatory effusions are taking place, that it exerts its greatest influence, either for good or for evil, upon the progress of the disease; for the effect of mercury is an inflammation of a particular or specific kind, the gums becoming swollen, or, as it is termed, spongy, under its influence, and after a time, ulcerated. This inflammation is, in fact, of an aplastic character, tending to suppuration and ulceration, and consequently favouring the effusion of corpuscular, rather than of fibrinous lymph, or, when lymph is effused, promoting its degeneration rather than its organization. It must be apparent from this, and from what has been already said of the subsequent progress of inflammatory effusion, that the effect of mercury, carried so far as to produce ptyalism, or an approach to it, must be beneficial, or the contrary, according to the constitution of the patient, and the seat and character of the inflammation, since it may, in some cases, bring about that amount of degeneration which is most conducive to the re-absorption of the effused matter; but in others it may hurry this degeneration to an extent rendering the effusion incapable of re-absorption, and, therefore, fit only to be expelled from the system by suppuration and ulceration; and again, as we have seen that the effect of the inflammation upon the pre-existing tissues is to diminish their vitality, and favour those degenerations in them which we have spoken of as liable to occur in the new matter, it must follow that mercury, by favouring such changes, may cause the destruction of those tissues into which the inflammatory effusion has taken place."—Page 111.

Speaking of rheumatism, Dr. Barlow teaches that the probable *materies morbi* in that affection is an excess of uric acid in the blood, as a result of "defective assimilation or imperfect oxidation of the products of the interaction of the blood and tissue, (owing to which uric acid is formed in great abundance in the extreme circulation, instead of urea,)" and

he lays it down as one of the indications "to correct mal-assimilation, and so to prevent the undue formation of uric acid, or, at all events, promote its conversion into the more soluble matter, urea, which is more readily carried out of the system." This, he thinks, is the mode of action of lemon-juice. We are very much disposed to think that these statements would be difficult to prove. We should be inclined to refer rheumatism, to some other materies morbi than uric acid, which has not been discovered in excess in the blood in acute rheumatism while it has in acute gout. We should say, that probably future investigation will tell us more about what that chemical product of mal-assimilation, or abnormal metamorphosis, or suppressed excretion, precisely is, which, abnormally present in the blood, or in excess in that fluid, gives rise to the general febrile condition and local inflammation which we call rheumatism. Possibly there may be more such products than one capable of inducing rheumatism. At present, in fact, we know so little of the intermediate products of metamorphosis of the tissues, that it is better to speak thus indefinitely. Indeed, if uric acid be the materies morbi of rheumatism, this disease and gout should be identical, since Dr. Barlow truly informs us that the peccant matter of gout "is nearly allied to uric acid, if not identical with it." Now the excess of uric acid in the blood in gout is an ascertained and indisputable fact.

Turning to the diseases of the thoracic organs we find a preliminary chapter on Auscultation, in which judicious directions are given for the physical examination of the chest. We believe, with Dr. Barlow, "that the rational study of diseases of the chest has been rendered needlessly difficult, if not repulsive, by the attempts to make a separate art of the interpretation of the acoustic phenomena which accompany disease, and to make the art obscure by encumbering it with semi-barbarous technicalities." It is on this very account that we hailed the clearance that Skoda effected as a grand boon to the student of auscultation. But Dr. Barlow does not seem to like Skoda. He objects to the theory of "consonance" advanced by this German investigator in explanation of the phenomena of bronchophony and bronchial respiration, preferring to refer them, with most of the English Physicians, to improved conducting power of a condensed and solidified lung. The ground of objection advanced is, that "it must be obvious to those acquainted with the subject, that, for the production of this latter phenomenon (consonance), there is required a relation between the note or tone of the tubes and that produced at the vocal chords, which would not, according to all probability, be so uniformly present as it must be to produce the common occurrence of bronchophony."—P. 156.

Dr. Barlow clearly does not admit the essential difference between the varieties of continued fever. He thus expresses his views :—

"The conclusion which it appears we may most legitimately draw from our present information upon this subject is, that in the fevers in which the mulberry-coloured and livid spots are present, there is a greater tendency than in others to assume the low, sinking form, and perhaps a greater liability to head affections; but that, nevertheless, there may and frequently does occur severe bowel irritation, with inflammation and ulceration of the lower portion of the ileum. Where there is the rose-rash, on the other hand, there is almost always great bowel irritation, and not such early depression from the effects of the poison; but the frequency with which one form of the disease has been found to occur side by side with the other in many epidemics, though it may not have done so in all, and the almost imperceptible differences by which they are to be distinguished, in some instances, seem at present to preclude the belief that they are specifically different."—P. 626.

The descriptions given of disease are good and typical, and are abridgments of what may be found at greater length in the larger treatises on the practice of Medicine. "It is hardly to be expected, and perhaps not to be desired," says Dr. Barlow in his Preface, "that a professedly elementary work should abound in originality; and therefore much that appears in the following pages must have been borrowed from others . . . At the same time I would add, that whatever is here advanced upon points of practice is mine, in so far as that I have compared it with my own observation and experience."

We have selected the article on Colic to illustrate the mode in which Dr. Barlow writes upon special diseases, not because it is the best in the book, but because it is about the shortest. The student will see in what manner all the diseases are treated from this specimen, and in how condensed a form the information respecting them is given :—

"Colic is a disease which, as regards the bowels, is, in many respects, analogous to asthma, as regards the lungs. Like the former, it presents several of the symptoms of disordered function, induced by inflammation, but it is not inflammatory in itself, and is unconnected with inflammation, when the latter occurs as an effect, or as an accidental complication. The symptoms of colic are—severe twisting pains in the abdomen, referred particularly to the umbilicus, the bowels being obstinately confined. There is, generally, considerable flatulence, and often nausea. The pain is relieved by pressure, and the patient may often be seen to press his hands upon the abdomen for that purpose. The pulse and tongue are unaffected. The symptoms will often subside upon a free evacuation of the bowels; but if that do not occur, the pains will be more severe and constant, the abdomen tender, and the case will pass into one of obstructed bowel, or of ileus, or enteritis.

"As in the case of asthma there are no anatomical changes, connected with colic as such, the colon is found firmly contracted in one part, and largely distended in that immediately above or tergal to it; this appearance is commonly explained upon the hypothesis of spasm of the former part, and paralysis of the latter; and in ordinary cases this is probably the most satisfactory explanation, though it must be recollected, that if there be sudden stoppage of the bowels from any other cause, and the same may be true of paralysis, there will be contraction beyond it.

"The causes of simple colic are,—cold applied to the surface, more particularly the abdomen and lower extremities, accumulations of hardened matters, hysteria, spinal disease. It is in fact a nervine affection, in which the paralysis or irritation may originate from the spinal cord or the brain; or it may be excited by an impression upon the incident nerves as in case of cold to the surface, or irritating substances in the bowels itself."

To this succeeds a brief description of painters' colic, after which Dr. Barlow proceeds :—

"The diagnosis of colic is not difficult. As long as it is only colic it may be distinguished from the other diseases of which we have spoken, as interrupting the functions of the bowels by the absence of their characteristic symptoms; when these present themselves, it ceases to be colic.

"The prognosis of a first attack of colic is favourable; recurrence of lead-colic will sooner or later terminate as just described.

"Ordinary cold is best treated by calomel and opium, in doses of about a grain each, repeated every three hours for three times; after which half an ounce of castor-oil may be given, and an enema of soap and water administered, or the patient may be put into a warm bath and about a quart of water thrown up into the bowels. If, however, there be evident indication of inflammatory action, blood may be taken from the arm. This, however, is a measure not to be wantonly practised in lead colic, since the abstraction of blood favours its absorption into the system, and promotes the anæmic character which is one of the effects of the poison.

"The treatment of the paralysis is far more difficult. The best plan is to put the dropped hand on a splint; a blister may be applied to the arm, and on the excoriated surface there may be sprinkled about one-eighth of a grain of strychnine, well mixed with ten grains of tragacanth powder.

"To eliminate the poison from the system various means have been suggested. Mercury has been recommended, but is worse than useless. Nitric acid has appeared to be beneficial; and of late the iodide of potassium has been used with much benefit."—P. 591.

There are scattered throughout the book some very judicious formulæ, which the young practitioner will probably find useful; and it is terminated by a copious Index. We repeat, that the student has long been in want of a good elementary work on the Practice of Medicine—in Dr. Barlow's Manual that want is supplied; and we have no question that it will at once be installed as the favourite text-book in all the Medical Schools.

The Art of Perfumery, and the Methods of obtaining the Odours of Plants; with Instructions in the Manufacture of Perfumes. By G. W. S. Piesse, Analytical Chemist. Pp. 228. London: 1855.

The author of this little volume contends that the due cultivation of the sensations experienced by the nose is no less important than that of the impressions made upon the eye and the ear. He has, therefore, brought before the public a considerable quantity of useful and entertaining facts in relation to perfumes; and his labours in this department show him to be a man of science and practical skill. Although the chemical and botanical details are not very elaborate, they are sufficiently so to elevate the book to the rank of a scientific treatise.

The Microscope and its Application to Vegetable Anatomy and Physiology. By Dr. Hermann Schacht. Edited by Frederick Currey, M.A. Second Edition. Pp. 202. London: 1855.

In preparing a second edition of Dr. Schacht's work the translator has added four chapters to the beginning of the book, in the first of which some of the elementary laws of optics are explained, and illustrated by white diagrams upon a black ground. The other introductory chapters are devoted to the description of different kinds of English microscopes, of the accessory apparatus and chemical reagents necessary for microscopic pursuits in botany, and of the mode of preparing specimens. Dr. Schacht has himself also added some new matter to the present edition, which quite keeps pace with the modern progress of microscopic and botanical science.

The Fern Allies: a Supplement to the Ferns of Great Britain. Illustrated by John E. Sowerby. The descriptions, synonyms, etc., by Charles Johnson, Esq., Botanical Lecturer at Guy's Hospital. Part I. London: 1855.

The natural orders of plants included in the term "Fern Allies" are the Equisetaceæ, Marsileaceæ, Lycopodiaceæ, and Characeæ, which, although agreeing with the Ferns in the absence of stamens and pistils, have very little similarity in other respects. The name, "Fern Allies," is retained only for the sake of convenience. The present number contains five plates, representing as many British species of the genus Equisetum. They are very beautifully executed, and are accompanied by appropriate descriptions.

An Introductory Address delivered at Charing-Cross Hospital, Oct. 1, 1855. By Hyde Salter, M.D., Lecturer on Physiology and Pathology at the Charing-Cross Hospital Medical School. Pp. 36. London: 1855.

This is an elegantly-written address, and contains a large amount of sound advice to Medical Students. The trials which beset the Student's career are fully set forth; and the rewards, such as they are, of a diligent course of Medical inquiry, are represented in true and unexaggerated terms. Dr. Hyde Salter's Lecture will well repay perusal.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, November 10, 1855.

Absence from town at the end of last week prevented me from sending you my usual despatch, which I regret the more, as several events of importance occurred.

November is the month in which the University, and its various dependencies, (if I may use the term,) commence their labours for the winter session. These various proceedings were commenced on the last day of the preceding month, (October 31,) by a meeting of the

SCHOOL OF ARTS WATT CLUB,

on occasion of the retirement of Professors Lees and George Wilson, as Lecturers in the School, and also to introduce their successors—Mr. William Lees and Dr. Macadam.

Mr. Lees is the son of the gentleman who, having long lectured on Natural Philosophy in this Institution, designed for the benefit of the working classes, is now appointed Professor of Mathematics in the University of St. Andrew's. Dr. Wilson, who has resigned the lectureship of Chemistry, in consequence of his appointment to the Chair of Technology in the University, is succeeded by his Assistant, Dr. Macadam.

OPENING OF THE UNIVERSITY.

On Monday, November 5, the University was formally opened for the winter session by Principal Lee. The students mustered in great force, and at two o'clock, the hour of meeting, the Chemistry Class-room was crowded in every part. Shortly after that hour, the Senatus Academicus entered the hall, headed by the Principal, and were received with much applause. The new Professors, Drs. Allman, Laycock, and Wilson, received an enthusiastic welcome. After offering up an impressive prayer, the venerable Principal, Dr. Lee, addressed the students at considerable length.

To give the whole of his admirable address would greatly exceed the limits you can venture to assign me; I shall confine myself, therefore, to extracting those portions which are most likely to be interesting to your readers:—

THE LATE PROFESSOR EDWARD FORBES

was thus feelingly alluded to. Passing over much that it might not have been unseasonable to submit to your consideration, I may now advert to some particulars which ought not to be overlooked on the present occasion. I must confess that, on some of these topics, it is so painful to touch, that I have been almost tempted rather to be silent than to speak of them in terms which cannot adequately express what is universally deeply felt. Every one who was present when we met here at the commencement of the winter session twelve months ago, must remember with what feelings of cordial delight we hailed the re-appearance among us of Professor Edward Forbes, as we fondly believed he had recovered from the fatigue of the summer course commenced immediately after his appointment to the Chair of Natural History. Few of us, I believe, were aware how severely his labours had preyed upon his constitution; and if he was himself fully cognizant of the symptoms of imminent danger, he forebore to reveal his apprehensions to those whose feelings would have been most severely wounded by the anticipation of the fatal results. He was a man in whose mental constitution were blended the most attractive qualities, a luminous and highly cultivated understanding, feelings singularly delicate, a taste marvellously sensitive and discriminating, active and strong, and feelingly alive to each fine impulse—all commingled with that most elevated of all emotions which prompts the human soul to aspire after the participation of divine excellence, and to rise from the admiration of created beauty to the contemplation and the love of the unseen glories of the Supreme Creator. That lofty mind was not destined to spend its energies in the sordid and grovelling pursuits of time, but longing for immortality, instead of cleaving to the dust, it found, we trust, its final resting-place in the "house not made with hands," in which the occupations and the delights of the "spirits of the just made perfect" shall be such as "eye hath not seen, nor ear heard, neither hath it entered into the heart to conceive." (Applause.) It is our earnest wish that his successor may give not less decided proof of his ardent and devoted determination to cultivate the numerous kindred fields of labour in which many hitherto unexplored treasures are still deposited, and that his skilful and persevering researches may be crowned with abundant success.

The learned Principal then paid the following just

TRIBUTE TO PROFESSOR ALISON.

I feel much embarrassed in venturing to refer to another change which has occurred during the autumnal recess. Our highly distinguished Professor, whose services in three successive departments of Medical education have been extended over a period of thirty-six years, has found himself constrained, by the variable and critical state of his health, to seek relief from the pressure of his arduous labours by the unconditional retirement from that sphere of duty in which, while his strength was unimpaired, he was pre-eminently qualified to shine. Independently of all hereditary or adventitious claims to distinction, the personal character and attainments of Dr. Alison have long been recognized as unchallengeable titles to high celebrity. But, though no man living was better entitled to say, "*Et genus, et proavos et quæ non facimus ipsi vix ea nostra voco,*" it is not to be forgotten that a vast load

of national gratitude, due to the race from which he sprang, has been accumulating through the years of many generations. Few who are here present need to be told of the graceful and winning splendour of his father's eloquence, or of the exquisite ingenuity and classical beauty of his philosophical "Essay on Taste," not to mention other attractive writings which vividly reflect the serene, engaging features of his benevolent mind, and the matchless charm of his conversation.

From this he was naturally led to speak of the ancestors of Dr. Alison, and especially of

THE GREGORYS.

Among his progenitors I could refer to various names deserving of commemoration for wisdom and worth. But I content myself at present with a simple reference to the maternal ancestry and blood relations of Dr. Alison, many of whom, for 200 years, without almost any interruption, adorned the Universities of Aberdeen, St. Andrew's, Oxford, and Edinburgh, as well as other seats of learning—the greater part of them having been distinguished not only as professors of science, but as authors of original works on mathematics, optics, astronomy, mechanical philosophy, and medicine. James Gregory, Professor of Mathematics at St. Andrew's in 1668, and afterwards at Edinburgh, died in 1775, at the age of thirty-seven; after having, in very early life, invented the reflecting telescope. His nephew, Dr. David Gregory, after having succeeded him in the Chair of Mathematics in Edinburgh, became Savilian Professor at Oxford, and published many works of distinguished merit. His son and a number of his descendants were Professors of Mathematics and Philosophy in several of the Universities of Scotland. His grandson, the well-known Dr. John Gregory, became, at the age of twenty-two, a Professor of Philosophy in King's College, Aberdeen, in the year 1746, in which capacity he taught mathematics, logic, moral and natural philosophy, during the usual course of three years, and a few years afterwards became Professor of Medicine in the same university, in which he had the satisfaction of being colleague to his cousin-german, Dr. Thomas Reid, afterwards so highly distinguished as the author of the essays on the "Intellectual and Active Powers of the Human Mind." In the year 1766, Dr. Gregory became Professor of the Practice of Physic in the University of Edinburgh, and first physician to the King for Scotland, both of which offices were filled by his son, Dr. James Gregory, a few years after the father's death, in the year 1773, in the forty-ninth year of his age. Now, this Dr. John Gregory, as I have said, was the grandson of the great mathematician James Gregory, and he was grandfather of our Dr. Alison, who, to his perpetual honour be it recorded, inherited as ample a portion of his almost boundless benevolence, as of his bright talents and professional skill—(cheers). It is with a tribute to the surpassing kindness of that accomplished and amiable physician, Dr. John Gregory, that Dr. Beattie thus abruptly concludes his beautiful poem, "The Minstrel":—

"Adieu, ye lays, that Fancy's flowers adorn,
The soft amusement of the vacant mind!
He sleeps in dust, and all the Muses mourn,
He whom each virtue fired, each grace refined,
Friend, teacher, pattern, darling of mankind!
He sleeps in dust. Ah, how should I pursue
My theme? To heart-consuming grief resigned,
Here on his recent grave I fix my view,
And pour my bitter tears. Ye flowery lays, adieu!

Art thou my Gregory, for ever fled?
And am I left to unavailing woe?
When fortune's storms assail this weary head,
Where cares long since have shed untimely snow,
Ah, now for comfort whither shall I go?
No more thy soothing voice my anguish cheers,
Thy placid eyes with smiles no longer glow,
My hopes to cherish, and allay my fears—
'Tis meet that I should mourn, flow forth afresh my tears."

From this topic Principal Lee passed on to the following reference to the

NEW PROFESSORS.

I am very sure that there is not an individual here present who does not regard the now Emeritus Professor of the Practice of Physic with profound veneration, and earnestly wish that Providence may long vouchsafe to him re-established health, tranquillity, and honour; with the durable riches of righteousness; and, both here and hereafter, an abundant portion of those higher felicities which the heart of man is unable to conceive. It must also be the earnest wish of us all that his successor may so execute the duties of the office as to prove himself worthy of the appointment to the Chair which has, in so many instances, been occupied by men of the highest name in the Profession. The same cordial wish is unquestionably cherished by every one of us in behalf of the other Professors who have this day been admitted to their offices—Drs. Allman and George Wilson. (Cheers). Dr. Allman has given proof of his aptitude for teaching in a long-established University in one of the divisions of the United Kingdom; in which University, at its foundation, the two Professors who were first appointed, James Fullarton and J. Hamilton, had both been educated in Scotland, Fullarton at St. Andrew's, and Hamilton in Edinburgh. The former was knighted, and the latter, the instructor of Archbishop Usher, was elevated to the peerage. His name appears in our Records in 1585, in immediate juxtaposition to that of R. Rolloch, the Principal, and the two Regents (Nairne and Lumsden), a triumvirate in whose persons was vested the whole authority of teaching and discipline. I may remark, in passing, that King James, who professed to endow this University with ample possessions (which proved to be airy nothings), contrived to secure for Dublin (a younger creation) a very goodly heritage—if I were to say of fifty times the value which Edinburgh ever enjoyed, it would be below the truth. But it is to be considered that those who have been enriched by those great possessions are not the general body of the Professors; but chiefly, I believe, the Fellows, who unquestionably have earned a title to be magnificently rewarded—and I do not know any one who grudges them their portion. I must, on no account, omit to express the same kind wishes in behalf of the Professor of Agriculture, Mr. John Wilson, whose character, and attainments, and professional writings are well known, not only in Britain, but in other lands;—and I have now the satisfaction of announcing that this day a gentleman of the same surname, Dr. George Wilson, has been admitted as Professor of Technology. His talents and learned industry, I am confident, have gained for him universal respect, and I have good reason for believing that there would have been extreme difficulty in making a more satisfactory or more acceptable appointment.

THE OPENING OF THE EXTRA-ACADEMICAL SCHOOL

took place the following day, when the introductory lecture was given by Dr. Struthers, Lecturer on Anatomy, and author of a facetious work, "The Autobiography of the Clavicle." The room was so crowded as to prevent many from obtaining admission; those who were fortunate enough to get places report the lecture as excellent, and a large portion of it, consisting of an elaborate trbute to Dr. Alison, appeared in the papers.

DR. LAYCOCK'S INTRODUCTORY LECTURE

was delivered the same day. The room was crowded with Students, but we regretted to observe, that, with the exception of Professor Balfour, none of the Medical Professors were present, and we also missed the presence of many of the leading Medical men in Edinburgh. The learned Professor had been at the labour of committing the lecture to memory, and reciting it, which, in my opinion, marred its effect; his voice was also insufficient to fill so large a room. The matter of the lecture can be judged of by the sketch which appears in your impression of last week.

PROFESSOR GEORGE WILSON'S INTRODUCTORY LECTURE.

On Tuesday afternoon, Professor George Wilson, recently appointed to the newly-instituted chair of Technology in the University, delivered his introductory lecture in the Chemistry Class-room, which was well filled. The lecturer began by stating that he had received the first presentation to a Chair, which was new to this University, and to any other in this country. He then proceeded to give a definition of the word Technology, which, he said, literally signified the science of arts, or discourse or dissertation on these. The term, however, embodied a much wider range of meaning than this, being, in fact, the principles which guide art. Technology applied chiefly to the Industrial Arts, but not to the exclusion of the Fine Arts, commonly so called, viz., painting, sculpture, and music. He then pointed out the limits which should confine the subjects passing properly under his notice, so as not to encroach on the provinces of his brother Professors. He observed that he was a Director of the Industrial Museum of Scotland, in which it was intended to place natural and industrial curiosities, the former being under Dr. Allman's care, and the latter under his own. In

fact, this museum stood in organic connexion with his office, the Professor of Technology acting as the interpreter or expositor of its contents. The museum would minister to the chair, and not the chair wait upon the museum. In conclusion, Professor Wilson stated that he had twenty-two years ago entered the University, without prestige or weighty advantages, but that he had received many kindnesses at the hands of the Professors, for which he should be ever grateful. In return for this, he should make it his study to help those nameless, friendless students who came under his notice, as he had been helped in days gone by. The lecture was listened to with great attention, and, at the close, the numerous assemblage awarded the lecturer several rounds of applause.

DR. ALLMAN'S INTRODUCTORY LECTURE.

On Wednesday afternoon a large number of students assembled in the Chemistry Class-room of the University to hear Professor Allman's introductory address. He began by paying a tribute to the memory of the late Professor Forbes, whom he described as an intimate friend, and one endowed with the highest mental faculties. He then referred in succession to the subjects which he should endeavour to bring before his pupils. Zoology would consume a considerable portion of their time, being one of the most attractive branches of Natural History. Palætonology and Geology would also demand much consideration. Natural History was no pastime. There was a time when it was considered a subject of minor importance, but it needed no apologist. They had only to consider the value attaching to it, and it would be no matter of surprise that Natural History had come to occupy a prominent position in our universities. It had been included in the list of examinations for the civil service of India, and independently of the direct application of Natural History to the development of the colony, it must be of the highest value to those who obtained writerships in the East India Company's service. In conclusion, he said that it rested with his pupils more than himself to sustain the reputation of the University. The multifarious subjects which Natural History comprised rendered it impossible for him to do much more than to indicate the studies which they should follow out for themselves. The lecturer was listened to with much attention, and frequently interrupted by applause.

Nor have the lectures interesting to the Medical Profession been confined to the University. Edinburgh possesses an Institution, largely patronized by the middle classes, possessing the attractions of a well-managed reading-room and library, and in which, during winter, lectures are delivered on two nights in the week.

The subjects selected are often of a queer character, and the series was commenced by two lectures by Dr. Southwood Smith on

EPIDEMICS AND THEIR RELATION TO CLIMATE AND CIVILIZATION.

In his first lecture, which was delivered on the 6th inst., Dr. Smith, in a few introductory remarks, adverted to the circumstance that the study of epidemics had hitherto been confined to the Medical Profession, and then proceeded to point out a variety of considerations which rendered it expedient that at least a general knowledge of the subject should be acquired by the educated classes. Having specified the diversity of the external characters of epidemics, and the conditions which dispose to them, he called attention to the opposite opinions which prevail in the Medical world regarding the nature of the primary cause of epidemics, and concluded by observing that there was one point on which all were agreed, viz., that health could only be maintained by attention to cleanliness and other sanitary precautions. The lecture was listened to with much interest, and was occasionally interrupted by loud applause.

In the second of the series, which was delivered on the following Friday, the lecturer commenced by pointing out the chief constituents of climate which influence epidemics. Referring to Africa, he observed that there were immense regions of territory there, which, at certain seasons, formed a pestilential swamp, and exhaled to a considerable distance the most disagreeable odour. There, said the lecturer, was the place where epidemics could not fail to flourish. The decayed vegetable matter, the swarms of insects and other animals, along with the intense heat which prevailed, constituted such a combination of dangerous influences, that it was all but impossible for those who were subject to their influences to withstand them for any length of time. The epidemics which thus originated were for the most part endemic, or confined to the particular district where they commence. There were certain exceptions to the rule, as in the case of the extension of the black death, and one or two other diseases. It was somewhat curious that strangers who came from the purer air of the country to the town where any of these epidemics occurred, were much more frequently attacked by them than those resident in the towns. The cause of this was not very obvious. The probable reason was, that it was in consequence of the two extremes meeting in them. Passing out of the torrid zone, it was found that the ordinary epidemics experienced in the temperate regions are strictly confined to those countries. Adverting to epidemics in relation to civilization, Dr. Smith remarked that, according to the physical, intellectual, and social condition of uncivilized and civilized communities, so, to a considerable extent, was the character of the epidemics which prevailed among them. He referred, in illustration of this remark, to the condition of Europe in the middle ages. While the country districts were full of marshy swamps, and badly-cultivated fields, and the streets of the towns were covered with filth and every kind of refuse,—the houses of the people being destitute of every comfort, how could health be maintained? Both their minds and their bodies were in the most susceptible state possible for the operation of any disease which might come upon them. Hence, when the plague came, they were swept away in numbers truly startling; the living became too few to bury the dead. As time progressed, and as learning increased, this state of things began to improve: mind triumphed over matter. The walls and fortifications of our towns were thrown down, and the free air of heaven was permitted to purify them. The consequence was that the general health became improved, and the duration of life extended. Food became more plentiful, the swamps were cleared away, and with them went many of the deleterious influences and epidemics which they naturally engendered. It is true that we have still to complain of the existence of many similar distempers. But why? Simply, because there still exists around us, in our dens and alleys, a state of things exactly analogous to what prevailed in the middle ages. Their condition now is essentially the same as it was then. It was for us to say whether they should be left in that state. After insisting, in very eloquent terms, on the necessity of attending to the sanitary improvement of our towns, and of Edinburgh in particular, the lecturer concluded amidst much applause.

ALLEGED DEATH FROM CHLOROFORM.

Considerable excitement has prevailed from the sudden death of a lady who had inhaled a small quantity of chloroform, preparatory to having a tooth extracted by one of the most experienced dentists in the city. It is said that death took place before that powerful agent had been administered in sufficient quantity to produce the usual physiological effects; that the lady had, on four previous occasions, been under the full influence of chloroform, three of these under the care of the same dentist, without exhibiting any unusual symptoms, and, on this occasion, had it at her own urgent request; and that, on examination after death, in presence of several Medical men, disease of the heart, of a nature, we understand, not easily ascertainable during life, was found to exist. It is also reported that one of the nearest relatives of the deceased fainted, and died suddenly, several years ago. The particulars of the present unfortunate case, will, of course, be communicated to one of the Medical journals.

TRIAL OF THE CHIEF MAGISTRATE OF LEITH.

Some conversations have taken place in regard to this trial, although, as is usually the case in Scotland, the proceedings were conducted with closed doors. The prisoner, a man of 65, was accused of indecent practices, and more especially of having inserted his fingers into the private parts of a girl under puberty. The evidence in support of the prosecution was that of the infant herself, a companion who was present, the mother, who found the parts congested next day, and Dr. Henderson, of Leith, who visited the children professionally. On the side of the prisoner Dr. Simpson gave evidence that it was impossible that congestion could have continued so long after the alleged injury. The prisoner was, however, found guilty, and sentenced to transportation for fifteen years. This is but a meagre account of a trial very interesting in a medico-legal point of view. Of course I

could not be present, and what I have written has been chiefly gleaned from the account of a Medical man whose official position enabled him to elude the vigilance of the officials, and obtain admission, and even this I have only got at second-hand. It is to be hoped some full account of the Medical evidence will appear.

GENERAL CORRESPONDENCE.

MR. BROWN ON RUPTURED PERINÆUM.

[To the Editor of the Medical Times and Gazette.]

Sir.—Mr. I. Baker Brown, in his paper on "Ruptured Perinæum," has done me the honour to mention my name in connexion with one of his cases. I therefore trust you will permit me, in this way, to notice his observations.

Mr. Brown gives the following case:—

"*Case* 3.—Rupture of perinæum, with recto-vaginal fistula—operation—success. The following case I relate by permission of Mr. Harper, of Farringdon Street, who called me in to see the patient.

M. G., aged 24, December 1, 1854, was confined with her first child, fourteen weeks since at Balham, near Clapham, and during the expulsion of the child, after a speedy labour, the perinæum was lacerated. The following day, she complained to the Surgeon in attendance of the accident. He made light of it, and said it was of no consequence. However, her husband suggested that I should be sent for. This, however, was objected to by the Surgeon, who sent for Dr. Murphy instead. This gentleman objected to any operation, and advised nothing to be done, at all events, for the present; and she shortly discovered after this, that all her motions from the bowels, passed through an opening in the vagina, subject to no control of her own will. As soon as she could be removed, she accordingly came up to town and placed herself under the care of Mr. Harper, who requested my attendance.

Upon examination, laceration of the perinæum was found to be complete down to the deep muscles of the sphincter ani, but, not through all of them. A few lines upwards there was discovered a recto-vaginal opening, which had been originally the size of the index finger, but which was now reduced to the size of the point of a probe, through which, however, flatus passed involuntarily and with a loud report, and when the bowels were relaxed fæces passed into the vagina" (a).

In reference to this case, I beg most distinctly to deny that the gentleman who called me into consultation, and myself, agreed that nothing should then be done; and so far was that gentleman from making light of it, and thinking it of no consequence, that I never saw any one more annoyed and grieved by this accident. Such a thing never occurred to him before in his extensive practice of upwards of one thousand cases. He certainly hesitated about calling in Mr. Brown to operate, and preferred to have my opinion, at least, first. I saw this lady a very few days after her labour, and the question was proposed to me which course to pursue—to operate then, or not. I found, on examination, a small band of the perinæum entire, and behind it a fistulous opening, admitting the point of the finger. I at once stated the opinion which I now hold, and which this case certainly has not induced me to change. I objected to the performance of such an operation so soon after labour. Re-union seemed to be in progress, and for this reason alone I thought that it would be better to wait until a later period, when, if the effort of Nature failed, the operation could still be performed.

I did not hesitate to say that I thought such an operation, so soon after labour, both dangerous and unnecessary. Dangerous, because it exposed the patient to the risk of an inflammation in the passages which might not be so easily controlled; more especially as such an operation leads to the formation of pus, and pus in the neighbourhood of tissues going through a process of the most rapid absorption might, possibly, be taken up into the circulation. Had Mr. Brown been called in, there is no doubt that this objection would not weigh with him, because he does not hesitate to perform this operation even when the parts are in a state of slough.

I considered the performance of such an operation then was unnecessary, because the only difference the short time required can make is to render the conditions rather more favourable than otherwise. The wound would then have contracted to its permanent dimensions, and the dangers always present immediately after delivery avoided. I have seen lacerations of the perinæum extending several inches immediately after labour, which contracted to less than a quarter of an inch afterwards. Mr. Brown would tie up these several inches. I should wait to determine what really must be re-united. Mr. Brown's principle would involve numerous, no doubt, successful operations; mine requires very few, and these only in extreme cases. I would give Nature time to repair the injury, and question very much whether we are authorized to interfere unless she fails. The case in question perfectly illustrates this, because the treatment which we agreed upon, and which the gentleman in whose charge she was, perfectly carried out, almost succeeded. Having inquired of him, some time after, the result, he was kind enough to write to me these particulars of the case when it was last under his notice:—"I think when I last wrote to you (unfortunately, I have lost this letter), I told you that the opening in the bowel was closed, at least *nothing had passed by or from it for a fortnight, though the bowels acted spontaneously daily*, and I can decidedly say that the laceration was very fast lessening, so much so that I had good cause to be pleased with the progress she was then making.

Yesterday I learned from her husband that *from some error in diet she had rather a sharp attack of diarrhœa*, which has caused the opening in the bowel to give way, and that its contents were voided through it, so that when this is passed by all, that was done will have to be done over again." This will explain why Mr. Brown's assistance was required, and as a commentary on Mr. Brown's statement, that "as soon as she could be removed she accordingly came up to town and placed herself under the care of Mr. Harper, who requested my attendance." I may further quote these words:—"But the truth is, I have not seen her for more than a month, as she left this neighbourhood to go to a sister." . . So that, in fact, this lady was so far recovered from this accident as to be able to pass her motions daily per rectum—her Medical attendant discontinued his visits—she went to London on a visit to her sister—some irregularity in diet caused a diarrhœa which opened the wound. Mr. Harper was consulted, who, of course, called in Mr. Brown, very properly, to perform an operation which was now indispensable.

Mr. Brown remarks—"This case has been one of the strongest reasons for my again bringing the subject before the Profession, for, it will be observed, that a young married lady with her first child meets with an accident which might happen to any one in the hands of a Practitioner of great experience as an Accoucheur, and yet when applied to by the husband of the patient to consult me with a view to some remedial measures—he declines to do so, and, on the contrary, does nothing."

The gentleman alluded to certainly committed a great error in sending for me in place of Mr. Brown, and undoubtedly it is a very strong reason for bringing the case before the Profession, lest they might make a similar mistake; but as a proof that this gentleman was perfectly correct in doing what Mr. Brown pleases to call "nothing," I shall quote the following case of Mr. Slater, of Crewe, who, I am sure, will not object to its publication, because he sent it to me, as "it may be doing some good by making it known:—

"A. S., aged 23, delivered March 13, 1854. A first confinement; no peculiarity in labour, except that the pains were very forcing, and the os externum generally unusually thick in its texture, and rigid. I felt the rupture occur, as I was supporting the perinæum at the time.

"Immediately after birth the finger was introduced from the vagina into the rectum and from the rectum into the vagina. The anterior lacerated part of the rectum was distinctly felt extending upwards to the depth of an inch. The treatment consisted in emptying the bowels completely by castor-oil in the first instance; the patient lay on a hard bed, on her back, with the lower limbs extended together and parallel, and this position was rigidly maintained. The diet was chiefly boiled eggs, under the impression that by this means the bowels would continue constipated.

"The patient was not visited till the third day, when, to my surprise, on gently expanding the edges, the wound appeared to be healing at its upper part; it was dressed daily with

(a) *Medical Times and Gazette*, p. 439, Nov. 3, 1855.

strong solution of nit. argenti applied with a camel's-hair pencil. At the end of eight or nine days another dose of castor-oil was given, and the patient said that no discharge was produced by it through the vagina. After this she got up, and in three weeks from the date of the labour made her appearance at my house, having walked three miles."

Had this poor patient been in London, and, like M. G., in the better walks of life, there is no doubt such an accident would not have been suffered to pass so quietly. She might have been the subject of a most successful operation, and Mr. Slater accused of doing nothing.

In conclusion, I have only to observe, that I should not have trespassed upon your pages had not my name been introduced by Mr. Brown in the manner your readers can appreciate; and I would repeat my opinion, that I believe these operations are very seldom required; that they may be performed without the least necessity; and that to do so immediately after labour is both dangerous and unnecessary.

I am, etc. EDWARD WILLIAM MURPHY.

12, Henrietta-st., Cavendish-sq., Nov. 10, 1855.

DR. CORMACK'S RESIGNATION OF HIS OFFICIAL CONNEXION WITH THE PROVINCIAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—Believing that the subjoined letter, if inserted in your pages, will reach some of my friends who do not now receive the *Association Journal*, I venture to request that it may appear in your next number.

I am, etc.

Nov. 12, 1855. JOHN ROSE CORMACK, M.D.

"TO THE EDITOR OF THE ASSOCIATION JOURNAL.

"SIR,—Necessity, and not choice, obliges me again to reiterate the fact, that the resignation and abandonment of my official connexion with the Provincial Association was caused by the proceedings at the York Meeting.

Sir Charles Hastings, in the face of incontrovertible facts, and for a purpose which is not clearly indicated, writes as follows in the *Association Journal* of last week:—

"'I must say, I cannot exactly understand how Dr. Cormack can maintain that his resignation had no official existence. It was sent to me as President of the Council, and was not withdrawn; consequently, when I went to York, I considered he had resigned. Be that as it may, the fact is, that Dr. Cormack wrote to me, on the 1st of August, two letters—one as President of the Council, and the other, as a private individual, and tendered his resignation. I trust, therefore, Dr. Cormack will forgive me for still continuing to believe that he places himself in a false position, when he says that his resignation was caused by the resolution carried by Mr. Husband, on the 16th of August, he, Dr. Cormack, having, on the 1st of August, positively announced to me, in my public capacity, his intention to resign.'

"If you refer to my former letter, published in the *Association Journal* of the 2nd of November, you will find that there is, perhaps, nothing advanced by Sir Charles in the above which is in express words at variance with my statements; although his inability 'to understand how I maintain that my resignation had no official existence,' followed by the italicized clause, '*it was sent to me as President of the Council, and was not withdrawn*;' must appear to the casual reader, (when taken *per se*, and shut off from the next clause by a semicolon,) as a flat and emphatic denial of my veracity; and to those who were at the York Meeting, it must also appear as an alteration of history.

"The *two points* which claim notice at my hands, are, first, the implication of my veracity as to the withdrawal or non-withdrawal of my resignation; and, second, the alteration of history which is involved in the averment that my resignation was not caused by the success of Mr. Husband's motion.

"FIRST:—As regards my veracity in stating that I withdrew my resignation, and that it never had an official existence, I will be circumstantial and explicit.

"On the 1st of August, I forwarded the following letter to Sir Charles Hastings:—

"'37, Russell-square, 1st August, 1855.

"'DEAR SIR CHARLES,—Considering the divided feeling which pervades the Association regarding many points of polity, and looking to the changes which are to be discussed, (and probably carried out by the York Meeting), I am anxious that no difficulty should be thrown in the way of a settlement, by considerations having a personal bearing upon myself. I therefore think that it is my duty, in the present crisis of the Association, to resign the offices, the duties of which I have endeavoured to perform as well as I could; but which, I know, can be more efficiently discharged by others of our body, possessed of more leisure and more energy.

"'I am, dear Sir Charles,

"'Yours very sincerely,

"'JOHN ROSE CORMACK.'

"I accompanied this with a private request that my letter of resignation should be embodied in the Draught Report of the General Council, which was to be printed and circulated prior to the Council assembling to agree upon its report on the evening before the meeting of the Association. Sir Charles informed me, that my communication had arrived one day too late to be introduced into the printed Draught Report. Upon hearing this, I resolved to withdraw my resignation; because the object I had in view could not be accomplished, and to prevent the injustice and inconvenience of taking the Council and the Association by surprise in so important a matter.

"On the 14th of August, when the Council was assembled at York, Sir Charles beckoned me to him, and asked me whether I wished my letter of resignation to be brought forward. I replied that I considered the letter was withdrawn as it had been too late for circulation as a part of the Draught Report of the Council. My letter was not communicated to the Council by Sir Charles; and, consequently, it was neither alluded to, nor brought before the general meeting of the Association on the 15th, by the Council in their report. My having said to Sir Charles that my letter was withdrawn, coupled with his not bringing it before the Council, to which body it was addressed, justify me in saying, and the Profession in believing, that I spoke the truth when I said, that my letter was withdrawn, and never had an official existence. Sir Charles, by now maintaining the contrary, wantonly impeaches my veracity, and in support of this impeachment, pleads guilty to withholding from the Council an important official document. If my resignation was not withdrawn, Sir Charles had no right to keep it back from the Council.

"SECOND:—As regards the alteration of history involved in the averment that my resignation was not caused by the success of Mr. Husband's motion, I simply again quote an episode from the debate on that motion, as reported in the *Association Journal* of August 24th.

"'Dr. Noble.—Do I understand Dr. Cormack as saying that his official connexion with the Association must cease, if Mr. Husband's motion is carried?

"'Dr. Cormack.—Yes.

"'Dr. Noble.—And if it be not carried, he is willing to discharge all the duties he now performs, and on the same terms?

"'Dr. Cormack.—Yes.'

"I trust that I may not be again called on to reiterate these facts; and that it may not be necessary to reiterate, *viva voce*, at Birmingham, on Tuesday next, the substance of this letter. If called upon to do so, however, I shall be ready to comply with the request.

"Sincerely wishing that the principles contended for by the gentlemen who unsuccessfully memorialized the York Meeting, may be unanimously, or at least harmoniously, carried next week at Birmingham, and that the necessity for a new Association may be averted,

"I am, etc.

"JOHN ROSE CORMACK.

"37, Russell-square, Nov. 12, 1855."

ROYAL MEDICAL BENEVOLENT COLLEGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having repeatedly seen in your publication of the *Medical Times and Gazette* the praiseworthy efforts you have from time to time made in aid of the abovesaid College, and the various appeals to the Medical Profession towards this noble and much-needed labour of love, from the moment it was projected by the warm-hearted "Welchman," till its completion, the excellent and well-directed arrangements he

had used, in calling upon our brethren to come forward and support a cause so peculiarly their own; as well as the farewell address lately sent out by the zealous founder, indueed me, a few weeks ago, to request I might be furnished with a book, (provided for the purpose,) and authority to collect small sums from my patients and friends, which would soon enable every member of the Profession to make himself a "Life-Governor," provided his circumstances would not enable him to do so otherwise. Although I reside in a small village, the population of the whole parish not exceeding 1200, most of whom are in very middling circumstances, it is with heartfelt satisfaction I state that, in a very short period, I was able to forward to the Treasurer of the Royal Medical Benevolent College the sum of £15 7*s.* 6*d.* If, therefore, an humble individual, in a retired part of the world, could accomplish such a sum in a brief period, how easy would it be for hundreds of my Professional brethren, who enjoy extensive and lucrative practice, and residing in large cities, towns, and wealthy neighbourhoods, to collect treble (nay, I may say tenfold) the amount, so as speedily to form an endowment fund, that this noble undertaking may be at once placed on a solid foundation. God knows we have wanted such a boon long enough, and now we have got it, (thanks to Mr. Propert,) let us, one and all, do our utmost; it is not only a duty to ourselves, but to those who have families, to support it in a manner worthy of a great and learned Profession. Who can tell how soon we, or some one dear to us in life, may not have to knock at the door of that "splendid edifice" at Epsom, and sue for its fostering care. I am, etc.

Lynton, November 13, 1855. A Country Practitioner.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, November 10, 1855.

Dr. Snow, President, in the Chair.

The President commenced the proceedings by adverting to the severe loss sustained by the Society in the melancholy death of Mr. Pilcher, who, he said, was present at the previous meeting of the Society, apparently in excellent health. He (the President) had known him for a lengthened period, and had hoped that he would have lived many years, and continued to be an ornament to the Society, of which he had once been President. Mr. Pilcher had obtained the Fothergillian gold medal, and he was a member of the Council of the Royal College of Surgeons.

Mr. J. F. Clarke moved that the President be requested to write, in the name of the Society, a letter of condolence to the relatives of Mr. Pilcher.

Mr. Dendy seconded the motion, which was unanimously adopted.

Dr. Gibb related the particulars of a case of labour—foot presentation, with unusual twisting of the cord. The patient was a healthy woman, at whose labour he assisted in August last, with her third child. The left foot presented, and the labour progressed favourably, terminating in the birth of a female, with the cord passing downwards, curving twice round the left leg, then upwards, forming a knot, then around the right shoulder, and twice round the neck. The cord measured 45 inches, and the child's head and face were purple from congestion, but it and the mother did well; the latter was a very nervous person.

Mr. Hersehell mentioned a similar case, in which the cord measured thirty-six inches.

Dr. Stocker mentioned the case of a woman who came to him with every appearance of Bright's disease. He ordered occasional purgatives, a light diaphoretic mixture. In some months, ascites attended with œdema of the lower extremities and anasarca came on. As he was leaving town, and found the patient greatly incommoded, he punctured the thighs; but, on his return, he found the wound had healed, and the patient was as much distressed as ever. He then gave her diuretics—an ounce of the infusion of digitalis, with a little acetate of potash and sweet spirit of nitre. In a week the swelling disappeared, and the woman felt considerably relieved; but her pulse becoming feeble, and the general system giving way, he discontinued the remedy, and gave very little medicine. The swelling had consequently returned; and he had no doubt that the patient would die, but life had evidently been prolonged by the treatment.

The President believed it was customary to give diuretics in such cases, avoiding mercury and squill.

Dr. Routh thought that diuretics rarely acted before the general system was relieved.

Dr. Gibb recommended the use of diuretics externally; having known instances in which it had been thus beneficial when it had failed internally.

Mr. Henry Lee then read a paper on

THE NON-MERCURIAL TREATMENT OF CERTAIN FORMS OF SYPHILITIC DISEASE.

The author began by stating that the opinions of men of eminence should not form rules of practice, except those opinions could be corrobrated by well-ascertained facts; and in alluding to the treatment of syphilis, he showed how diametrically opposed had been the opinions of the mercurialists and non-mercurialists. He (Mr. Lee) thought that the different kinds of syphilitic affection, from which these authors originally took their opinions, might account for the different treatment which they seem to have been inclined to adopt, without discrimination, in all cases. He considered, for his part, that there are distinct morbid actions produced by the application of the syphilitic poison, which actions might be divided into four classes. These had been mentioned in a former paper, and required distinct methods of treatment. The first class referred to the syphilitic ulcer, presenting adhesive characters, the globules of the pus exhibiting a smooth outline; the second included those cases in which the secretion from the infected part consisted of well-formed pus from an early period; the third class was that in which the local disease extended to the lymphatic vessels, and in which the glands consequently suppurated; and the fourth where the contact of the syphilitic matter produced mortification or phagedæna of the part to which it was applied. The author had proved, on a former occasion, the truth of the proposition enunciated in the third class, supporting his opinion by forty-nine cases, in which suppurating bubo was a symptom. As he had failed at that period to convince some of his hearers, he had again put this proposition to the test of experience, and had caused statistical tables to be drawn up, including all the patients treated at the Lock Hospital. These tables are extremely elaborate, and, from their analysis, Mr. Lee concludes that those sores which infect the patient's constitution are not often accompanied by inflammation of the absorbents; and that when they are, this inflammation may be traced to some accidental complication. Hence the author lays it down as a practical rule, that when a primary ulcer has clearly given rise to an inflammatory bubo, there will be no infection of the patient's system from that disease; and inasmuch as the local disease will, in general, heal as soon without mercury as with it, and will not be more likely in the one case than in the other to be followed by secondary symptoms, such a mode of treatment is, as a rule, unnecessary, if not injurious. Mr. Lee, in referring to some of the other classes above mentioned, came to the conclusion that there are three of them which do not require mercury:—

1. Those accompanied by lymphatic inflammation.
2. Those in which the inflammation produced by the contact of the poison terminates in mortification, which latter may be either superficial or deep.
3. Those in which the poison gives rise from the commencement to suppurative inflammation.

Mr. De Mérie expressed his concurrence in most of the views, and in the general plan of treatment, laid down by the author. There was no doubt, he said, that mercury might often be withheld. He was not, however, one of those who were afraid of it, believing that it did not produce half the mischief which had been attributed to it. Many persons who would give it without hesitation in pneumonia, peritonitis, and other diseases, were greatly afraid of it in syphilis, erroneously supposing that it would cause the development of secondary symptoms, which otherwise would have remained latent. He doubted the power of the microscope in accurately determining the nature of a chancre, and whether it should be treated with mercury or otherwise. He was guided by the old distinction of an infecting and a non-infecting chancre, the former being known by the well-known

induration: where that was present, he used mercury prophylactically, as regards secondary symptoms, but not to heal the chancre. When the sore was seen early, and the patient was tractable, the deep and effectual application of nitric acid would probably enable him to escape. He perfectly agreed with Mr. Lee that secondary symptoms never occurred where suppurating bubo supervenes; and believed that M. Ricord, had he been present, would have been greatly pleased at the unanswerable proof the author had given of one of his principal tenets. He (Mr. De Méric) would shortly bring before the Society some experiments which he had instituted in suppurating bubo, in which affection it was proved, by the effects of inoculation, that such bubo was a glandular chancre. There were occasional exceptions to the rule; and he had seen cases where the glandular congestion accompanying the indurated chancre had, after the breaking out of secondary symptoms, passed into suppuration. This itself was a secondary manifestation, and the pus inoculated would give rise to no pustule. With regard to phagedæna, it would, no doubt, destroy the virulence of the matter which had been inoculated; but, in order to effect this, it must appear earlier than it could be generally expected. It might sometimes occur from extraneous causes, long after the economy had been affected; and, in that case, it would be erroneous to say that the chancre was phagedænic, and that secondary symptoms need not be feared. He mentioned a case, in which a patient, with enormously inflamed and adherent prepuce, had applied to him after having been ineffectually treated for gonorrhœa. The parts were slit open, under chloroform, and the phagedænic sore underneath, which had destroyed half the glans, was arrested by nitric acid. The case did well, but soon afterwards presented well-marked secondary symptoms.

Dr. O'Connor, in thanking Mr. Lee for his paper, wished to know from him in what respect his views and mode of treatment differed from those of the late Mr. Carmichael in regard to syphilis. The practice and writings of that gentleman were well known, the latter having been published nearly half a century; and he (Dr. O'Connor) did not discover anything very different from them in the views propounded by Mr. Lee. Mr. Carmichael was not, as some supposed, a non-mercurialist; he used mercury only in those forms of primary and secondary disease in which he believed it to be beneficial, not rejecting a remedy on account of its abuse.

Mr. Dendy asked whether the suppurations in the groin were syphilitic or otherwise.

Mr. Robarts said, the great reason to fear the effects of mercury in cases of syphilis was the lengthened period during which it was often administered. He had known it given for a period of four years.

Mr. Roger Harrison said, he had occasionally, yielding to the persuasion of friends, tried the non-mercurial treatment, but had never seen it effective, and was therefore compelled to use calomel. He had also found that stimulants might be advantageously used with calomel.

Dr. Stocker remarked, that Mr. Bransby Cooper used to say, that he would never inoculate a person from a suppurating sore, as the sore thus produced was often more difficult to treat than the original one.

Mr. I. B. Brown said, he concurred in the author's views, and had discontinued the use of mercury in the class of cases defined in the paper.

THE PATHOLOGICAL SOCIETY.

November 6.

Dr. Arnott, President, in the Chair.

After the transaction of some routine business,

Dr. Wilks brought before the Society a specimen of

TUMOUR IN THE SPINAL CORD.

A woman, aged 43, had been admitted into Guy's Hospital under the care of Dr. Hughes, having, for six months previously, had symptoms of spinal disease. There had been increasing paralysis of motion in both lower extremities, a constant tendency to drawing the limbs up into the abdomen, and frequent paroxysms of violent pain, with convulsive twitchings. At the autopsy, a hard fibrous tumour, the size of a bean, was found growing from the dura-mater opposite the third dorsal vertebra. It appeared to have pressed against the cord, and had caused it to become flattened and soft.

Dr. Wilks next presented, for Dr. Gull, a preparation, showing

OSSIFICATION OF THE SPINAL MEMBRANES.

It had been removed from the body of a man, aged 46, who had suffered from symptoms of spinal disease for a year. His first inconvenience had been inability to walk with an even step; afterwhich spasmodic twitchings, and at length complete loss of power followed. The reflex sensibility remained throughout most acute. The specimens showed the spinal membranes of the lower cervical, whole dorsal, and upper part of the lumbar regions, much thickened, and adherent to each other. In the dura-mater of the dorsal region were plates of bone of considerable size, which showed under the microscope the lacunæ and canaliculi of true osseous tissue.

Dr. Wilks also brought forward a specimen of

TUMOUR ON THE PONS VAROLII.

A girl, aged 10, had died after an eight months' illness, in which the chief symptoms had been headache and frequent vomiting. At the autopsy, the pons varolii was found enlarged to twice its natural size by the formation within it of an ill-defined lobulated and gelatinous-looking growth. Under the microscope the new growth, which, to the naked eye, much resembled brain structure, showed filamentous tissue, with delicate fibres and nuclei.

Dr. Robert Taylor next read a communication on the

MICROSCOPIC PECULIARITIES OF THE OPAQUE LENS.

His observations went to confirm the statements of some Continental writers as to the existence of very delicate wavy fibres in the superficial layers of the lens. These fibres are tubular, and not solid. In cortical cataracts, these fibres disorganize, become soft, and readily break up. Dr. Taylor had not been able to discover any evidence in support of the view, that the opacity of the lens in ordinary cataract is even caused by fatty degeneration of its substance.

Mr. Sibley showed a specimen of

FIBRO-FATTY TUMOUR IN THE DURA-MATER.

It had been removed from the body of a woman, who had died in the Middlesex Hospital, nine days after having suddenly fallen down insensible in the street. No history of her previous symptoms could be obtained, excepting that she had, some months ago, sustained an injury to the head. The dura-mater was shown much thickened, and with a tumour the size of a hazel-nut adherent to it. The growth consisted, under the microscope, of fibrous and adipose tissue, and had in its centre a nodule of bone. The probability seemed to be that it had been originally a fatty tumour, around which lymph had been effused.

Dr. Hillier showed a specimen of

RECURRENT GROWTH IN ORBIT.

The patient, a child, had died two years after the commencement of the disease, the disease having been repeatedly removed by operation. Both the parents of the child had died of phthisis. No cancer cells had ever been found either in the original growth or in the recurrent ones, the microscopic structure of which had always resembled that of fibroid growth. The specimen shown consisted of the greater part of the skull. Over the temporal region of the affected side was a large flat growth firmly attached to the bone. Within the skull on the opposed surface was a small mass firmly adhering to the bone, and also to the thickened dura mater. The bone was softened, and it appeared possible that internal growth might have been produced by direct infiltration from the larger one. In the lungs of the child were some deposits of tubercle.

Mr. Simon remarked upon the coexistence of tubercle with what he thought was an example of true malignant disease. He inquired whether the tubercles in the lungs had been examined with the microscope.

Dr. Hillier replied that they had not, and promised to make the examination.

Mr. Simon exhibited the cast of a stump after

PIROGOFF'S AMPUTATION OF THE FOOT.

The man on whom the operation was performed had suffered from cancer of the metatarsus. The amputation had been conducted after Pirogoff's method, the posterior third of the os calcis being left in the flap of skin, and turned up so as to fit the extremity of the tibia. Good union of the bones had occurred very quickly, but suppuration about the tendons

had subsequently much retarded recovery. An excellent stump had at length been obtained. A plaster cast of a *subastragaloid amputation* was also shown. In this the astragalus had remained movable, and the boy had obtained excellent use of it.

Mr. Simon also showed a specimen of

THICKENED BURSA PATELLA.

The bursa before excision had been as large as a child's head. It fluctuated fully, and when opened, a large quantity, not of synovia, but of a red chocolate-like fluid was discharged. Attached to its lining membrane were numerous small pedunculated masses, which at first sight were taken for intra-cystic growths, but which on examination were believed to be merely organized portions of fibrin and decolorized blood-clot. No hæmatine crystals had been found in them or the fluid contained in the cyst itself.

Mr. Shaw opened a preparation exhibiting

LACERATION OF THE VENA CAVA AND AORTA.

A man, aged 45, had been squeezed against a wall by a waggon shaft thrust violently into his abdomen. After the accident he was removed to the Middlesex Hospital, where he lived four hours and a-half, exhibiting throughout that time the symptoms of internal hæmorrhage. At the autopsy a large ventral hernia was found; the left rectus muscle was lacerated; the transverse processes of two vertebræ were fractured; the peritonæum contained much blood, and a long rent in the mesentery. The more interesting lesions, however, concerned the large vessels. The ascending vena cava had a longitudinal rent through all its coats, of about an inch and a-half in length. The outer coat of the aorta was entire, but its internal one, with a part of the middle, had been slipped off and turned down by the current of the blood. The portion thus invaginated was about an inch long; being pervious it had not occluded the vessel.

The President related a case in which he had amputated the arm of a boy on the third day after an accident, on account of the supervention of gangrene, and in which he had found in the brachial artery a precisely similar condition to that in Mr. Shaw's specimen. The vessel had, however, been obstructed by the invagination.

Mr. Simon believed that in a case now under his care in St. Thomas's Hospital, gangrene of the arm had been produced by a similar condition. He had not, however, been able to examine the artery.

Mr. Prescott Hewett mentioned a fourth case, in which the popliteal had been the vessel affected.

Mr. Prescott Hewett showed a specimen of

PUNCTURED WOUND OF THE FEMORAL ARTERY.

A man had, on the 5th of November, in loading a cannon, managed to have it discharged while his thigh was before the muzzle. The ramrod, a large iron one, had been driven through his thigh. He was admitted into St. George's Hospital after having almost bled to death. The bone was completely shattered, and the popliteal space and surrounding parts distended with blood. Primary amputation in the upper third of the thigh was performed. On examining the vessels a minute wound of the femoral artery, about capable of admitting a probe, was found. It was thought to have been caused by a splinter of bone.

Mr. Obre showed a specimen of

UNREDUCED FEMORAL HERNIA.

The condition had not been suspected by those who saw the woman during life. After death, a knuckle of intestine was found strangulated in the femoral ring. It was not gangrenous, and the case proved that death might be caused by the vomiting from constitutional disturbance, etc., of such a lesion, before the occurrence of death, of the bowel.

Dr. Quain showed a specimen of

OSSIFIED PERICARDIUM.

It had been removed from the body of a man, aged 91. The heart was much hypertrophied, and weighed sixteen ounces.

Dr. Quain showed, also, an example of

CANCER OF THE ŒSOPHAGUS.

In the lower portion of the œsophagus was an extensive ulcer, with raised sinous borders, and a sloughy surface. The patient was a woman in whom the existence of the disease had been diagnosed during life. The microscope showed the constituents of epithelial cancer.

Dr. Brinton exhibited a specimen of

ULCER OF THE STOMACH.

It showed a simple ulcer, about two inches in diameter, at the upper part of the posterior surface of the organ. At one part only a thin film of membrane had prevented perforation, and this had given way during the removal. The disease had been diagnosed during life, but there had been no signs by which to conclude whether it was innocent or cancerous. The patient was a cachectic woman, aged 28, and the disease had existed for six months.

Mr. Potter showed a specimen of

PROCIDENTIA UTERI.

A young woman had died from taking the essential oil of almonds. After death, the uterus was found prolapsed to an unusual degree, and the vagina extremely thickened. The specimen shown illustrated this condition.

EPIDEMIOLOGICAL SOCIETY.

The opening Meeting of this, the sixth Session of this Society, was held at 37, Soho Square, on the evening of Monday, the 5th inst. After Dr. Babington, the President of the Society, had given a brief *résumé* of the operations and progress of the Society, during the past session, the introductory address was delivered by Mr. Grainger, who ably and eloquently expounded the leading principles of sanitary science, dwelling more especially upon the noxious influence of animal and other effluvia on public health.

The meeting was very numerously attended; and we are glad to learn that Mr. Grainger's admirable address will be published at length in the "Quarterly Journal of Public Health."

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, in forwarding his Weekly Report of Sick to the 20th October, of the Army serving in the Crimea, states:—

That the health of the army in general is good, but some cases of cholera have occurred, and five and twenty have proved fatal; from the change of wind to the southward, apprehensions were entertained at the close of last week, that this would take place, but the disease has been confined to those recently landed in the country, and eight out of the twenty-five deaths occurred in the Land Transport Corps, which has recently been augmented by large draughts from England.

The 82nd regiment recently arrived from Corfu, is also suffering from Diarrhœa, and one fatal case of cholera has occurred in it during the week, but in the 82nd, like the Land Transport Corps, the disease has been confined chiefly to the recruits who have recently joined the regiment.

Drunkenness, I am sorry to say, is very common, and the increased pay favours it; many of the bowel complaints and febrile affections may be fairly traced, the Medical officers think, to this cause, and it is an evil that will be found difficult to check.

The men are employed in road-making and other fatigues, but the night duty is light, and their wants are fully supplied. Huts are arriving daily, and as they arrive they are put up in the different divisions, and before the winter sets in, I hope, they will have replaced the tents altogether.

The admissions to strength this week have been in the ratio of	2·83	per cent.
The deaths to strength	0·11	,,
Sick to well	8·0	,,
Exclusive of wounded	5·88	,,

The Inspector-General of Hospitals, serving at the head-quarters of the Army in the Crimea, in forwarding his Weekly Reports of Sick to October 27th, states:—

The health of the Army continues very satisfactory. Cholera, which made its appearance a short time ago, has now nearly disappeared, and its attacks are confined chiefly to new comers.

The Artillery, 2nd and 3rd Divisions, and Land Transport Corps, which has recently been augmented by draughts from

England, are the only portions of the Army which have sustained loss by cholera this week, and in the Land Transport Corps alone, six out of the thirteen casualties from this disease took place. Indeed, out of the whole mortality of the Army for the week, 21, out of 44, deaths occurred in that Corps.

No deaths occurred in the Cavalry, in the Highland, 4th, or Light Divisions, this week; and when it is taken into consideration that 139 of the Admissions were mere transfers from Regimental to General Hospitals, it will be seen how satisfactory the sanitary condition of the Army is, and it would be even still more so if the intemperance of the men could be controlled, but, unfortunately, the additional pay is all spent in the canteens, and these establishments appear to be multiplied to meet the demand.

The admissions to strength this week have been	2·69 per cent.
Deaths to strength	0·08 ,,
Exclusive of Land Transport	0·05 ,,
Proportion of sick to well	7·12 ,,
Exclusive of wounded	5·30 ,,

which is about as low as can well be expected in an Army on active service in the field.

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	228	14	239	9
Diarrhœa	366	8	418	9
Cholera	26	13	41	25
Dysentery	81	4	78	4
Wounds	108	4	12	10
Other Diseases	623	1	685	4
	1432	44	1473	61

Of these, 102 were transfers from several Regimental Hospitals in Camp to the General Hospital at Balaklava Castle.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise on Thursday, November 8, 1855:—

Davies, John Redfern, Birmingham.
Dawes, William Joseph, Longton, Stafford.
Hinchcliffe, William Horsfall, Holmfirth, Yorkshire.
Humpage, Edward, Bristol.

DEATHS.

Cameron.—September 21, at Meerut, Bengal, after a short illness, William Cameron, Esq., M.D., of H.M. 52nd Light Infantry, aged 34, greatly respected and beloved by all who knew him.

M'Kutcheon.—November 3, at Jordanbank, Morningside, Edinburgh, from the effects of fever caught in the exercise of his duties at Scutari Hospital, Andrew M'Kutcheon, Esq., Surgeon, aged 26.

Nasmyth.—November 11, at Madeira, John Barclay, fourth son of Robert Nasmyth, F.R.C.S. Edin.

Phillips.—November 9, at Albion-street, Hyde-park, Thomas G. Phillips, Esq., Surgeon, aged 51.

Pilcher.—November 7, suddenly, of apoplexy, George Pilcher, Esq., at 2, Harley-street, Cavendish-square, universally lamented. Mr. Pilcher is deeply lamented by a large circle of friends to whom his amiable qualities had endeared him; and his premature and sudden decease has left a vacancy in the ranks of the Profession, which it will not be easy to fill, for he was a man of science, a cheerful companion, and warmly attached to his order. Only a week or two since, he was sitting by the side of the writer of this brief record, in the full enjoyment of life and health, at the inauguration of the pensioners of the Royal Medical Benevolent College, and taking a warm interest in the prosperity of that Institution. Mr. Pilcher was M.R.C.S. Eng. 1842; F.R.C.S. (Hon.) 1843; Mem. of the Council of the Coll. of Surgeons; Cons. Surg. to the Surrey Dispensary; Lect. on Surg. at St. George's School of Med.; late Lect. on Anat. and Physiol. at the Webb-street School, Borough; Fell. and late Pres. of Med. Soc. Lond. Author of "A Treatise on the Structure, Economy, and Diseases of the Ear," for which the Fothergillian Gold Medal was awarded; "An Essay upon some points in the Physiology of the Tympanum;" and of various Contributions to the Journals, particularly an "Essay on the Physiology of the Excito-motory System," in the last volume of the "Trans. of the Med. Soc. Lond."

Wilson.—On the 8th instant, after a lingering illness, John Wilson, Esq., of York, Surgeon, aged 72. Mr. Wilson was a native of York, where his family occupied a position of great respectability, his brother having been for several years a proctor in the Ecclesiastical Court. He commenced his Professional career as a pupil of the late Mr. Oswald Allen, who was a Medical attendant of the Dispensary from its origin in 1788. When the term of his apprenticeship had expired he was elected House-Surgeon of the County Hospital, where he remained nearly six years, until he married, which circumstance obliged him to vacate that situation. Mr. Allen having a few months previously resigned his post as Apothecary to the Dispensary, after twenty years' service, Mr. Wilson was, in May, 1809, unanimously appointed the Resident Medical Attendant of the Charity, an office which he held up to the time of his death, a period of above forty-six years. He lived to see the Institution, with which he had been so long connected, not only firmly established and flourishing, but also one of the most popular Charities in York; and, although possessed of ample pecuniary resources, he devoted himself, from choice, to the service of the diseased and distressed poor of the city and neighbourhood. His loss will be felt not alone by the poor of York, but also by those members of the Medical Profession with whom he was more particularly connected by the ties of friendship and early association. Mr. Wilson was the senior member of the Profession in the city.

APPOINTMENTS.

Dr. William Tindal Robertson has been elected Physician to the General Hospital near Nottingham.

Dr. Leekie has been appointed as Surgeon in attendance upon Lord Canning, the new Governor-General of India.

BEQUESTS.

The late Thomas Kelly, Esq., Alderman, bookseller and publisher, has bequeathed to the following Institutions £100:—Sea-Bathing Infirmary at Margate; St. Mark's Hospital, City-road. And Mrs. Ann Brown, of Sydenham, has bequeathed to the Surrey Dispensary £500; London Hospital, £500; Seamen's Hospital, London, £500; National Truss Society, £150; Asylum for Idiots, Redhill, £150; Royal Free Hospital, £150; St. Thomas's Hospital, £150; Dispensary at Sydenham, £150.

The November Dinner, given by the Master and Wardens of the Society of Apothecaries, took place on Saturday last at their ancient Hall in Blackfriars. Many eminent members of the Profession were present, as is usual at this annual celebration, and, among others, were Dr. Paris, President of the College of Physicians, and the Censors of that College; Dr. Bright, Mr. Lawrence, President of the College of Surgeons, Mr. South, Mr. Shaw, Mr. M'Murdo, Mr. Campbell de Morgan, Professor Paget, etc. The Court of Aldermen of the City of London was represented by Mr. Alderman Eagleton. In a speech delivered by Mr. Lawrence, that eminent Surgeon avowed himself an enemy to the present schemes of Medical Reform, and considered that it was hopeless to attempt the suppression of quackery, while so many members of both Houses of Parliament were its warmest supporters.

University College, London.—At a session of the Council on the 10th inst., the Longbridge prize of £40, for general proficiency in Medicine and Surgery, was conferred on Mr. John D. Scurrah, of Padiham, Lancashire.

Paris Exhibition.—Dr. Neil Arnott and Professor Faraday (as exhibitors) are nominated among others to receive the decoration of the Legion of Honour; and the latter gentleman is to have the still higher grade of Commander.

Eighteen Medical Students from Paris arrived at Marseilles on Sunday, on their way to the Crimea.

The Cholera is very prevalent in the town of Kars.

Lisbon.—The cholera, by the last accounts, has made its appearance, but the attacks were very slight.

Murder of a Surgeon near Newcastle.—Another horrid murder has been committed within a few miles of Newcastle. The victim is Mr. Stirling, a young gentleman under 30 years of age, a Surgeon, who came from Scotland about three weeks ago, and was engaged as an assistant to Mr. Watson, a very respectable Surgeon at Burnopfield, a village about seven miles from this town. On Thursday, the 1st inst., he left the surgery in the forenoon, and went out to visit some patients at Spen, about three miles off, in the direction of Gibside. He had made the visits, and was returning to Burnopfield, but never reached there, the place where he was murdered being about one mile off. The last time he was seen alive was at one o'clock in the afternoon, when he departed from the last of the patients he had to visit. On Tuesday, in examining a wood through which he had to pass not far from Gibside, and about a mile from Burnopfield, the body of the unfortunate young man was found by his distressed parent, when it was discovered that he had been robbed and barbarously murdered. It appeared that he had been shot in the groin, and then beaten about the head. Mr. Stirling had just been gazetted as Assistant-Surgeon in the Turkish Contingent.

The Yellow Fever in New Orleans.—The ravages of the yellow fever in Portsmouth and Norfolk are fearful:—"Of the eleven native physicians, four have died, two of them leaving large families perfectly destitute. Of thirteen physicians who came to our relief, six died. About forty-five orphans have been taken charge of by our Relief Association, entirely destitute; and of the number in town who have lost one or both parents we cannot now form an estimate. In the navy-yard about 1400 men were employed. They continued to drop off, until not more than 225 answered to their names; at least 950 have been swept away."

Anæsthetics in the Austrian Army.—A circular has just been issued, ordering that in future the Army Medical officers shall always employ, for the purpose of inducing anæsthesia, a mixture consisting of one part chloroform and nine parts ether, this being the proportion long employed by Dr. Weiger, a Vienna Dentist.

The Cholera in Germany and Italy.—The *Wiener Wochenschrift* reports that the cholera is almost everywhere on the decline. It furnishes some figures, also, which show that it has prevailed in some places with very great severity. To the end of September there had occurred in Trieste and its vicinity 4000 cases, more than 1600 of which were fatal. During the 130 days that the disease prevailed in that port, 968 cases (540 male and 428 female) were received into the Bürgerspital. Of this number 510 (268 males and 242 females) died. To the 27th there had occurred in 290 localities of the circle of Görz (in Illyria) 13,354 cases, of which 8483 recovered and 4697 died. In 297 places in Istria 17,994 cases occurred with 6192 deaths. Thirty places in Carinthia, having a population of above 8000 souls, furnished 611 cases, with 377 recoveries. In the circle of Trent, to the 4th of October, 14,284 cases with 6128 cases had occurred. In Silesia, from 1st July to 22nd September, amidst a population of 158,522 souls, 3915 cases, with 1591 deaths, occurred. In Oldenburgh, in 667 places, with a population of 732,323, there occurred 43,020 cases, giving rise to 17,291 deaths. In the government districts of Cracow the disease is still raging, the number of cases in 795 localities, with a population of 765,951, amounting to 33,741, with 13,487 deaths. In Cracow itself the cases were 3376 in number, 1185 of these fatal. In Berlin 1761 cases, with 1077 deaths, have taken place. In the Duchy of Parma 11,943 cases had occurred to the 5th of October, with 6157 deaths.

Scarlatina destroyed 61 lives, and several districts have suffered from it severely. Three children died from this complaint last week in Saint John, Paddington, and one of the Medical men states that "it is making great havoc in the district, and sanatory measures should be taken by the local authorities." In Saint Pancras it was fatal in 7 cases; and the Medical attendant of a case in Somers Town writes:—"The great increase of scarlatina and typhus in my neighbourhood requires immediate attention, and it is necessary (I think) that a sanatory committee for the district should be appointed." Judging from the number of deaths the disease seems to be very prevalent in Shoreditch and Cripplegate.

Statistics of Cholera in Italy in 1854.—Dr. Castiglioni has recently published the following figures respecting the cholera in Italy. He states that, with very few exceptions, the Italian Practitioners are strong contagionists, and believe in the power of quarantine and isolation in preventing the invasion and spread of the disease. He instances Milan as a notorious instance, in which the prompt adoption of measures of this kind has checked three invasions of cholera in the bud.—(See "Annali Omodei, Vol. 153.)

Locality.	Cases.	Recovered.	Died.	Per Cent. of Mortality.	Proportion of Cases to Population.
Entire Lombardy	3116	989	2127	68·26	1 to 908
Genoa	5318	2382	2936	55·20	1 to 23
Turin	2477	1076	1401	56·56	1 to 58
Entire Piedmont	45000	21000	24000	53·33	1 to 204
Tuscany	6512	2946	3566	54·76	1 to 276
City of Rome	1668	583	1085	65·04	1 to 107
City of Naples	12642	5206	7436	58·81	1 to 33
City of Catania	3921	2218	1703	43·43	1 to 15

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	2	5	2	3	6
North	490,396	3	5	14	7	4	8
Central ..	393,256	..	2	9	7	5	5
East.....	485,522	3	4	16	7	9	9
South	616,635	2	2	17	5	6	12
Total..	2,362,236	9	15	61	28	27	40

Deaths in Public Institutions for the Week ending November 3 and 10:—

	In the Week ending Nov. 3.			In the Week ending Nov. 10.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses	41	35	76	49	41	90
Prisons	1	1	2	..	..	..
Military and Naval Asylums	9	..	9	3	..	3
General Hospitals	32	20	52	41	14	55
Hospitals for Special Diseases	9	6	15	4	4	8
Lying-in Hospitals	1	7	8	..	1	1
Military and Navy Hospitals	6	..	6	5	..	5
Hospitals and Asylums for Foreigners	..	..	..	1	..	1
Lunatic Asylums	1	3	4	5	2	7
	100	72	172	108	62	170

Mortality Notabilia.—The mortality of London shows a tendency to increase, but it continues much below the rate which is usually found to prevail in the beginning of November. Last week the deaths of 986 persons, viz. 473 males and 513 females, were registered. The daily average number was 141, which is less by 21 than the average rate of mortality in the corresponding weeks of the last ten years would have produced; but it also exceeds by 21 the number that occurs daily in the healthy districts of England. Cholera was fatal in only two cases, and in both to infants, one of whom died of "cholera infantum," and the other of "choleraic diarrhœa."

Births.—The births of 896 boys and 818 girls, 1714 children, were registered; average 1465.

Meteorology.—There was a new moon on Friday the 9th; the barometer rose to 30·08 in. by 9h. A.M. on the 5th. The mean reading of the week was 29·791 in. The highest reading of the thermometer in the week was 58° on Tuesday. The lowest occurred on the previous day, and was 31·2° The mean temperature of the week was 46°, which is one degree higher than the average of the same week. On Sunday and Monday the air was cold; afterwards the mean temperature was more or less above the average. The mean dew-point temperature was 43·3°, and the difference between it and the air temperature was 2·7°. The temperature of the Thames

was 44°. After Monday the wind blew from the south. Rain fell to the amount of 0·33 in., the greater part of which fell on Thursday. Horizontal movement of air, 565 miles. Electricity variable.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, November* 10, 1855.

Causes of Death.	In the Week ending Saturday, November 10, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	46·0						47·3
All Causes	986	499	120	156	175	36	1028·1
Specified Causes	985	498	120	156	175	36	1015·9
Diseases:—							
1. Zymotic Class	217	167	20	9	15	6	266·5
2. Dropsy, Cancer, and others of uncertain seat	54	11	8	16	17	2	41·2
3. Tubercular Class	157	64	54	32	7	..	164·4
4. Of Brain, Nerves, etc. ..	131	61	11	27	29	3	109·0
5. Of Heart, etc.	41	7	5	11	17	1	39·0
6. Of Respiratory Organs ..	157	99	5	21	27	5	177·0
7. Of Digestive Organs ..	52	20	5	17	10	..	60·4
8. Of Kidneys, etc.	11	..	3	2	5	1	10·5
9. Of Uterus; viz. — Puerperal Disease, etc. ..	10	..	4	5	1	..	8·7
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	6	2	..	1	3	..	9·2
11. Of Skin, etc.	..	..	..	..	..	..	1·9
12. Malformations	2	2	..	..	..	..	2·8
13. Debility from Premature Birth, etc.	29	28	..	1	..	..	27·2
14. Atrophy	34	21	1	1	11	..	26·6
15. Age	47	..	..	..	29	18	40·4
16. Sudden	6	3	..	1	2	..	6·2
17. Violence, Privation, etc...	31	13	4	12	2	..	24·9
Causes not specified.. ..	1	1	..	..	..	..	12·2

BOOKS RECEIVED.

Photographic Chemistry. By T. F. Hardwich. Second Edition. London: Churchill. 1855.
Healthy Respiration. By S. H. Ward, M.D. London: Van Voorst. 1855.
Neuropathology; or, The Nervous Origin of Disease. By Dr. Goodman. London. 1855.
Dr. Barlow on the Practice of Medicine. London: Churchill. 1855.
Dr. Lawrence Turnbull on Hooping Cough. Philadelphia. 1855.
Some Guiding Thoughts to the Study of Medicine. By Dr. Gull. London: Adlard. 1855.
Dr. Budd on the Stomach. London: Churchill. 1855.
Popular Astronomy. By Arago. Translated from the Original by Admiral W. H. Smyth and Robert Grant, M.A. London: Longman and Co. 1855.

TO CORRESPONDENTS.

All Communications intended for insertion in this Journal should be sent, *post paid*, to the Editor, 11, New Burlington-street.

Hydrargyrus.—The generally received opinion is that mercury diminishes the proportion of fibrin in the blood.

Studiosus.—1. The subjects of Examination in Classics and Mathematics are the same for March and July, 1856, as for November, 1855. 2. Algebra, including Simple Equations, means Algebra as far as, and including Simple Equations, and no further.

A Subscriber, Lynn, Norfolk.—While we entirely disapprove the system of professional advertising, we do not believe that the case forwarded to us is so flagrant as to deserve public exposure.

A Provincial.—The following are the facts to which we referred in our last Number, when alluding to the affairs of the Provincial Medical and Surgical Association:—

Resolution passed at Sheffield, July 30, 1845—
"That, as the funds of this Association are not in a state to bear the charge of so large a sum, and as the honour of the Association is pledged to the payment of it, the amount be raised by the members, by a voluntary subscription of from five shillings and upwards."
The above refers to an award of arbitrators to Dr. Hennis Green.
At Norwich, next year, the Council reported—"that the amount of subscriptions hitherto received on account of the Fund proposed to be raised at the last Anniversary for the payment of the award made by the arbitrators in the claim of Dr. Hennis Green, has fallen far short of what had been anticipated. Looking at the resolution of the Anniversary Meeting, which affirmed that the amount should be paid, the Council have been induced to take upon themselves the responsibility of apportioning a part of the general funds of the Association towards defraying the claim."—*Journal* for 1846, Aug. 26, p. 397.

Medicus, Berwick-upon-Tweed.—The case forwarded to us for consideration exhibits in a painful manner the difficulties caused in the Profession by the number, and variety, and peculiar privileges, of the Medical and Surgical Examining Boards of the two countries. But if our opinion be requested upon the legal point, we have no hesitation in expressing our conviction that the Poor-law Board is acting strictly in accordance with the existing law in the course it has taken. Berwick-upon-Tweed, although in close proximity to Scotland, is an English town, and as such is amenable to the provisions of the Acts of Parliament which relate to the practice of the Profession in England and Wales. The Guardians cannot sustain the election they have made, as the Poor-law Board has the power to annul the appointment.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I am sorry to observe, in your correspondence of last week, a letter from a member of the late Naval Medical Reform Association, complaining that none of the surplus funds of that Society were given to any Irish charity. I cannot deny that there is considerable justice in the remark, and can only say in explanation that when we decided to apply the balance in the manner lately advertised in your columns, we were under the impression that the Medical Benevolent Society admitted candidates from all parts of her Majesty's dominions. This, I now find, is an error, but the sum we have to divide (though gratifying as a balance on our modest sum total of subscriptions) is so small relatively to the objects of a public benevolent society, that the injustice done to the Irish charities, if any, must be very trifling, and as the Association is now dissolved, I fear its officers have no choice but to follow the last directions of the committee. I hope, therefore, that your correspondent will accept this explanation as showing that we acted merely from misapprehension, and not from forgetfulness of the very warm and liberal support which our Association received on the other side of the Channel.

It only remains for me, Sir, in thus troubling you, for the last time, as I hope, on the affairs of the Naval Medical Reform Association, to offer you the warmest thanks of the Committee for the efficient aid which it received from your influential journal. I am, etc.

T. Holmes,
Late Chairman of the Naval Medical Reform Association.

4, Vigo-street, Nov. 13.

Octoginta Quatuor.—We think that our readers have had enough of the chimney and fire-place question; and, with many thanks to our octogenarian correspondent, we think it will do little good to continue the subject, especially as our pages are at present excessively crowded with matter of a strictly professional nature.

We regret that we are compelled to postpone the publication of Mr. Adams's Lecture on Orthopædic Surgery till our next Number.

Mr. Kesteven's Letter on the Protective Powers of Vaccination, and *Dr. Cooke's* Letter on the Treatment of Hæmorrhoids by Nitric Acid, will appear next week.

COMMUNICATIONS have been received from—
Dr. Andrew Smith; Dr. W. Whyte; Mr. F. D. Fletcher; Mr. I. Cooper Foster; Mr. Spencer Wells; Mr. Duigan; Dr. Murphy; Mr. John Horsley; Mr. Thomas Westropp; Mr. Oswald A. Moore; Mr. Snell; Dr. Baines; Mr. Chapman; Dr. Cormack; Hydrargyrus; Studiosus; Octoginta Quatuor; W. H.; Messrs. Fisher, Son, and Haselden; Mr. T. Holmes; Dr. Robertson; The Hon. Secretaries of the Epidemiological Society; T. E. A.; Alpha; Dr. Shann; A Country Practitioner; Mr. Charles Williams.

APPOINTMENTS FOR THE WEEK.

November.	Miscellaneous Register.
17. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m. Medical Society of London, 8 o'clock.—Dr. J. Bird, on the "Pathological Treatment of Traumatic Canker and Canker from Cold."
19. Monday.....	
20. Tuesday	Operations at Guy's, 1 p.m. Pathological Society, 8 p.m.—Meeting of Council at 7 p.m.
21. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m.
22. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
23. Friday	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-Place School, etc.

LECTURE III.

Pathology and Principles of Treatment of non-Congenital Spasmodic and Paralytic Deformities.

In my observations on the etiology of non-congenital deformities in the last lecture, I stated that these deformities were, in a great majority of instances, the result of spasmodic and paralytic affections. I proposed to arrange all these deformities in four classes, according to the rigid, flaccid, or healthy condition of the muscles at the time the cases come under observation. And I described the more prominent features in the pathological and clinical history of the first class, viz., those of spasmodic origin. You will remember the account I gave you of the extremely hopeless condition of these cases when severe;—both the lower extremities affected—the feet extended—the knees and hips flexed and rendered immovable by the rigid condition of the muscles. I told you that the deformities might easily be cured, and that children or adults, who have never stood may be made to stand erect with a firm base of support; but, *speaking broadly*, they cannot be made to walk. Muscles, in this condition, are very imperfectly under the controlling influence of the will. This slight improvement, however, may be thought worth having: crutches can then be used with greater advantage, and moreover it is not uncommon to see some little gain in voluntary power follow the cure of the deformities. If any improvement is disposed to take place in the essential affection, and in childhood some hope of this may be entertained, it is rendered available by the improved mechanical condition of the joints after division of the shortened muscles.

Fig. 4.

Spasmodic equino-valgus with contraction of ham-strings.

Nevertheless, the prognosis must be essentially unfavourable, and the treatment of such cases must be undertaken only upon the clearest understanding as to the uncertain amount of improvement to be expected beyond that relating to the deformity and the inconveniences immediately depending upon it.

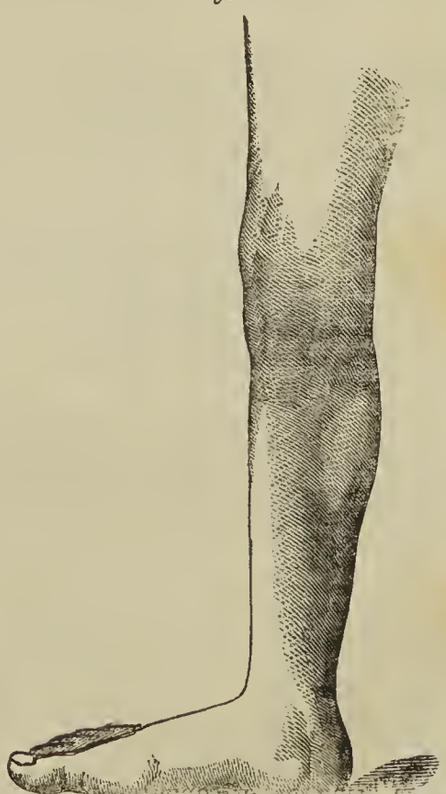
The existence or non-existence of rigidity of the muscles surrounding the hip-joints, is a most important element in the prognosis of these cases. We occasionally see deformities of the feet of extreme severity, with severe contractions of the ham-string muscles, causing permanent flexion of the knee-joints, accompanied with only slight contraction of the muscles of the hip-joints. The distorted legs may be moveable from the hip-joints almost to their natural extent, and in such cases the removal of the deformities will be of the utmost value. A case of this kind came under my care a few years ago, and I now exhibit to you the casts. (See figures, No. 4 and 5.)

W. C. U., aged 27, consulted me on the 25th of June, 1852. Both his feet were in the condition of extreme equino-valgus, seen in fig. 4, and the knee-joints were permanently flexed to a greater extent than exhibited in the wood-cut; they had also a strong tendency to overlap each other, and came always in contact when he was standing. All the muscles of the thigh and leg in each extremity were rigid, large, and prominent. He was a man of great muscular development generally, and the legs were of full proportionate size.

He was totally unable to walk, and his only mode of progression was by swinging between crutches; any attempt to walk without them was painful to witness. In advancing either of his bent and rigid legs, the pelvis was at the same time twisted sideways. The muscles of the hip-joints were but slightly affected. The adductors were slightly contracted, but the flexors and extensors acted freely. His professional avocations were necessarily much restricted, and the exclusion from many of the pleasures of society had exercised a depressing and unfavourable influence upon him. The early history of the case, as derived from one of his mother's letters, which he had preserved, rather favours the idea of a paralytic origin; and the kind of deformity also favours the idea; if so, it more properly belongs to the second class of deformities with rigidity of muscles consecutive to their flaccid paralytic condition; but I have never met with any analogous example, and Mr. Lonsdale, who assisted in the operations in this case, agreed with me in regarding it as one of spasmodic origin.

History of the Case.—When between eight and nine months old, his nurse left him on the floor, and went into another room. He was then quite well. When the nurse returned, she found the child "screaming violently, and looking deadly pale." Terror being the supposed cause, the Medical attendant was not sent for, but he happened to call soon afterwards, and found that the baby had "lost the use of his lower limbs," which he supposed to depend upon injury to the spine in trying to turn himself. Mr. Travers was sent for, and he suggested that the child might have had a fit, or, possibly, a "violent strain" might have been the cause. The letter states that "his water ran from him continually, and his legs were perfectly without motion." From this description, the muscles might have been flaccid, but rigid limbs might have been spoken of in the same terms. A warm bath was ordered. A liniment was applied to the spine, and subsequently a blister. The child is said to have been ill for several days afterwards, but beyond this no further history could be obtained.

Fig. 5.



Cure of equino-valgus shown in Fig. 4.

The patient himself says, that he managed to walk, though badly, with a stick till the age of 14 years, when he was obliged to take to crutches, and had continued them ever since.

I divided the ham-string tendons, the tendo-achillis, the peronei and extensor longus

digitorum tendons in each leg, eighteen tendons in all; and by appropriate mechanical treatment, the deformity was removed, as shown in fig. 5. He became perfectly erect, and gained two inches in height.

On the 22nd of September, 1852, boots with steel supports up to the thighs were put on, and he was able to walk about pretty well with two sticks. He soon gained confidence and power. The crutches were thrown aside for ever, and, at the present time, he walks very well with the assistance of sticks. Still, the directive voluntary power in the muscles of the legs below the hip-joints is imperfect, and it is doubtful whether he will ever dispense with his sticks. The ornamental advantages gained are very great; the substantial advantages, as to voluntary control and power of progression, are less in proportion. Active and passive muscular exercises, shampooing, and galvanism, were of use in the after-treatment; but in such cases you must neither expect nor promise restoration of voluntary power.

The mechanical advantages to be obtained should be alone sufficient to render the operation advisable. But it must also be borne in mind, that the patient is thus placed in a condition favourable to future improvement; whereas, the continuance of the deformity will certainly give rise to additional inconveniences with advancing age. Painful callosities, and ulcerations from weight and pressure on surfaces not adapted to bear them, are among the most troublesome, and sometimes the most serious complications to which these patients are liable, and for which relief is sought.

Among the various methods of treatment to which this gentleman had been subjected, his legs were submitted to a system of stretching, by weights of 25 lbs. attached to each foot, while his body was kept in a horizontal position on a table, and held down by a sandbag weighing 56 lbs. placed across his back. This was adopted by Mr. J. G. de Betou, who not long since practised in London upon what is called the Swedish system of muscular movements, on the system of Ling. The torture is described as having been excessive. No advantage was gained.

Paralytic Deformities.

Having made these general observations on spasmodic deformities, constituting the first of the four proposed subdivisions of non-congenital spasmodic and paralytic deformities, we will now pass on to the consideration of a very large and important class of deformities which occur during the existence of paralytic affections, and remain as permanent conditions in cases in which the paralysis may be recovered from—a frequent termination of paralytic affections in children.

Cases of paralytic deformity, i. e. in which paralysis has laid the foundation of the mischief, will present themselves to you under a great variety of circumstances, as to the nature and extent of the paralytic affection, and the condition of the muscles themselves; therefore, the prognosis and treatment will vary accordingly.

You will recollect, that in my last lecture, I took the condition of the muscles at the time the cases come under observation, as the basis of classification of paralytic deformities. I accordingly arranged them in three classes, the general characters of which may be thus expressed:

Deformities with rigid muscles; the rigidity generally following their flaccid, paralytic condition.

Deformities with flaccid muscles; the contractions depending upon adapted atrophy.

Deformities with the muscles in a healthy, or nearly healthy, condition. These are cases in which the paralysis has been, more or less, completely recovered from, but the deformity remains as a persistent condition.

It is matter of common observation that paralytic patients, both children and adults, become deformed. In old cases of hemiplegia in adults, the affected arm and leg are frequently seen in a rigid and contracted condition: the arm drawn to the side, the forearm bent on the arm, the wrist bent on the forearm, and the fingers closed on the palm of the hand; the leg stiff, with its muscles in a rigid condition; the knee-joint permanently flexed to a slight extent; the foot contracted, the most frequent position being that of equinus or equino-varus, so that the toes only touch the ground in the erect posture. The entire sole of the foot can only be brought in contact with the ground by the patient advancing the leg, in which movement the toes describe a semicircular curve outwards, and the body is, at the same time, twisted sideways and leans forwards. This gives a peculiar and characteristic gait to the individual, which is so frequently seen that I have no doubt you are all familiar with it.

In old cases of paraplegia, when both legs are in the rigid and contracted condition I am describing, the patient usually either walks with two sticks, as in a case which I shall presently describe, and is then very liable to fall; or, to avoid such accidents, he uses crutches, and swings between them, rather than walks with their assistance.

The muscular rigidity which characterizes the first class of paralytic deformities I am now describing is a peculiar condition, the pathology of which may, perhaps, still be regarded as obscure. It has, however, been recently investigated by one of the highest authorities on affections of the nervous system, Dr. Todd, who has given a theory of its production, supported by a series of cases. Dr. Todd (a) has described the morbid appearances met with in cases of hemiplegia, in which rigidity of the muscles existed; sometimes taking place simultaneously with, or soon after, the paralytic seizure, and then described as cases of *hemiplegia with early rigidity of the paralyzed muscles;* at other times occurring slowly during the partial recovery which not infrequently takes place in these cases, and described as *cases of hemiplegia with late rigidity of the paralyzed muscles.* Essentially Dr. Todd believes the existence of rigidity to depend upon the coexistence of an irritative with a paralyzing lesion of the brain. He observes, "In the cases where there is no rigidity the clot lies in the midst of softened brain, and has not, in any degree, encroached upon sound brain; but when rigidity exists, the clot has extended beyond the bounds of the white softening, and has torn up, to a greater or less extent, sound brain." This applies to the cases of *early rigidity.* The explanation given of the occurrence of the same phenomena in cases of *late rigidity* is as follows: "At the seat of the original lesion, whether it be simply a white softening, or an apoplectic clot, or a red softening with more or less destruction of the brain-substance, there takes place an attempt at cicatrization, more or less perfect. Attendant on this, there is a gradual shrinking or contraction of the cerebral matter, which, acting on the neighbouring healthy tissues, keeps up a slow and lingering irritation, which is propagated to the muscles, and excites in them a corresponding gradual contraction (b)."

Dr. Todd considers that from the condition of the muscles, inferences as to the nature of the lesion may be drawn which will afford important aid for diagnosis and prognosis; and further, he makes it the basis of an arrangement of cases of hemiplegia.

The cases described by Dr. Todd as paralysis with *early rigidity*, that is, where "rigidity comes on simultaneously with the paralysis, or very soon after it," present some points of analogy to the cases I described in the last lecture as depending upon tonic muscular spasm; and these cases may by some be classed as examples of paralysis with early rigidity. If so, early rigidity is not an uncommon condition in infantile paralysis, and we are in error in supposing these cases to be of a spasmodic nature. It is certain, however, that these two classes of cases differ very materially in their clinical history. The pathology of the infantile cases I described to you has yet to be determined by dissection. Although a similar condition of the muscular system may result, the symptoms in the infantile cases differ so materially from those in the adult cases, that identity of structural lesion cannot be anticipated. It appears probable that in the infantile spasmodic cases, the structural changes are essentially of an inflammatory nature; whilst, in the adult cases, the immediate results are produced by degeneration of the coats of the smaller vessels, leading to rupture and extravasation.

In the present state of our knowledge it will, therefore, be as well to preserve the arrangement which I have adopted in describing these two classes of cases.

[To be continued.]

(a) Clinical Lectures on Paralysis, etc., by R. B. Todd, M.D. F.R.S. London. J. Churchill. 1854.
(b) Op. cit. p. 241.

ORIGINAL COMMUNICATIONS.

ON APOPLEXY IN RELATION TO CHRONIC RENAL DISEASE.

By W. SENHOUSE KIRKES, M.D.
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The occurrence of Apoplexy, Congestive or Sanguineous, in connexion with advanced disease of the kidneys, has occasionally attracted the notice of pathologists.

A careful examination, however, of the writings of many of those who have specially studied the nature and phenomena of Apoplexy, has not enabled me to gather from them much more than a few casual allusions to the occasional co-existence of these two forms of disease (a). The association in question, therefore, not having been particularly noticed, it is scarcely surprising that no express explanation of it has been furnished. My object in the present communication is to contribute a few additional facts in proof of the frequency with which the kidneys are found diseased in fatal cases of apoplexy, and to offer some suggestions towards explaining the connexion between the renal and the cerebral affections.

An analysis of the fatal cases of apoplexy, which have fallen under my own observation, shows that in a large number the kidneys were extensively diseased. I have excluded from this analysis the cases of merely congestive apoplexy, for the same reason that induced me to omit those cases of apoplexy, with and without albuminuria, which have not died, or not been examined after death, namely, because without the visible evidence of extravasated blood within the cranium, it is just open to the objection that one or more of these cases might not be purely apoplectic. I have excluded, also, those cases in which the brain only has been examined after death, or in which but an imperfect inspection of other organs has been made, because with the object at present in view, it was advisable to make use of those cases only, in which a complete examination of all the important parts had been performed.

With these exclusions, I find I have notes of 22 fatal cases of sanguineous apoplexy, in which the thoracic and abdominal viscera, as well as the contents of the cranium, were more or less minutely examined after death. Of these 22 cases, the kidneys in no less than 14, presented unmistakable evidence of disorganization: and with but few exceptions the disorganization amounted to the small, hard, shrunken and granular condition so characteristic of advanced renal degeneration: the kidneys in the remainder of the 14 cases being generally large and soft, and greasy-looking. So large a proportionate number as 14 out of 22 seems clearly to indicate that the renal disease bears a very close relation to the apoplexy. In order to determine the nature of this assumed relation, however, the analysis of the cases must be pursued farther.

Of the 14 cases in which the kidneys were diseased, there was only one in which the heart was not enlarged. The enlargement in these 13 cases was principally, and often exclusively, confined to the left ventricle. In 5 there was no valvular disease whatever to explain the hypertrophy; in 4 there was slight thickening, probably not amounting to inefficiency, of the mitral or aortic valves; and in 4 only was there sufficient valvular disease to account for the enlargement of the heart. So that certainly in 5, and probably in 9 cases, the cause of the enlargement was remote from the heart, and might with probability, be referred to the co-existent disease of the kidneys. And, even in those cases in which the valves were extensively affected, the renal disease might be supposed to have contributed in some degree to the enlargement which the heart presented.

This part of the analysis, while it confirms the opinion almost generally entertained, that hypertrophy of the left ventricle of the heart is among the most common of the sequences and results of prolonged disease of the kidneys, would also seem to furnish us with the true interpretation of the connexion so obviously subsisting between advanced renal disease and apoplexy. For the researches of Dr. Burrows and others, have placed it beyond a doubt that disease of the heart, especially hypertrophy of the left ventricle, has a most direct relation to apoplexy, constituting indeed, in many cases, the immediate cause of the attack (b). And since hypertrophy of the left ventricle, independent of valvular disease is, as just shown, so apt to follow upon disease of the kidney, we seem to possess herein an intelligible explanation of the occurrence of apoplexy in connexion with renal disease; the hypertrophied heart being in such cases the medium through which the affection of the kidney manifests itself injuriously upon the cerebral circulation. In no other way, I think, can we readily understand how the renal disease should give rise to apoplexy. The impure condition of the blood, resulting from the detention of the excretory principles of urine is capable of explaining many of the complex and often serious nervous phenomena that are apt to occur in advanced disease of the kidney, but it cannot be supposed to explain, at least directly, the rupture of the small blood-vessels of the brain, and the consequent occurrence of sanguineous apoplexy.

A still further analysis of the 22 cases of sanguineous apoplexy, which form the basis of the present inquiry, will help to explain the mode in which hypertrophy of the heart, whether dependent on valvular or renal disease, or on the two conjoined, or on any other cause, may lead to the apoplectic attack. For of the 13 cases of associated cardiac and renal disease, there were 12 in which the coats of the cerebral arteries were more or less strikingly diseased, while they were diseased also in 5 other cases, in which the kidneys were healthy, and in 3 of these latter there was enlargement of the heart. So that of the 16 cases in which enlargement of the heart was associated with sanguineous apoplexy, no less than 15, that is all but one, presented disease of the cerebral arteries. Without bringing into this analysis any results of an examination into the frequency of disease of the cerebral vessels in conjunction with cardiac affection independent of apoplexy, the facts here given will suffice to show that disease of the vessels of the brain is even more closely associated with hypertrophy of the heart, than the latter is with disorganization of the kidney.

The intimate connexion thus apparently subsisting between sanguineous apoplexy on the one hand, and diseased cerebral vessels, enlarged heart, and renal disorganization, on the other, as deduced from the foregoing analysis, will, perhaps, be best apprehended by viewing the result of this analysis in a kind of tabular form. The 22 cases of sanguineous apoplexy may then stand thus:—

Cerebral Vessels.	Heart.	Kidneys.	
Diseased	Diseased	Diseased	12 times.
,,	,,	Healthy	3 ,,
Healthy	,,	Diseased	1 ,,
,,	Healthy	,,	1 ,,
,,	,,	Healthy	2 ,,
,,	Diseased	,,	1 ,,
Diseased	Healthy	,,	2 ,,
			22

From this it appears that

The Cerebral Vessels were diseased	17	times.
The Heart	17	,,
The Kidneys	14	,,

It cannot but be evident from this impartial analysis of 22 fatal cases of sanguineous apoplexy in which the different organs were carefully examined, that disease of the kidneys, heart, and cerebral vessels stand in very close relation to the apoplexy; and this relation is the more evident when it is borne in mind that in more than half of the cases, the kidneys, heart, and cerebral vessels, were found coincidently affected, while in only two cases was there absence of decided disease of any of these parts.

Such being the principal information yielded by an analysis of these cases, two questions seem naturally to be suggested by it: first, what relation do the renal, cardiac, and arterial diseases bear to each other? secondly, what share do they severally take in the production of apoplexy? As regards

(a) For such allusions I may refer more particularly to Dr. Bright, in various parts of his Medical Reports, especially vol. II. p. 305, and p. ix of the preface to the same volume; to Dr. Burrows, in his work on Disorders of the Cerebral Circulation, p. 124; and to Dr. Christison on Granular Degeneration of the Kidneys, p. 92. In the details of the autopsies of his fatal cases of apoplexy, Andral (Clinique Médicale, t. V.) rarely, if ever, alludes to the condition of the kidneys; the same remark applies to Abercrombie (on Diseases of the Brain).

(b) Burrows, "On Disorders of the Cerebral Circulation," 1846; see also for an interesting examination of the subject, Dr. R. Quain's "Observations on Cerebral Apoplxy." 1849.

the relation subsisting between the renal, cardiac, and arterial disease in sanguineous apoplexy, I believe that the affection of the kidneys is the primary disease, and that the other lesions are developed secondarily, and in the order just indicated, viz., hypertrophy of the heart, disease of the cerebral arteries, and extravasation of blood from rupture of these diseased vessels. That structural disease of the kidneys, of such nature as to interfere permanently, or for long, with their functions, has among its most frequent and prominent accompaniments, an hypertrophied condition of the left ventricle is, as already said, a fact now almost generally admitted by pathologists. Of the various explanations of this pathological fact, the most probable perhaps is that which regards the blood as so far altered from its normal constitution by retained principles of urinary excretion, as to move with less facility through the systemic capillaries, and thus to require increased pressure, and consequently increased muscular growth of the left ventricle, to effect its transmission. To this, perhaps, may be added, among other additional causes, the direct influence on the circulation, resulting from the impeded transit of blood through two such large and vascular organs as the kidneys, in consequence of the structural change which has taken place in them. On whatever cause, or set of causes, it may depend, however, hypertrophy of the left ventricle of the heart, in consequence of prolonged renal disease, may, I think, be regarded as a well-established fact: and to the affection of the kidneys, therefore, may be referred the enlargement of the heart found in 9 of the 13 cases of associated cardiac and renal affections in the analysis above given, and part of the enlargement noticed in the 4 cases where the valves were considerably diseased.

The relation borne by the hypertrophied heart, in cases of renal degeneration, to disease of the cerebral vessels, and, through these, to sanguineous apoplexy, will require more detail in its consideration. It is obviously a very close relation, since, as already shown, the cerebral vessels were found diseased in 12 of the 14 apoplectic cases associated with cardiac and renal affection. In all the cases the disease consisted in the well-known yellowish-white thickening and deposit within the coats of the vessels. Into the nature of the deposited material it is unnecessary, for the present purpose, to inquire: suffice it to observe that, whether composed principally of fatty, earthy, or albuminous matter, it must probably be looked upon as resulting from a kind of degeneration of the natural textures of the arterial walls, and as indicating a weakened condition of those parts of the arteries where it occurs. It is, I think, generally believed that this affection of the coats of the cerebral, as also of other arteries, either consists of a primary and spontaneous degeneration, or is induced by, and indicative of, some general cachexia, which manifests itself, among other ways, in a tendency to a more or less wide-spread disease of the arterial system (e). If, however, any more direct explanation can be given of this disease of the arterial coats, it is obviously better to adopt it than to rely on either of the above, which convey but little definite meaning. For, although very various morbid appearances may result from some one diseased state of the system, as from a common cause; yet, when any one of these admits of being reasonably referred to a direct and special agency, it should be removed at once from the category of effects resulting directly from one common origin. And, although it is, no doubt, true, that without any previous disease, but simply in consequence of interference with one or more of the general laws relating to its nutrition, any tissue may undergo a process of degeneration; yet, in the absence of all certain knowledge of any such primary impairment of nutrition, it is better to seek for an explanation of the degeneration in some circumstance which has been known to attend the degenerative process, and to be capable of producing it. In the case of the cerebral or other arteries, although it may be that in advanced life, the walls may sometimes degenerate from simple wearing-out, just as other tissues atrophy in old age; yet, when this disease occurs in comparatively early life, and is associated with cardiac mischief, we seem to possess, in the enlargement of the heart, an explanation of the affection more intelligible than that referring it to primary and spontaneous degeneration, or to the result of some general cachexia. Indeed, I think it may be held as highly probable, that the disease or degeneration in question is, in great measure, the result of the continual over-distension and straining to which the arteries are subjected by the unwonted energy with which an hypertrophied heart propels the blood along them. Stretched and weakened in their tissue by long-continued undue pressure, it would not be surprising that the arterial coats should undergo structural changes somewhat analogous to the softening and degeneration which other over-strained and excessively-exercised tissues not unfrequently suffer. It may be, that before degenerating, the coats undergo a kind of protective hypertrophy, to enable them to bear up against the increased pressure to which they are subjected, and that degeneration only ensues when this compensating overgrowth has attained its utmost limit; just as we find degeneration to be more common in hypertrophied than in ordinary muscular tissue, as, for example, in the heart. That such is sometimes the case, viz., that before degenerating, the walls of arteries exposed to undue pressure undergo hypertrophy, that is, an increase of natural texture and strength, seemed to be shown in the following instance:—A girl, aged 14, previously in apparent health, having spent a day of unusual pleasure and excitement, was seized with a fit in the evening, and left hemiplegic on the right side. The paralysis continued until the child died, four months afterwards. In the anterior lobe of the left cerebral hemisphere was an old hæmorrhagic clot; the brain was otherwise healthy, though the bloody points visible on section were unusually large. The middle cerebral arteries were gaping, instead of being collapsed as they usually are. The left ventricle of the heart was hypertrophied to an enormous extent, the walls being firm and compact, and nearly six times as thick as those of the right ventricle. There was not a trace of valvular disease to account for this enormous hypertrophy. The coats of the aorta were remarkably thickened, the thickness consisting apparently in simple increase in the natural texture of the tunics, which were strongly elastic, smooth on the interior, and apparently quite free from morbid deposit. All other organs were healthy except the right kidney, which was atrophied and reduced to about a quarter the size of the left, which somewhat exceeded the ordinary dimensions. The gland did not seem diseased, but simply wasted. This case, while it showed increased growth of the aortic coats in conjunction with enlargement of the left ventricle, and thus favoured the view that hypertrophy of arterial walls may precede their degeneration when the latter is associated with enlargement of the heart, seemed to bear also very closely upon the general subject at present under consideration. For there was evidently a very close pathological connexion between the several morbid conditions found after death, namely, the apoplectic clot, the thickened coats of the aorta, the hypertrophied heart, and the wasted kidney. Why should sanguineous apoplexy occur in a subject so young? Why should the left ventricle be so enormously hypertrophied without any valvular disease to account for it? Why should the coats of the aorta be so greatly thickened without being evidently diseased? The answers to these questions suggested themselves at once. Something at an earlier period of the child's life had occurred to inflict irreparable damage on one kidney; the other had not grown with sufficient rapidity to supply its place; the elimination of urine had been imperfectly effected, and the elements of this excretion had therefore accumulated in the blood; the left ventricle of the heart had become hypertrophied in consequence of this continued impurity of the blood; to resist the increased pressure on their walls, resulting from the hypertrophied heart, the coats of the aorta, upon which vessel the first brunt of the excessive strain would fall, had gradually increased in strength and thickness; and thus for a time all had probably gone on well, under the circumstances; the walls of the ventricle and of the aorta growing in proportion to the increasing demand upon them; and so probably the child's life might have been prolonged for a considerable time, had not the heart's action been stimulated to an unusual degree by unaccustomed bodily and mental excitement, and the delicate vessels of the brain yielded to the excessive pressure to which they were in consequence subjected.

Numerous examples, less striking, perhaps, than this, but equally illustrative of the same chain of pathological phenomena, are continually exhibited in the dead-house of a large Hospital. I adduce the present case, chiefly to show that simple thickening—a natural hypertrophy without disease—may occasionally be found in arterial walls in connexion with

(c) See particularly Hasse's Pathological Anatomy, Sydenham Society's Edition, p. 82.

enlargement of the heart; and that, therefore, it may be presumed that in many cases of arterial disease associated with cardiac enlargement, the walls of the diseased vessels were hypertrophied antecedent to their degeneration. Whether this be so or not, however, the fact remains, that degeneration of the coats of arteries is frequently found associated with hypertrophy of the heart.

That the degeneration in question is, in a great measure, the effect, and not merely the attendant, or, as some suppose, the cause, of the enlargement of the heart, was an opinion first distinctly enunciated, I believe, by Dr. Dittrich, in a clever essay, containing the results of his investigations into the diseased condition of the Pulmonary Artery (d). Generally, it is believed that the pulmonary artery and its branches are rarely affected with the degeneration of their coats, analogous to that so frequently observed in the branches of the aortic system. Dittrich, however, has clearly shown that, (as formerly pointed out by Mr. Paget) (e), this view is erroneous, that disease of the coats of the smaller subdivisions of the pulmonary artery is, by no means, uncommon, and that, which is especially to the present purpose, the occurrence of this disease is almost invariably associated with those causes which impede the transit of blood through the lungs, and so lead to permanent distension of the pulmonary artery and its branches, and to consequent hypertrophy of the right ventricle. Of these causes, disease of the mitral valve, emphysema, and wasting of the tissue of the lung, are, singly or combined, the most frequent. The almost invariable occurrence of disease of the small pulmonary arteries in such cases, and the absence of the disease when no impediment to the pulmonary circulation exists, led Professor Dittrich to two important conclusions: first, that the circumscribed pulmonary apoplexy, so commonly found in such cases, results from the rupture of the dilated and diseased vessels, just as sanguineous apoplexy usually results from the giving way of diseased cerebral vessels; and secondly, that the degeneration of the coats of the vessels is the consequence of the previous over-distension to which the artery and its branches have been continually subjected, by the excessive force of the right ventricle, and the impeded transit of the blood through the lungs. Reasoning from what he found in the case of the pulmonary artery, Dittrich suggested that, most probably, the disease occurring so much more frequently in the coats of the general arterial system, is due to an analogous cause, namely, more or less continuous over-distension of the canals of the affected vessels. The frequent association of cardiac mischief, especially hypertrophy of the left ventricle, with general arterial disease, and the occurrence of the disease first, and principally, at those parts most exposed to the force of the moving blood, such as the early part and arch of the aorta, and the angles whence branches of the artery proceed, are among the principal arguments which he adduces in support of this opinion.

Assuming then as probable—and there seems abundant reason for so doing—that disease of arterial coats, especially when associated with hypertrophied heart is, as suggested by Dittrich, the result of continual over-distension of the vessels, we can readily understand why the cerebral arteries should present this disease in so marked a degree, for, in addition to the directness of the channel through which they receive their blood from the heart, and their speedy subdivision, it is well known that they are unsupplied with the strong fibro-cellular sheath possessed by other arteries, and that their coats are, moreover, much thinner than those of arteries in general (f). For these reasons, therefore, it is natural to suppose that they will be especially liable to feel the force of an hypertrophied left ventricle, to be more or less continually over-distended thereby, and ultimately to have their coats diseased. Thus, weakened by both over-distension and disease, their rupture, and the consequent sanguineous apoplexy, are events which, especially under the influence of an hypertrophied heart, would seem to follow, almost as a matter of course.

The circumstances under which cardiac disease will perhaps be most likely to induce over-distension and degeneration of the coats of the small arteries, especially those of the brain, are those in which there is hypertrophy of the left ventricle without valvular disease—as when it results from renal disease—for then the full force of the hypertrophied ventricle will be exercised directly upon the arterial current. The frequent existence of more or less extensive disease of the coats of the aorta, as well as of the smaller arteries, in cases of associated renal disease and hypertrophied heart, is quite intelligible on this view, which refers the dilatation of the vessel, and the disease of its coats to the over-distension produced by the enlarged heart. The opinion that disease of the coats precedes the dilatation, and induces both it and the enlargement of the heart, has but few facts in its favour. For it is more difficult to believe that degeneration of arterial tunics is dependent on the same general cause that produced the structural change in the kidney, than that it results from the constant over-stretching to which the affected vessels have been subjected by an hypertrophied heart following upon the renal disease. Whatever gives rise to such continual over-distension of an artery, whether the undue force of the current of blood propelled by the heart, or obstruction to the distribution of the blood by disease in any large organ, may be supposed capable of producing degeneration in the arterial coats. In this way, perhaps, may be explained the thickened and dilated condition occasionally found in the renal artery in advanced disease of the kidney, for owing to the structural changes in the gland the transmission of blood through it will be impeded, and distension of the artery and its main branches consequently result.

If the views just stated be correct, we seem to have a satisfactory answer to the second question, suggested by the analysis of the fatal cases of apoplexy which form the basis of the present remarks, namely, what share do the renal cardiac and arterial disease severally take in the production of the apoplexy. Sanguineous apoplexy, when associated with advanced renal disease, may, I believe, be generally found dependent on rupture of one or more of the cerebral vessels, which have been weakened by structural changes in their coats; and it may, I think, be held that these changes in the coats, are principally induced by continued over-distension of the vessels, resulting from an hypertrophied state of the left ventricle, so commonly found in such cases; and lastly, that this enlargement of the left side of the heart when independent, as it often is, of valvular lesion, is the direct result of the renal disease. So that a primary structural lesion of the kidney may, in this manner, through the medium of the heart and cerebral vessels, which are secondarily affected, ultimately result in an attack of sanguineous apoplexy, which but for such renal disease might never have occurred.

As previously remarked, I have omitted from this investigation all mention of fatal cases of mere congestive apoplexy, also all cases of hemiplegia associated with albuminuria, although it is probable that many of these might, like the cases of sanguineous apoplexy associated with renal disease, be primarily referred to the affection of the kidneys. In all cases therefore, of apoplexy or hemiplegia, it is advisable to test the urine for albumen, for beyond the direct information thus afforded of the probable state of the kidneys, an albuminous condition of this secretion may serve to explain, in the absence of any valvular disease, the hypertrophied heart which so frequently co-exists with the apoplexy.

(d) Beiträge zur pathol. Anatomie der Lungen-Krankheiten. Erlangen. 1850.

(e) "On Obstructions of the Pulmonary Artery," Medico-Chirurgical Transactions, Vol. XXVII.

(f) Quain and Sharpey's Anatomy. Introduction, pp. 244-246.

LOCAL ANÆSTHESIA BY MEANS OF COLD.

By JAMES ARNOTT, M.D.

It would, I think, contribute very materially towards a settlement of the vexed question, what restrictions should be placed upon the use of ether or chloroform, to point out, in a definite manner, the operations which may be painlessly performed without the employment of any dangerous anæsthetic, and to explain how this may be best effected. In my recent *brochure* on the subject, I have described the mode in which I have used frigorific mixtures for this purpose; but, as the observations of a foreign Surgeon of celebrity, respecting the production and effects of local anæsthesia may, from his thoroughly practical acquaintance with the subject, and perfect impartiality, have greater weight than my own, I think it would be useful to place before the English reader, the following paper by Dr. Coste, Senior Surgeon of the Hôtel Dieu, at Marseilles, which has recently been published in a French Medical journal, the *Union Médicale*, for September 27. With a view of ren-

dering the communication more satisfactory, I shall, in a few notes, supply what I think may be advantageously added, as he has added to what I had previously written on the subject. I trust that those who have not, as yet, employed the means here described, will be induced by this detailed exposition to do so, and that the dangers of chloroform may thus be further lessened by a general restriction of its exhibition to the appropriate cases.

"The introduction of general anæsthesia, by the inhalation of ether or chloroform will, notwithstanding its hazards, nay, even its perils, constitute a memorable era in the history of Surgery. The benefits which humanity has reaped from this valuable discovery must not be depreciated, because, in some cases of its application, death has taken the place of pain. Nevertheless, although science has done much in these later times to ward off the dangers of anæsthetic vapours, and may, probably, further diminish them, Surgeons cannot but be alarmed by those fortunately rare, but yet too frequent, cases, where the patient, whose sufferings we wish to prevent, has been suddenly and unexpectedly destroyed by our efforts, and in spite of every precaution.

"These accidents, from the employment of ether or chloroform, and particularly from the latter, have, notwithstanding their small number, necessarily thrown some discredit on anæsthesia; and, while they have rendered operators more attentive to the circumstances which forbid the use of this measure, they have led them to employ it with more reserve, and only for the greater operations (a). Another result has been, that the possibility has been conceived of rendering, in many cases, only that part of the body insensible which is to be submitted to the knife.

"Endeavours have been made to produce this local anæsthesia by ice, by ether, and by chloroform.

"The local application of the two latter means has not afforded satisfactory results, and ought, in my opinion, to be abandoned. The ether, although its evaporation is promoted by blowing on the part on which it is dropped, produces only a very superficial and evanescent insensibility. The chloroform, which has a well-known irritant action, reddens and inflames the skin, and consequently cannot produce the wished-for effect (b).

"The frigorific mixture of M. Arnott (two parts of ice, and one part of sea salt) is the only efficacious mode.

"In order to prevent the renewed cohesion of the particles of ice, I usually pound it in small portions at a time; and I find a canvas bag, such as is employed for containing money, very convenient for this purpose.

"The mixture of ice and salt should be placed in a little bag of gauze or muslin; either one or the other of these textures, very slack and very thin, admits of an immediate application of the ice, and answers much better than a bladder (c).

"This application causes the tissues subjected to it, to pass through three distinct phases, succeeding each other with very short intervals: a painful sensation somewhat resembling that from burning, then numbness, and lastly insensibility. The ice produces the two latter effects on the part in contact with it by suspending its vitality; for the circulation of the blood is arrested, and the nervous action suppressed. On congelation ensuing, the part is shrunk, becomes hard, assumes the whiteness of chalk, and is as cold as the ice itself.

"The insensibility comes on more or less promptly according as the skin is sound or inflamed. In the first condition the ice acts very rapidly; congelation is obtained in a minute, or two minutes at most. If, on the other hand, the refrigerating mixture is applied upon an inflamed part, as when it is employed for opening an acute abscess, sensation is not abolished for some time; for six, eight, and even ten minutes. This may be easily conceived, for every one knows, and Hunter's experiments long ago demonstrated the fact, that inflamed tissues oppose the action of cold.

"On account of the perfect abolition of sensation by the refrigerating mixture being of short continuance, and of its action not reaching a great depth, the employment of this means as a local anæsthetic is limited to operations of rapid execution, and in which the superficial parts only are implicated (d). Nevertheless, though its use is thus restricted, the part performed by ice is yet very important, for it procures an inestimable benefit—the suppression of pain in a multitude of cases of common occurrence, or in those minor operations which one is constantly meeting with in practice; such as the application of the actual cautery, the evulsion of the nail in onychia, etc., the partial amputation of a finger or toe, the opening of an abscess, the incision of a whitlow, boil, or carbuncle, the extirpation of small tumours. And would there not also be a great advantage to the patient, in cases in which general anæsthesia is objectionable, to surround the limb, in a circular amputation, with a long bag of ice? One could at least save the pain, always very acute, which is caused by the incision of the skin, and the subjacent cellular membrane (e).

"It cannot be disputed, then, that on many occasions the ice offers a certain resource for alleviating the pain of a Surgical operation. There is another fact in connexion with this, of which the demonstration is as easy, namely, that no inconvenience counterbalances this immense advantage. Those who are prejudiced, or who have not studied with sufficient attention the effects of a frigorific mixture in reference to its first operation on the skin, will say, perhaps, that in order to remove the sensibility you cause a condition of suffering or a real pain. This is not a serious objection. The pain so produced is nothing when compared with that produced by the knife; it is extremely short; and, as the numbness is immediately superinduced, it is hardly felt after the first moments of the application of the mixture (f).

"I have sometimes heard the fear expressed that gangrene might be produced in the portion of the skin which is re-

(a) Such a restriction is not yet so general in this country as it ought to be. Your last Number (page 485) contains an account of a death happening in Edinburgh, from chloroform exhibited for the extraction of a tooth. Another remark may be made respecting this case, or rather the report of it. The names, we are told, are withheld lest their publication "might pain the feelings of relatives." No fault can be found with this, but the "eminent physician" who was called in to the assistance of the dentist, might put the Profession in possession of all the material circumstances without mentioning any names. This, now too frequently practised concealment is much to be deprecated; for without some notion of the number and circumstances of such accidents, it is impossible to form a correct estimate of the value of chloroform. Congelation was early applied to dentistry, and is alluded to in my Essay on its use in Headache, published six years ago.

(b) Both ether and chloroform, when used for the production of local anæsthesia, have acted by the cold consequent on their evaporation. They cannot, therefore, be considered as operating on a different principle from refrigerating mixtures.

(c) A very thin or prepared bladder, or a bag of vulcanized caoutchoue, which is now made nearly as thin as goldbeater's leaf, is a more cleanly and neater means, but unless a very strong frigorific be employed, it is not so efficient. As the supposed trouble of using this expedient has impeded its introduction, it is well to mention that half-a-pound of finely pulverized ice may be conveniently carried in a gutta percha or wooden vessel, not too large for the pocket, to the house of the patient; and after the proper quantity of salt has been mixed with it, a piece of gauze sewed upon a ring of elastic cord, can be drawn over the mouth of the vessel, for the purpose of applying the mixture A sponge should be placed under the ice, if carried to any distance, to absorb the melted portion. After the congelation has been effected, a bladder, containing iced water, sewed upon an elastic ring, can be drawn over the edge of the vessel, instead of the gauze, in order to prevent, by its application to the part, the smarting that might be caused by a sudden restoration of the temperature.

(d) Deeper anæsthesia than can be produced by cold, as it has usually been applied, would proceed from its being used after the first incision. A Medical friend who was present at an operation under congelation lately performed, by Mr. T. Wakley, on Mr. Churchill, the Medical publisher, mentioned to me that this Surgeon has devised an apparatus for projecting a stream of very cold air on the part after incision. I have observed, on another occasion, that the benefit from some practicable expedient of this kind in the treatment of laryngeal, or other diseases inaccessible to the common mode of applying intense cold, would often be compensation for the trouble and expense incurred. Fortunately, however, in the greater number of operations, only the superficial tissues are implicated, and in the deeper operations the internal parts are not nearly so sensitive. In the operation just referred to, the excision of encysted tumour, there is usually little internal cutting required, and the cyst falls out like the kernel of a nut after breaking the shell. In removing such tumours from the scalp, there is a great advantage in the prevention, by the intense cold of erysipelas.

(e) I have, in my own list of operations, included that for strangulated hernia. Ice has long been occasionally employed for the reduction of hernia, and, of late, very generally by Mr. Le Gros Clark, of St. Thomas's Hospital, and M. Baudens of Paris, The latter, in a paper recently read at the Academy of Sciences, recommends that union of cold and pressure which (after testing its utility) I recommended in hernia, about ten years ago, in my Essay on Therapeutical Inquiry. The recent French journals teem with confirmations of the excellence of this practice. The contraction of the strangulated part caused by ice only, is less than that effected by congelation (which may expel the whole of the blood from its vessels), and consequently it will not always be so efficient as the latter. In a case reported from the Bradford Infirmary, the power which the patient retained of forcing down the hernia (which had been reduced *en masse*) and thus assisting the Surgeon, is mentioned as a great advantage of the congelation, which was employed in lieu of chloroform.

(f) The pain is not greater than the tingling produced by mustard, and children have borne it without crying or complaint. After the congelation has ceased, there is a renewal, for some time, of this tingling, unless, as has been mentioned above, it be prevented by placing on the skin, for a few minutes, a little pounded ice, or a bladder containing iced water.

frigerated. This fear is positively without foundation, and ought not, for an instant, to impede the Surgeon. I have never seen such an effect in the numerous cases in which I have produced local anæsthesia. Besides, the slightest reflection will show the impossibility of such a result. Although the ice may, in a few minutes, so benumb the skin which it covers, as to render it insensible, it cannot, in so short a space of time, dry up the sources of its life.

"Lastly, can there be so produced a hurtful reaction after the cessation of the cold? The reply again is, That there is nothing of the kind. The blood returns, without causing the least congestion in the capillaries, from which it had been driven, and the organization resumes its former functions (g).

"It is clear, then, that there is no untoward consequence to counterbalance the good effects of the refrigerating mixture.

"As I make much use, particularly in private practice, of this excellent means of charming away pain, I can adduce a great number of cases. But as that would be of little interest, I shall restrict myself to a recital, in a very summary way, of a few facts of the most recent occurrence (h).

"1. Nail imbedded in the flesh; at the Hôtel Dieu. Seven minutes' application of the ice; complete insensibility; Dupuytren's operation of evulsion.

"2. M. Suc, Director of the School of Medicine. Suppurating phlegmon of the thumb. Ten minutes' application of the ice; extensive incision; sensibility considerably lessened. The pain caused by the incision was next to nothing; it only was perceived during the pressure rendered necessary by the expulsion of the matter.

"3. Mme. Artaud. Two superficial abscesses in the left breast. Six minutes' application. Both abscesses opened by the bistoury. The insensibility absolute.

"4. M. Felix. Carbuncle. Crucial incision after six minutes' application of the ice. Complete absence of pain.

"5. Phlegmonous abscess on a level with the crest of the haunch bone. After eight minutes' application of the ice and salt, the skin, which was red and highly inflamed, had become completely white and hard. An incision of five centimètres. Absolute insensibility. The patient, though very timorous, was not aware of the operation. He thought the ice-bag still applied when the abscess was already opened.

"6. Ablation by the bistoury of fungous granulations from a diseased nail. Three minutes' application. Insensibility.

"7. Excision of an encysted tumour from the scalp. Complete insensibility after two minutes' application.

"8. Extirpation of a tumour from the left buttock. After one minute of the application the skin was blanched and hardened like parchment. An incision of about twelve centimètres, without causing the least painful sensation.

"9. Nail in the flesh. Five minutes' application. Evulsion. Insensibility absolute.

"These facts, besides attesting the anæsthetic virtue of ice, confirm the experiments of Hunter, for in 7 and 8, the skin being perfectly healthy and free from inflammation, the congelation was rapidly produced, while in most of the other cases, particularly in 2 and 5, as the inflammation rendered the skin refractory to the action of the ice, a longer application was necessary to produce insensibility" (i).

The above are interesting examples of the application of a frigorific mixture in every-day operations of a minor character; and, as has been remarked by another French writer, there is, independently of the greater safety of the measure, and of its not causing the sickness, headache, or prostration that so often follows the exhibition of chloroform, a great advantage in the patients submitting at once, or without hurtful delay, to necessary operations, from the conviction that there is no danger attending the use of this anæsthetic. But the use of frigorifics has not been so limited. In the last number of the *American Journal of the Medical Sciences*, a case is related in which a refrigerating mixture was employed in the excision of a large malignant tumour from the arm, requiring a double elliptical incision reaching "from the acromion process to within three inches of the elbow." "The patient experienced so little pain, that he now declares that the most unpleasant part of the operation was the dressing, or rather, the application of the adhesive strips." Chloroform was deemed inapplicable, on account of the patient's advanced age and cachectic condition; and there was another advantage in the substitution of intense cold, namely, the material lessening of the amount of hæmorrhage. The wound was healing rapidly at the time the report was drawn up.

It is in America, if we may judge from the numerous reports of its use in the journals, that congelation has hitherto been principally used. And it is in the same country that, notwithstanding its being the birthplace of etherization, surgeons appear most aware of its immediate and remote dangers, and of the necessity of discrimination or restriction in the employment of this powerful agent. In this country, parties who have supposed that they have improved the process of etherization, have, by their exaggerated statements and injudicious "friendship," done the character of general anæsthesia more harm than its most determined opponents.

London, October 26th.

(g) I think the vessels are fuller from their tonicity having been weakened; but on this account they are, for a time, rendered incapable of inflammatory action. Instead, therefore, of an evil, there is an important advantage in this temporary organic change.

(h) The names, ages, and professions, of the patients are mentioned in the original, with other circumstances, which I omit, as not being of essential importance.

(i) When inflammation is present, it is well to substitute for the common frigorific mixture one of stronger and more rapid action, as, by adding two parts of salt and one of sal ammoniac to five of ice. Sometimes a fresh supply of materials is necessary, and the circulation through the part may be arrested for a time by pressure on the artery.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING OCTOBER.

(Continued from page 496.)

The subjoined report includes, as usual, the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LIGATURE OF ARTERIES.

Case 1.—A pale, cachectic man, aged 33, admitted under the care of Mr. Paget, into St. Bartholomew's Hospital, on account of a popliteal aneurism. The tumour was the size of a large egg, and beat forcibly. Ligature of the femoral artery was practised on the second day after admission. The man made a good recovery, and has since left the Hospital quite well.

Case 2.—A man, aged 25, a jockey, was admitted into St. Mary's Hospital, on account of an aneurism in the left popliteal space. Pain had been first noticed, without assignable cause, three weeks before admission. The knee-joint contained fluid, and was, together with the leg generally, much swollen. The limb was kept semiflexed, and there was great pain. Bleeding was practised, and digitalis administered. The patient was very irritable, the knee became more painful, and the aneurism rapidly increased in size. On the third day after admission, ligature of the femoral was practised. The temperature of the limb, which had fallen somewhat, was quite regained three days after the operation. At the date of report (one month after) the ligature had not come away, but the wound was nearly healed, the man being in good health, and the tumour quite pulseless.

COMPRESSION TREATMENT OF ANEURISM.

A pale thin man, aged 46, and by trade a basket-maker, is under Mr. Fergusson's care, in King's College Hospital, on account of aneurism of the right popliteal artery. It was, on admission, about the size of an orange, and was believed, from the history, to have existed for ten weeks. Compression treatment, by means of Carte's apparatus, was commenced on October 25. No medicinal or dietetic measures. The apparatus is used in the day only, and quite laid aside at night. On the sixth day of treatment, the tumour was about half the size it was at first, and since then it has steadily diminished, becoming also firmer. The man suffers nothing whatever from the treatment, and always sleeps well.

AMPUTATIONS.

In Case 5 of last month's report, death has since occurred.

Number of cases, 16; recovered, 6; under treatment, 5; died, 5.

Of the Thigh.—*Case* 1.—A pale and sickly lad, aged 17, under the care of Mr. Ward, in the London Hospital, on account of necrosis of the shaft of the tibia, and disease of the ankle-joint. He was sinking from the profuse discharge, and it was evident that any further attempt to save the limb would endanger life. The disease had existed for eight months. Amputation above the knee. Recovery. Examination of the limb showed the whole shaft of tibia necrosed, and a small opening from its cavity communicating with the ankle-joint. Very little substitute shell had been produced. *Case* 2.—A man, aged 21, under the care of Mr. Erichsen, in University College Hospital, on account of strumous disease in the head of the tibia, and consequent disease of the knee-joint. Amputation through the thigh. Doing well. A mass of tubercle was found infiltrated into the cancellous structure of the bone. *Case* 3.—A lad, aged 16, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of anchylosis of the knee, after unreduced dislocation of the tibia two years before. He was ill for a few days after the amputation, but has since done well, and the stump is now nearly healed. The cartilages of the knee-joint were found to have been quite removed by ulceration, though there had never been any external abscess. *Case* 4.—A man, aged 42, of very intemperate habits, was admitted, under Mr. Hilton's care, into Guy's Hospital, on account of a compound fracture of the leg, laying open the ankle-joint. He refused to submit to primary amputation. Erysipelas attacked the limb, and occasioned extensive suppuration among the muscles. On the tenth day, the man consented to have the limb removed. He was now reduced to an extreme degree of debility, and death during the operation was much feared. Amputation above the knee. Since the operation, enormous quantities of stimulants have been given, and by their help, there is now every reason to expect a favourable result. *Case* 5.—A boy, aged 13, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of diseased knee-joint. Circular amputation. Recovery. The joint was found to be quite disorganized. *Case* 6.—A healthy man, aged 24, under the care of Mr. Hilton, on account of compound and comminuted fracture of the leg from a railway accident. Primary amputation. Death from phlebitis in the fourth week.

Of the Leg.—*Case* 7.—A lad, aged 20, under the care of Mr. Cutler, in St. George's Hospital, on account of extensive disease of the tarsus. He was in good health, and has recovered well. *Case* 8.—A man, aged 24, in good health, under Mr. Johnson's care, in St. George's Hospital, on account of diseased tarsus. Is nearly well. *Case* 9.—A man, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of disease of the os calcis, astragalus, and ankle-joint. Chopart's amputation, on account of disease of the front row of tarsal bones, had been performed a year ago, and the stump had never healed. Circular amputation through the leg. Doing well. *Case* 10.—A man, aged 39, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of crushed foot, from a railway accident. Primary amputation. The man is very ill, will probably sink from pyæmia. He has had numerous secondary abscesses (a).

Of the Foot.—*Case* 11.—A woman, in fair health, aged 27, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. Amputation at the ankle-joint was performed, the articular surface of tibia being sawn away. No sloughing of the flap followed, and an excellent stump will probably be obtained. Healing is, however, not yet complete, and exfoliation of a spicula of bone is expected. *Case* 12.—A woman, aged 25, under the care of Mr. Johnson, in St. George's Hospital, on account of diseased tarsus. She was in feeble health, and the subject of incipient phthisis. Amputation at the ankle-joint was performed. Subsequently the signs of pyæmia showed themselves, and a large abscess formed in the back. Death on the thirty-sixth day. No secondary deposits were found at the post-mortem, but there was a small vomica in the apex of one lung, and scattered tubercles in both.

Of the Upper Extremity.—*Case* 13.—A lad, aged 17, under the care Mr. Lawrence, in St. Bartholomew's Hospital, on account of severe injuries to the right forearm. Just enough integument was left to allow of amputation below the elbow. Recovered. *Case* 14.—A butcher, aged 26, admitted, under Mr. Lawrence's care, into St. Bartholomew's Hospital, having, whilst cleaving meat, all but severed his own hand through the carpus. The first row of carpal bones was all that required removal to effect an amputation at the wrist-joint. The flap was obtained from the palm. Some sloughing of the flap followed, but the stump is now granulating well. *Case* 15.—A man, aged 41, under the care of Mr. Tatum, in St. George's Hospital, on account of extensive injury to the forearm and elbow, from the discharge of a gun close to him. He was a farm-labourer, and in good health. Primary amputation through the upper arm. Sloughing of the stump has since occurred, and, on two occasions, slight attacks of secondary hæmorrhage. He is in a critical state (b). *Case* 16.—A healthy man, aged 52, admitted, under the care of Mr. Birkett, into Guy's Hospital, having sustained a compound fracture of the right humerus, high up, with much laceration of parts. Primary amputation was performed, the articular head of the bone only being left. Secondary hæmorrhage followed, and the whole stump took on sloughing. Death occurred on the twelfth day. At the autopsy the internal viscera were found healthy.

(a) Since the above was in type death has taken place.

EXCISIONS OF BONES AND JOINTS.

Case 1.—A girl, aged 6 years, in good health, under the care of Mr. Fergusson, in King's College Hospital, on account of strumous disease of the left elbow-joint. There was much surrounding thickening. The H-shaped incision was adopted, and the whole joint removed. The parts are now (six weeks) nearly healed, but considerable thickening, and some sinuses, still remain.

Case 2.—A woman, aged 40, under the care of Mr. Simon, in St. Thomas's Hospital, on account of destructive disease of the elbow-joint. She had suffered much pain, and was greatly emaciated. The whole articulation was excised. Almost immediately after the operation she began to recover her health. The healing progressed well, and, at the end of a month the wounds were nearly closed, when suddenly they became attacked by phagedæna, which ulcerated rapidly. Under treatment.

Case 3.—A girl, aged 17, under the care of Mr. Canton, in the Charing Cross Hospital, on account of diseased elbow-joint, consequent on a fracture of the olecranon. When admitted, she had just recovered from small-pox, by which the mischief in the joint had been much aggravated. There were several large superficial ulcers over the joint, from which sinuses passed into its interior. Excision of the whole joint by the H-shaped incision was practised. Extensive sloughing of the soft parts occurred on the fourth day, laying open the wound to such a degree, that it was feared amputation would be the only resource. Since then the process of granulation has gone on most rapidly, and a useful arm is now expected.

Case 4.—A woman, aged 22, under the care of Mr. Hancock, in Charing Cross Hospital, on account of diseased ankle-joint. She was in good health, and although three open sinuses led into the articulation, yet there did not appear to be any disease of adjacent bones. Excision of the joint was performed. A flap of skin was dissected up from its front aspect, the tendons being uninjured the ligaments were next divided, and the outer malleolus having been snipped off, the foot was dislocated inwards. The surfaces of the tibia and astralagus were next sawn away, and the parts replaced in apposition. No bad symptom has followed, and the case promises to do remarkably well.

Case 5.—A man, aged 28, was admitted, under the care of Mr. Birkett, into Guy's Hospital, in June last, on account of a severe compound fracture of the leg. The limb was so much damaged, that it was not practicable to keep it properly adjusted, and the consequence was that imperfect union, with overlapping, and much deformity, had resulted. On October 16, Mr. Birkett exposed and sawed away the extremities of both bones, and effected a readjustment. The man has since progressed satisfactorily, but the result is yet doubtful.

Case 6.—A man, aged 47, under Mr. Fergusson's care, in King's College Hospital, on account of the projection of a fractured extremity of the tibia. The bones had united, but the end projected nearly through the skin. The fracture, which was compound, had occurred nine months before. Mr. Fergusson cut down upon the bone, and sawed away its point. The wound healed well.

(b) Since the above was in type death has taken place.

Case 7.—A sailor, aged 22, is under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the metatarsal bone of the left great toe. On August 21, about the distal third of the bone, in a carious condition, was cut away. The wound did not heal, and, during the present month, the sesamoid bones, and some adjacent portions in a diseased condition, have been taken away. Under treatment.

EXCISION OF THE BREAST.

Case 1.—A woman, aged 49, under the care of Mr. Shaw, in the Middlesex Hospital, having had the breast removed, on account of scirrhus, in April, 1855. She had remained well for four months after the operation, when a reproduction of the disease took place in the cicatrix. Excision of the returned growth. Doing well. *Case* 2.—A woman, aged 52, in feeble health, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a scirrhous growth in the breast, the size of an orange. Excision. Recovery. *Case* 3.—A woman, in good health, aged 52, under the care of Mr. Cutler, in St. George's Hospital, on account of scirrhus of the breast, involving the skin. Excision. Recovery. *Case* 4.—A married woman, aged 47, under the care of Mr. Birkett, in Guy's Hospital, on account of infiltrating cancer of the whole gland. Ulceration was threatening, and the lymphatics were enlarged. Excision. Recovery. *Case* 5.—A healthy married woman, aged 46, under Mr. Birkett's care, in Guy's Hospital. The clavicular lobes were infiltrated with scirrhus. Excision. Recovery. *Case* 6.—A healthy married woman, aged 40, under Mr. Birkett's care, in Guy's Hospital. The axillary lobes of the breast were infiltrated with scirrhus. Excision. Recovery. *Case* 7.—A healthy married woman, aged 54, under Mr. Birkett's care, in Guy's Hospital. Half the gland was excised, the disease, which was of the infiltrated form, being limited to the axillary lobes. Recovery. *Case* 8.—A feeble woman, aged 55, under the care of Mr. G. Borlase Childs, in the Metropolitan Free Hospital, on account of a large, ulcerated scirrhus of the right breast. Excision. Recovery.

REMOVAL OF MALIGNANT TUMOURS.

Case 1.—A chimney-sweep, of middle-age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a small cancerous growth on the scrotum. Excision. Recovery. *Case* 2.—A chimney-sweep, aged 32, under the care of Mr. Lane, in St. Mary's Hospital, on account of cancer scroti. Excision. Recovery. *Case* 3.—A man, aged 57, under the care of Mr. Fergusson, in King's College Hospital, on account of cancer of the lip, of three years' standing. Excision. Recovery. *Case* 4.—A man, aged 70, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of cancer of the lip, of twelve years' duration. Excision. Recovery. *Case* 5.—A woman, aged 40, under the care of Mr. Adams, in the London Hospital, on account of a patch of black deposit, probably melanotic, in the skin, over the right mammary gland. Having increased in spite of treatment by escharotics, the whole was excised. Recovered. *Case* 6.—A woman, aged 28, under the care of Mr. Ure, in St. Mary's Hospital, on account of a large tumour, of enchondromatous nature, over the dorsum of the ilium, just above the sciatic notch. It had been noticed three months, but was rapidly increasing. At the patient's desire, an excision was performed. Microscopic examination made it probable that parts of it were of malignant nature. It is now again rapidly growing. A large portion of ilium is exfoliating, and the patient will, probably, sink.

REMOVAL OF NON-MALIGNANT TUMOURS.

Case 1.—A woman aged thirty-six, in good health, under the care of Mr. Hilton, in Guy's Hospital, on account of a solidified bursa over the patella, the size of a small orange. It had existed for fifteen years. Excision. Recovery. *Case* 2.—A woman aged twenty-six, under Mr. Hilton's care in Guy's Hospital, on account of a large and indurated bursa over the patella. It had been enlarged for two years, and was the size of an orange. Excision. There has since been much suppuration. The case remains under care. Both in this and the former, the excision was performed by incisions directly over the front of the tumour. *Cases* 3, 4, and 5.—In these, fatty tumours of considerable size were removed. All the patients recovered. *Cases* 6 and 7.—In these, large sebaceous tumours were removed, and the patients recovered well. *Case* 8.—A man, aged forty-four, under the care of Mr. Lane, in St. Mary's Hospital, on account of fibrous tumours over the tuberosities of the ischia. They had existed seven or eight months, and had been so painful as to prevent him from sitting. One of a similar nature, had a month ago been removed from over the sacrum. Excision. Doing well. *Case* 9.—A woman, aged sixty-three, under the care of Mr. Paget, in St. Bartholemew's Hospital, on account of a chronic mammary tumour, the size of a small orange. Excision. Recovery. *Case* 10.—A boy, aged ten, under the care of Mr. Quain, in University College Hospital, on account of a large lobulated tumour. He was in good health. The exact nature of this growth it was difficult to determine, but it was probably of glandular origin. Under treatment. *Case* 11.—A woman, aged fifty-seven, under the care of Mr. Luke, in the London Hospital, on account of a small and exquisitely painful tumour the size of a filbert, in the areolar tissue of the leg. It was believed to be a neuroma. Excision. Recovery. *Case* 12.—A woman, aged thirty-two, married but sterile, under the care of Mr. Birkett, in Guy's Hospital, on account of a mammary glandular tumour about the size of a small orange. It was removed, and excepting very troublesome abscesses in the breast afterwards, the woman recovered well.

(To be concluded next week.)

NOTES AND QUERIES.

Ye that questionetly much shall learn much.—*Bacon.*

No. 58.—Cystorrhœa with Prurigo.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—Will some of your readers inform me the best treatment for cystorrhœa the result of gonorrhœa (in a lady, contracted from her husband, now six months' standing). The prurigenous irritation of the pudendum (arising from this chronic inflammation of the bladder) is by far the most distressing part of the disease, and for which I shall also be glad to hear of some suggestion as a temporary treatment.

I am, etc. A Constant Reader.

No. 59.—Inoculation of Chicken-Pox.

Sir,—Has chicken-pox been inoculated, and with what result? I am, etc. Querist.

No. 60.—Latin Epigram by Owen.

Sir,—The enclosed may interest such of your readers as have not let their Latin go altogether to seed.

I am, etc. M. P.

Reform Club, November 18, 1855.

"Accipit oblatum Medicus, dare non solet aurum;
Pharmaca dat Medicus; non solet accipere.
Ordonner Medicus, ægros *Or-donner* oportet;
Alterius sic res altera poscit opem."

ANSWERS.

To No. 55.—Treatment of Carbuncle.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—I presume your Aberdeen Correspondent, M. R. C.S., No. 55, will find his questions fairly replied to by the statistical table a short time since published by one of the surgeons of St. Bartholomew's, where the incision for carbuncles was found to be the best treatment. I am, etc.

Nov. 16, 1855. J. T. V.

To No. 28.—A Hint about the Stethoscope.

Sir,—In your department of "Notes and Queries," a short time since, a note headed "A Hint about the Stethoscope," appeared. An instrument by means of which sounds might be intensified without injury to definition has long been a desideratum. Some years since I made many experiments in this direction, and the result of one of them I considered satisfactory. I had a stethoscope made of gutta-percha, having two ear pieces attached to curved tubes, diverging from, but continuous with, a single tube, having the usual bell-shaped extremity. The distance between the ear pieces being somewhat less than the breadth of the head, owing to the elasticity of the tubes, the instrument might be termed self-

adjusting. The effect of leaving both organs of hearing concentrated by its application is surprising. The breath and heart sounds are several times louder when heard through the double than the single instrument. A *bruit de soufflet* heard in both ways may be correctly compared with the noises of the common bellows and that of a smith respectively. Provided the double instrument be held steadily, and there be no friction against its sides, the chest sounds do not lose in clearness. It is obvious, also, that some practice in observing with it is requisite. Made in a very flexible manner, the instrument is in some respects more convenient, but in using it the chest extremity must then be held by the patient. I was induced to send the instrument to the Exhibition of 1851 as a novelty. Of its presence there the official catalogue is a standing record, and it is now deposited somewhere with other articles presented by exhibitors. Instead of publishing it more formally, I hoped that some, from seeing it, might be induced to give a similar instrument a trial, and in the description sent with it I expressed confidence that in certain cases of difficult diagnosis, owing to the lowness of the thoracic sounds, the double stethoscope would be found of considerable use. Not a little surprised, then, was I to observe, in a late Number of the *British and Foreign Medical and Chirurgical Review*, under the head of "Progress of Medicine," a notice of a pamphlet that had appeared in America descriptive of a new double self-adjusting stethoscope, the performances of which were further grandiloquently set forth. The notice concluded by stating that as soon as the pamphlet was received, full particulars and an engraving of the instrument would be given in the Review. Being reminded of the matter, I now beg to claim it as having originated with myself.

I am, etc. ARTHUR LEARED,
Physician to the Royal Infirmary for Diseases of the Chest, London, and to the Civil Hospital, Smyrna.
Smyrna, November 10, 1855.

Medical Times & Gazette.

SATURDAY, NOVEMBER 24.

THE BIRMINGHAM MEETING OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE mountain has been in labour, and has brought forth a mouse! The Special Meeting, which threatened to involve the affairs of the Association in a series of interminable feuds, has concluded with a treaty of peace, satisfactory to all parties!

The locality of the drama which has just ended so harmoniously is Birmingham, in the month of November. The opening scene represents a gloomy town, enveloped in perennial clouds of smoke, rendered still more obscure by the nebulosity of a foggy and rainy atmosphere. On the rising of the curtain, Dr. Lankester, Mr. Ancell, Dr. Richardson, Mr. Michael, Dr. Cowan, and others, are discovered in various disguises, fabricating weapons of different kinds, to be used in the forthcoming conflict. The introductory chorus is characteristic of the heterogeneous nature of the materials concerned, and of the acrimony and fierceness of the approaching strife. The accompaniments are in strict keeping with the wild and unearthly notes of the vocal performers; and as every instrumentalist blows his own trumpet, or endeavours to play first fiddle, the ear is almost deafened by the tumult, which is further increased by a group of Scotchmen, playing upon the bag-pipes in the background, who complete the chaotic elements of the *tableau*, and render the *ensemble* as complete a picture of distress and horror as the mind can well conceive.

The chorus having been concluded, the serious business of the piece immediately commences, and one of the dark figures among the conspirators, who is supposed to be under Satanic influence, makes a long and violent speech, delivering it with amazing fluency, and denouncing vengeance against an enemy, whom, inspired by the prophetic powers of spirit-rapping, he describes as approaching from the direction of the Malvern Hills. The evil genius of the British Metropolis, embodied in the person of Cerberus with three heads, then commences a terrific howling, and, on the approach of a Yorkshire bumpkin, who appears, as if accidentally, upon the stage, the latter is attacked with such fury that he narrowly escapes with his life, and, indeed, would be inevitably slain did not a number of rustics from the adjacent provinces, armed with flails and pitch-forks, come to the rescue, and, in their turn, attack the three-headed monster. Some representatives of the London press, who are quite invisible, are heard to encourage the combatants, and one in particular, who is armed with a lancet, inflicts a number of wounds in the dark with its point, although no one can discover from what quarter the punctures proceed, and friend and foe are alike injured by the weapon.

While tumult and confusion are raging on all sides, Sir Charles Hastings enters as the Wizard of Worcester, and, as soon as he is discovered, the noise is still further augmented; the clouds and darkness which hung over the scene grow still thicker; the Satanic delegate commences his speech anew; while Dr. Lankester, Dr. Richardson, and Mr. Ancell, incorporated in the three-fold Cerberus, all begin spouting at once some long speeches which they had learned beforehand; and the trumpets, the fiddles, and the Scotch bag-pipes are played more vigorously than ever.

But Sir Charles, who, at first, adopts a stern and forbidding aspect, although his real character is that of a benevolent genius, relaxes his features into a benignant smile, and, at the same time, waves his enchanted wand, when the effects upon the turbulent crowd before him are as sudden as those described by the Roman poet:—

> "Defluit saxis agitatus humor,
> Concidunt venti, fugiuntque nubes
> Et minax, (quod sic voluere,) ponto
> Unda recumbit."

The clouds instantaneously disperse; the gloomy streets are magically changed to a splendidly-illuminated banqueting hall; the music melts down into a soft allegretto movement; Dr. Wynter and Dr. Williams, who, at first, appear as two distinct figures, become blended together by an optical illusion, and Dr. Cormack, as Secretary and Editor, or two gentlemen rolled into one, takes their place, and dances a hornpipe, to the infinite satisfaction of the audience. Dr. Sibson then comes forward with an olive-branch, dressed in the character of Janus, one face looking towards the provinces, and the other towards the metropolis, and sings an ode descriptive of a twenty years' peace, accompanied by a plaintive air by Dr. Thudicum, on the pandean pipes. Sir Charles Hastings and Mr. Ancell, as the Corsican Brothers, then execute a *pas de deux*, and the piece concludes with a country dance by the whole of the characters.

We ought, perhaps, to apologize for the above description of a transaction, the record of which is detailed in another part of our impression of this day; but we really cannot make the Birmingham meeting the subject of serious comment. We are rejoiced, however, to find that what threatened so much discord, has really resulted in harmony, and that a great and prosperous Association of our Profession has been restored to that unanimity of feeling which recent events have tended most materially to impair. With the exact nature of the differences which have lately distracted the Association, we have but little concern; but as lookers-on we have felt it our duty to record the passing transactions of the day, and to

admit into our pages the letters of members of the Association, *accompanied by their signatures*, expressive of the opinions they have formed upon the tactics of their leaders. We have rejected all anonymous communications upon this subject, feeling convinced that open discussion, and not a guerilla warfare waged by invisible combatants, was the best means of eliciting truth and of ensuring peace. We have never held up to hatred or contempt any of the parties engaged in the late discussions; and while we have abstained from imputing any but honourable motives to the Provincial party, we have also refrained from encouraging the jealousy which, as it seems to us, has been unjustly felt towards our Metropolitan brethren.

To Sir Charles Hastings the thanks of the Association are justly due for sacrificing his personal feelings at the shrine of the public good; and we cannot help believing that in his former adherence to the views of exclusive provincialism he must have been misled by an erroneous estimate of the real state of public feeling among the members of the Association. He has now discovered, and he has been honest and manly enough to make the avowal, that the majority at York did not truly represent the general wishes; and, having taken the votes of a large number of gentlemen from all parts of the country, he has found an immense preponderance on the side of progress.

We have only to add, that the name of the Association is to be henceforth the *British* Medical Association; that the representative principle is to be fully recognized in the composition of the Central Council; that the present Executive is to hold office only until the next annual meeting; and that the names of many of those who were only lately among the bitterest opponents of Sir Charles Hastings are to be added to the Executive; and thus that the belligerent parties will henceforth be engaged in mutual efforts for the general good.

THE WEEK.

In addition to the more serious grievances of the Army Surgeons, there are some minor ones which ought not to be passed over. Considerable dissatisfaction is felt on the question of Uniform, and we have received many letters on the subject. An extract from one just received from a first-class Staff-Surgeon in the Crimea, will serve as a sample of others. This gentleman says, "There is one matter we all feel sore about—our uniform; not that we care one straw what the uniform is, but we think we have a right to expect that it should be confined to Medical officers. At present it is worn by every hanger-on of the department. Purveyors and their clerks, dispensers and their assistants, dressers, etc., etc., wear the uniform of Medical officers, and the consequence is, that all the misdeeds of such snobs are saddled on the Doctors; and I feel certain that it has tended to lower not only this department, but the Profession, in the eyes of many." It is in a time of active service, and with a large army, that these apparent trifles become of real consequence. The cap-badge, given about ten years ago to the Medical Staff, is the V. R. surmounted by a crown. It has been so disgraced by some of the young quasi-Medical camp followers, that it is now very generally said to mean "*Vaurien*,"—not a very pleasant remark to the Medical officers. It is the duty of Dr. Smith and Lord Panmure to look into this matter.

We learn from more than one correspondent at the seat of war, that some of the younger Staff-Surgeons expect local rank as Deputy-Inspectors for having served in the Crimea during the winter. We trust that those who served in the hospitals in the rear will be considered to have equal claims to promotion. The work in the crowded fever wards of Scutari and Smyrna proved more fatal to the Medical officers than the hardships of a Crimean winter; and it must be remembered that officers do not choose their station. They go where they are advised, and if they do their duty well, should receive a proper recompense.

Mr. E. J. Complin, one of the Assistant-Surgeons to the Smyrna Hospital, died lately at the Pelan Hospital at Scutari. He had gone to the camp as a volunteer, caught fever there very soon after his arrival, and was sent to Scutari, where he sank under the disease which has proved fatal to so many of our brethren in the East. Mr. Complin was the son of a well-known general Practitioner of large connexion in this city. He was a distinguished pupil of St. Thomas's Hospital, and afterwards Assistant-Surgeon of the Dreadnought Hospital ship. The reputation he acquired led to his nomination to the Smyrna Hospital by Sir John Forbes. His conduct there fully justified the appointment. He was universally and highly esteemed, both by his senior and junior colleagues. Two able contributions from his pen have appeared in this Journal: one an account of the castor-oil treatment of cholera, as shown in the Dreadnought; the other a paper on the treatment of frost-bite, read before the Smyrna Hospital Medico-Chirurgical Society.

Common sense appears about to prevail in our hospital arrangements in the East. The barrack hospital at Scutari is to be converted into what it is fit for, a barrack, and the patients are to be sent to the places fit for them, namely, the General Hospital and the Civil Hospitals. Nothing else would have overcome the repugnance of the soldiers to be sent to the barrack hospital after the fatality of last winter, so that, although it has been brought into excellent order, we consider the determination to devote the building to the use for which it was erected a wise one. The consequence of the alteration has already been the filling of the Civil Hospitals at Renkioi and Smyrna.

We understand, that in consequence of the long and arduous services of the Medical officers in the Crimea, in many cases unrelieved by any period of absence, it has been determined to grant leave of return to a limited number of Army Surgeons, and to supply their place by others sent out from this country. It is, also, we believe, in contemplation to appoint a certain number of Medical officers to act as Pathologists at the seat of War, whose special duty it will be to investigate and record all cases of importance, whether resulting from wounds received in battle, or from the effects of disease.

The Poor Law Board has at length thought proper to send an Inspector to the Workhouse of the parish of St. Pancras, and it will be a matter of some interest to know what report that functionary will make to his superiors, and what course will be taken as the result of the inquiry. If the state of the Workhouse is really creditable to the authorities, and consistent with the welfare of the sick poor, then in all fairness, the Poor Law Board ought to exonerate the Vestry of the Parish, and publicly reprimand Mr. Waldegrave, for abusing the public ear with false reports; but if, on the contrary, it should be proved that Mr. Waldegrave's statements are true, and that the sick poor have really been ill-treated or neglected in one of the most populous parishes of the Metropolis, then the same public expression should be given in favour of Mr. Waldegrave, and in condemnation of the parochial calumniators of his veracity. If we may judge from precedent, the probability is that nothing whatever will be done; the Poor Law Board having ordered an inspection, will

receive their Inspector's report, lay it on their table, or throw it into the fire, and congratulate themselves that they have done all that can reasonably be required. We should mention, however, that the Poor-Law Board is by no means insensible to the expressed voice of public opinion, and that it does not court a Parliamentary inquiry into the mismanagement of Workhouses, all of which are under its immediate control; and, although it will be willing enough to let the matter drop if the agitation should subside, yet that, if vigorous efforts should still be made to keep the matter alive in the public mind, the Board at Whitehall will be compelled to interfere actively, though, perhaps, sorely against its will. In fact, the salaries of the Poor-Law officials are exceedingly good; and, like many other Government officers, they do no more work than they are actually compelled to do.

Mr. Simon, the late Medical Officer of Health to the City of London, has taken leave of the Corporation in a rather grand-iloquent, though, upon the whole, able address. He evidently does not agree with Dr. Snow, and Mr. Ede of Belle-Isle notoriety, as to the salubrity of decomposing animal matter or even the wholesomeness of the butcher's occupation, for he says, in periods of somewhat Johnsonian rotundity, "I trust that the abattoirs connected with your new Smithfield will soon prove so *attractive* to many persons who now slaughter within the city, as to justify you in procuring authority to *extra-muralize* the remainder of this *craft;* and I cannot doubt that the same institution will soon enable you to remove from the neighbourhood of Leadenhall-street that *nuisance of the hide-market* to which I have so often adverted." While Mr. Simon congratulates the City on what has been already accomplished, he points out various improvements to the attention of his successor, and particularly adverts to the absence, within the City of London, of public baths, public laundries, and model dwellings. The Corporation of London has reason, we believe, to be grateful that they have had, for a considerable period, the assistance of so able an officer as Mr. Simon, and no little credit is due to themselves for the readiness with which they have listened to and adopted his suggestions. We hope that the metropolitan constituencies which have just been created, will be equally careful in their choice of Medical advisers, and equally attentive to their recommendation of measures calculated to maintain or to improve the public health.

REVIEWS.

A Treatise on the Structure and Use of the Spleen; Being One of the Three Unsuccessful Essays for the Astley Cooper Prize, Awarded July 1853. With additional Notes and an Appendix, containing an Exposé of the Numerous Errors of the Prize Essay. By Edwards Crisp, M.D. Pp. 198. London.

The two parts of which this book is made up may be considered independently. The first is Dr. Crisp's Essay on the Structure and Use of the Spleen. It will be recollected that the Astley Cooper prize for the best original essay on this subject was awarded to Mr. Gray, of St. George's Hospital; but, because it was believed by the adjudicators of the prize to be the most deserving of the Essays sent in to them, it does not follow that it embraced all the observations and inquiries which might have been made upon the subject; or that, although superior to the others on the whole, the assertions it contained, and the conclusions arrived at, were not open to criticism, or might not, some of them at least, be disproved by the investigations of other competitors.

On this account we review Dr. Crisp's Essay, which he has thought fit to print, as fully as we should a treatise on the same subject by a non-competitor, and shall endeavour to explain to our readers the method in which he has pursued his inquiries, the extent to which he has carried them, and the conclusions which he believes may be drawn from them.

After a few remarks upon what he regards as the "loose and careless" statements of some prior observers, among whom he includes Dr. H. Bennett, Kölliker, Dr. Sanders, and Mr. Lawrence, we find an "Anatomical and Physiological Proem." We are here presented with the weight of the spleen, relatively to that of the entire body, in several animals, from each class of Vertebrata. An endeavour is made to show that the assertion of Blumenbach, Munro, and Wagner, that the spleen in fishes is small or smaller than in mammalia, is not correct; for that, although in some no spleen is to be found, yet in many that Dr. Crisp has dissected it is larger compared with the size of the body than in any other class of animals. This may have a bearing upon the physiology of the spleen, but it is not pointed out. He thinks that the capacity for food has little to do with the presence and size of the spleen; —but we cannot say that he has proved it.

The next section relates to the "Structure and Anatomy of the Spleen." Dr. Crisp *thinks* that in his own Tables the average weight of the human spleen "would be about 6 oz.; but when it is considered that one human spleen out of four or five is not in a normal state, and that an hypertrophy of the organ is much more frequent than atrophy, this estimate is probably too high."

But why did not Dr. Crisp exclude, as he ought to have done, all apparent abnormalities from his observations, and strike his average in the usual way from the remainder? He could then have done more than *think*.

When speaking of the colour of the spleen he notices that some spleens become of an intense red colour (scarlet), while others are but little affected by exposure to the atmosphere. This, he says, he is unable to comprehend—would it not have been a fair starting-point for investigation? Evidently, no attempt was made to render the observation available. He notices the great elasticity and capacity of the spleen on injection of water, and then enters upon the "Structure of the Human Spleen." This section, which all would have expected to find the chief feature of the treatise, has quite disappointed us by its meagreness. Great is the contrast here between Dr. Crisp's essay and Mr. Gray's. Dr. Crisp has been unable to detect any muscular fibres in the trabeculæ or capsule of the spleen; and, on applying galvanism to the recently-extirpated spleen of a dog, he says not the slightest muscular contraction could be seen, and a similar result followed two experiments on the spleens of rats. He has also, in the spleen-pulp, "never seen the large cells containing blood corpuscles described by Kölliker, although the aggregation of blood corpuscles, with a kind of albuminous cyst, is not unfrequent." "On examining the spleen-pulp, and the contents of the Malpighian bodies, one is struck with the resemblance between their cells and the blood corpuscles, —*they appear like blood corpuscles in a state of imperfect development,*" p. 43. Dr. Crisp considers "the serpentine course of the splenic artery a circumstance of great interest to this inquiry; for it is a beautiful provision to accommodate the supply of blood to the demand of the left end of the stomach, where digestion is principally performed. When the stomach is distended, the artery is probably straightened, and the supply of blood to this viscus by that means increased," p. 45. He notices the tufted terminations of the arteries in the spleen, appearing to consider this their only method of termination: "I have not been able to trace the extremities of these vessels." Mr. Gray has determined this point, as our readers are aware. What Dr. Crisp, however, prides himself on most, is the discovery of valves in the splenic vein of many animals. No doubt it is an interesting observation. The human spleen is destitute of valves, yet he tells us that at the mouths of the veins there is a complete valvular arrangement, which, to a great extent, prevents the reflux of the blood—of this, however, we have no further demonstration afforded. The examination of the splenic blood, to which much importance was very properly attached by Mr. Gray, is thus curtly disposed of in this Essay:— "The assertion made by some that blood does not coagulate in the splenic vein is disproved by many of the preparations. The many microscopical examinations, too, show that there is little if any difference in the blood of the veins and that of the artery," p. 49. Not one solitary analysis. There follow several pages filled with weights of the spleen in fœtuses and adults, the diseases being indicated of which the subjects

died; including those of the liver and spleen in 137 patients who died of phthisis, supplied to the author by Mr. Edwards; and other weights supplied to him by Dr. T. S. Holland. To what these particulars tend, the reader is left to judge for himself, for Dr. Crisp does not show him. They may be useful, however, at some time, as records of facts, and as such we accept them.

The author next proceeds to discuss the "Comparative Anatomy of the Spleen," in the several vertebrated classes. We thought that here, at least, we should meet with more extended anatomical details; but no—little more is mentioned than the shape, and size, and position of the organs, and the rough anatomy of the splenic artery and vein—and again, pages upon pages of weights of the spleen, liver, kidneys, and other organs in numerous animals. The presence of valves in the splenic vein is pointed out wherever they have been met with. Again is the reader left to discover to what end all these weighings were made. At page 135, the anatomical department of the work being completed, we meet with the following headings:—"Experiments as to the effect of Medicines on the Spleen." Quinine alone seems to have been tested in its operation on the spleen, and the conclusion drawn is, that it exerts no immediate influence upon the organ. "On the action of Poisons and Deleterious Drugs on the Spleen:"—In mice poisoned by opium, camphor, prussic acid, chloroform, and tartarized antimony, the spleen exhibited no alteration, except being darker in those killed by chloroform. "Hunger and Repletion:"—"As regards the effects of hunger, too, upon the size of the spleen, I think there is some error, and that experiments on a more extensive scale should be adopted;" but, although Dr. Crisp has made observations on this subject, which lead him to no conclusion, since the Essay was written, no attempt of the kind was made in the original as sent to the adjudicators. Even now, he only considers it "very probable" that the spleen contains a larger quantity of blood during the digestive process. "Extirpation of the Spleen and its effects:"—The experiments on this subject have been carefully made, but appear scarcely sufficient to establish all the conclusions drawn from them. Out of a number of animals, whose spleens were removed, only two pups lived a few months, and a rat one month after the operation. The conclusions drawn, however, by Dr. Crisp, are the following:—"1st. That the operation for the removal of the spleen is one generally attended with some danger to the life of the animal, from the effects of peritonitis. 2nd. That the assumption that the lymphatic glands, the thymus, thyroid, and supra-renal capsules (all or any of them) perform the office of the spleen, when this organ is removed, is one not founded on careful reasoning and experiment. 3rd. That when the glands in the neighbourhood of the spleen are enlarged after the operation, the enlargement is probably a consequence of the irritation of the wound, and not the result of compensatory action. 4th. That animals, as stated by Shultz, ('Veterinarian, 1845,') whose spleens are removed, are more active and run faster than those which have the organs entire. 5th. That the functions of the body (as far as can be ascertained) are well and perfectly performed after the removal of the organ. 6th. That neither in the blood, nor in the parts formed by it, can any abnormal change be detected as a consequence of the operation," p. 145. Conclusions 2 and 4 certainly are too hasty.

The last sections are headed, "Pathology of the Human Spleen as illustrating its Physiology," and "Pathology of the Spleen of the lower animals, as illustrating its Physiology:"—A number of observations are here thrown together, some of which were made by the author; but, although it may turn out ultimately that they are applicable to illustrate the physiology of the spleen, no indication is given as to what point in its physiology each case, or group of cases, is intended to illustrate.

Finally, we have Dr. Crisp's conclusions. Our own difficulty, throughout the careful reading which we have bestowed upon this volume, has been, to see how any conclusions could possibly be drawn from an investigation conducted as his has been. Dr. Crisp has clearly worked hard at his subject, and a great many facts have been brought together which will, doubtless, in time find their proper place, but he evidently has not exhibited those mental qualifications which are essential to an original investigation. Above all, there has been a want of aim in the inquiries and observations he has instituted. He has not clearly defined to himself the precise questions which he ultimately wished to solve. The fault he has committed was at starting—the result of it has been the performance of a great deal of unneccessary work, or, if useful, such as cannot be rendered immediately available. The fact is, he commenced one of the most difficult inquiries an anatomist could enter upon, in a hurry—only eleven months before the Essay was sent in; he carried it on always at railway speed, and hence could not modify his original plan of inquiry, or follow out those by-paths which must have suggested themselves to him from time to time, to their legitimate termination; and, as will appear, he wound up his essay in a hurry. Nevertheless, Dr. Crisp does draw certain conclusions, and they are as follows. If we cannot subscribe to them all, on evidence which may be gathered from the treatise, they still may be useful as suggestions for other investigators.

Conclusions.

"Seeing that the spleen can be removed with impunity in some animals, and after its removal all the functions of the body may be (as far as we can judge), as well performed as before, it is fair to conclude that it is an organ comparatively of little importance in the animal economy.

That the assertions of Blumenbach, Monro, and other anatomists, that the spleen decreases in size from man to the fish, is founded on error; for the spleen of many fishes, so far from being smaller, is larger than in any other animal.

"That the statement by most writers respecting the comparative size of the spleen and pancreas in birds does not apply to all the genera.

"That, judging from the use of the microscope, the application of galvanism, and physical elasticity, no part of the spleen possesses any muscular fibres.

"That, taking into account the large amount of elastic tissue in the spleen; its capability of distension; its resumption of its former size; the valvular arrangement of the mouth of the veins, and its network of trabecular tissue, which is so placed as to assist, under certain circumstances, the circulation of the blood, I infer (as many have done before me), that one of its offices is that of a reservoir or receptacle of the blood, *not required by the liver;* and that the state of distension or repletion depends much upon the condition of that organ.

"That in what is called white blood, or *leucocythemia*, it is probable that the liver has more to do with the alteration in the blood than the spleen; an inference, strengthened by the two cases related in the appendix, and by the fact, that in numerous instances of *leucocythemia*, the spleen has been found in a normal condition.

"That as in all quadrupeds (speaking from my own dissections), the spleen is on the left side of the stomach, and in many attached to the diaphragm, it is more than probable that this muscle, when the stomach is distended, produces considerable influence on the circulation of the blood through the spleen.

"That in birds, reptiles, and fishes, nearly all of which are unprovided with a muscular diaphragm, the spleen is for the most part seated on the right side of the spinal column.

"That, after careful and extensive examination of the spleen-pulp of different animals, I have failed to detect the blood cells and decomposing blood cells described by Kolliker.

"That the assumption, that the colouring matter of the bile is formed by the decomposed blood corpuscles, has no accurate foundation.

"That in animals, the spleens of which have been excised, the bile presents no important alteration, either in its appearance or in its normal composition.

"That the arteries terminate abruptly in the spleen, in tufts, which surround the Malpighian body, and serve for the secretion of its contents.

"That the blood of the splenic veins is coagulable, and that it differs in no important particular from the blood of the artery.

"That, from numerous experiments upon rats, mice, and birds, I am unable to discover that quinine, the poison of reptiles, and other noxious agents, produce any immediate contraction or special influence upon the spleen.

"That, judging from the table of cases of *Phthisis*, in which the weight of the spleen did not exceed six ounces, and the size of the liver was much increased, it is fair to infer that the office of the spleen cannot be, as supposed by Dollinger and others, that of a supplementary liver.

"That, judging from the examination of a great number

of the bodies of the lower animals (kept in confinement), in which the spleen was enlarged and tuberculated (see preps. and drawings), the liver being sometimes tuberculous, and at other times normal, and *vice versâ*, it is probable that the connexion between the spleen and the liver, (excepting the mechanical one), is not so intimate as has been hitherto supposed.

"That, where the stomach is full, the splenic artery is probably straightened, and in this way the flow of blood to the stomach is facilitated.

"That, with the exception of the *cheiroptera*, the spleens of which resemble the rodents, the spleen of an animal examined will alone tell the class to which it belongs.

"That the spleen of the *quadrumana* bears the greatest resemblance to that of man, and that the lower we descend in the scale of creation (with a few exceptions), the greater is the dissimilitude of the spleen to that of the *bimana*.

"That the weight of the animal does not indicate the size of the spleen, as the deductions from the table of the examination of 112 horses prove.

"That in fat animals, judging from the examination of prize sheep, pigs, and oxen, the spleen is smaller than in those in tolerable condition.

"Finally. That, taking all circumstances into account, with the evidence that I have obtained from the dissection of man and the lower animals, bearing in mind especially the relative proportions of the viscera in the various classes of animals that I have examined; and looking *particularly* to the effects of extirpation of the spleen, as exhibited upon the bodies of three animals, a dog, cat, and rat, sent in jars, accompanied by animals (with spleens) fed and treated in the same manner, I infer, as before stated, that the spleen is comparatively an unimportant organ in the animal economy.

"That one of its offices is that of affording an adequate supply of blood to the stomach and liver, and to act as a reservoir for the blood when the balance of the general circulation is deranged. That another of its offices is, judging from the beautiful arrangement of the Malpighian corpuscles, and the distribution of the arteries upon them, and especially by the action of heat and nitric acid upon these corpuscles, (never, I believe, before noticed) to secrete an albuminous fluid, which performs some part in the process of sanguification.

"N.B. I have no time to place these conclusions in their proper order," p. 171.

Lastly we have the "Appendix, containing an *exposé* of the numerous errors in the Prize Essay." It cannot be expected that we can enter at length into this. Of course, Dr. Crisp has a right to expose Mr. Gray's errors, but we think he would have done well to have consulted some of the more prudent of his friends before adopting this mode of doing it. We think the appendix altogether in bad taste. Not content with showing where he believes Mr. Gray to be in error, he impugns the justice of the award by the officers of Guy's Hospital: first, on the ground that the essay contained researches which, though not made by the very hands of Mr. Gray himself, were made by a professed and expert chemist, at his instance, and under his direction (the very best thing, under the circumstances, he could have done), and next, because some of the matters introduced into the Prize Essay, had already been communicated to the Royal Society, and that thus it must have been revealed that Mr. Gray was the author. In common with the Profession at large, we have too high an opinion of the honourable feeling of the gentlemen at the head of the Staff of Guy's Hospital, to entertain, for one instant, a suspicion that the Prize would have been adjudged to any but the author of what they regarded honestly as the best Essay, even had the names been openly appended to each. And as to the assistance given by Mr. Noad, we can only say that Dr Crisp himself, in several parts of his volume, has introduced numerous observations, which were made and communicated to him by some of his Medical friends.

The extended notice that we have given Dr. Crisp's Unsuccessful Essay, will show that we are not unmindful of the amount of laborious researeh he has undertaken and pursued, even since the Essay was sent in; and, although we cannot agree with him that the Prize was improperly awarded, we, nevertheless, believe that future inquirers into the structure and function of the spleen, will have recourse to his book, as containing many well-observed and, doubtless, truthfully-recorded facts.

Osteological Memoirs. No. 1, *The Clavicle.* By JOHN STRUTHERS, M.D. Pp. 90. Edinburgh: 1855.

WE are informed by the author, that this work is the first of an intended series. The descriptions to be given are entirely from Nature, and are written after the examination of many specimens and dissections. The memoir proceeds from a painstaking anatomist, and, together with the succeeding numbers, will probably constitute a standard book upon the bones of the human subject.

GENERAL CORRESPONDENCE.

HÆMORRHOIDS TREATED BY NITRIC ACID.

[To the Editor of the Medical Times and Gazette.]

SIR.—In the *Medical Times and Gazette*, for April, 1853, six cases are reported by me.

Having just read Mr. Curling's interesting article on Hæmorrhoids, in his Treatise on Diseases of the Rectum, it seemed to me that he had not done full justice to the treatment by nitric acid. This mode of practice, he says, is not adapted to large tumours: adding, that in some cases there have been troublesome hæmorrhages, and that the large sores occasioned by the application have healed with difficulty.

In three of the cases I have related, the tumour was very large, but the success was complete. In neither of the cases related, nor in others treated in the same way, (one or two of which I shall beg to subjoin,) have there been either subsequent hæmorrhage or sores tardy in healing. I do not, however, for a moment question the statement that such incidents have occurred, but presume they must be infrequent.

Mr. Curling prefers tying. So far as I have observed, the treatment by nitric acid is much more easy of accomplishment, less painful afterwards, and equally certain of success. It must be admitted that the experience of a large hospital is tenfold greater than can be obtained in private practice; but there are many circumstances which render the treatment of disease in hospitals, not in all cases equally applicable in private practice. Mr. Curling, however, has private as well as public practice; so that with his experience to the contrary it would be most unwarrantable to assume a preference for nitric acid in all cases.

Case 1.—The Rev. Dr. G——, (the gentleman whose case is reported, No. 4, in the former communication, treated in October, 1849,) became the subject of pulmonary congestion and hæmoptysis in 1852. When the hæmorrhage had ceased, and he had passed some time in the country, it being now summer, I recommended a voyage to him. He preferred a voyage to America, as his time was limited by public engagements. He became much better, and did not seek medical aid until April 21, 1854. He then consulted me about a small hæmorrhoid, which occasioned him much inconvenience by the acuteness of pain, and some bleeding after relief from the bowels. He readily complied with my proposal to apply nitric acid, and by a little straining brought down the pile sufficiently. The application gave him pain for about half-an-hour, but it completely relieved him.

Although he had not been complaining of his lung-affection, it was evident, on investigation, that for some months it had been insidiously returning, and in July he died consumptive.

Case 2.—Mrs. B. was brought to me, Oct. 12, 1854, by her husband, a Surgeon who had long been in practice some miles from town. On examination, I found a small internal pile, and was informed that, on having relief from the bowels, there was a much larger protrusion, which she replaced by a piece of sponge. On these occasions she lost much blood. She had been constrained to wear a sponge compress in common, because the protrusion occurred on mere standing or walking. During two years or more this state of things had existed, and the losses of blood began to tell on the constitution.

Mr. B., having read my paper on the treatment of piles by nitric acid, wished to submit the case to me.

The lady came to lodgings near me on the 13th. I advised that she should take an aperient early in the morning, but should endeavour to control relief until my visit. I went in at half-past nine; the bowels had recently acted, and a con-

siderable quantity of blood was shown to me. On examination I found that blood was still rapidly oozing from two orifices in the protruding pile, which was now of the size of a walnut.

Some time was required in sponging before the bleeding ceased. When it had ceased, I applied concentrated acid freely. The lady endured it with much patience. After waiting ten minutes or a quarter of an hour, I returned the protruded part. She remarked that she still felt a little uneasiness, but not more than she had done when her husband had applied lunar caustic. A composing draught was immediately taken; partly with a view to ease pain, but also to keep the bowels quiet.

On the following day she was comfortable, and on the 16th the bowels acted. There was a little blood, but nothing came down. She was permitted to return into the country to-day, with a request to acquaint me with the state of things in a fortnight.

31st.—She called on me to-day. There had been no protrusion since the application. During the first week after the acid was applied, she occasionally voided a little blood at the time of a motion; but during the last week there had been no discharge. She stated, also, that there had been no pain. Although she had not been so long without a painful protrusion since the commencement of the affection, yet she had sometimes been free from bleeding for a week.

In a note dated Dec. 9, 1854, she says:—

"Dear Sir,—With much pleasure I inform you, that up to the present period I have had no return of hæmorrhage, and am very much more comfortable than I have been for some years. You will be pleased to accept the thanks of myself and husband for your kindness; and, should I ever need your assistance again, I shall take the liberty of soliciting it . .

"With kind regards, in which my husband unites,

"I remain,

"Yours very truly,

"———."

Case 3.—Mrs. R., aged 48, having had one child, now ten years of age, consulted me, on the 13th of January last, on account of what she called prolapsus of the bowel. She had suffered pain and hæmorrhage for several months. After each evacuation she was left with protrusion, and severe distress continued for some hours. False delicacy for a long time deterred this lady from seeking surgical relief.

She became so much disordered in health, that a Practitioner, residing near, was called in, and his treatment of the general symptoms afforded some mitigation of them. At length she overcame her delicacy, and named to the Surgeon the local affection. Without making an examination, he prescribed an injection. She used it once, but the pain it occasioned was so intense, and so long-continued, that she resolved not to try it again. When the Surgeon called again, she (wishing not to hurt his feelings) represented herself better than she really was, that his visits might be discontinued.

By a little straining she could effect a protrusion of the bowel, and it could then be seen that the mucous membrane was studded with small piles. The entire surface was red and irritable, and disposed to bleed on a slight touch.

On the 15th, I applied nitric acid. The pain, of course, was sharp, but she assured me it was not so severe as that occasioned by the injection, and it proved of much shorter duration. After a quarter of an hour I pushed the protruded part through the sphincter. I prescribed an opiate for the night, and a mixture of bitters and ammonia.

Subsequent to the application there was no protrusion. Relief from the bowels was obtained on the second or third day, with some bloody matter, and slight uneasiness, at the expiration of a week. She complained of extensive soreness and pain. I found a spot of inflammation extending posteriorly, about an inch from the anus, and surrounded by erysipelas. The part was tender to the touch, and there was much itching in the circumjacent inflamed parts. Six leeches were applied, and a poultice afterwards, to encourage the bleeding. When the bleeding had ceased, a lead lotion was to be continuously used, by means of wetted linen, and she was to take an aperient draught of rhubarb and magnesia.

Notwithstanding these means, suppuration took place, to a small extent. I feared it might have been the result of inflammation from within, but, on opening it, I found it was a superficial abscess, which speedily healed, and in a few days she was quite well.

In May the lady called to consult me respecting her brother's health, and reported of herself that she continued quite well. I am, etc.

William Cooke, M.D., M.R.C.S.

39, Trinity-square, City, October 31, 1855.

THE PROTECTIVE POWERS OF VACCINATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I beg the favour of a small space in your columns to offer a few remarks upon a letter, expressing some doubts upon this question, by Mr. Lacy, of Poole, published in the *Medical Times and Gazette*, Oct. 27.

The writer gives the statistics of an epidemic of small-pox at Poole, the results of which, he thinks, "do not confirm the doctrine, that Vaccination performed in infancy affords almost complete protection from the fatality of small-pox to the period of puberty,"—a "doctrine" which constitutes one of the propositions propounded by Mr. Marson, in a paper referred to by Mr. Lacy.

Mr. Lacy, with reference to a recent outbreak of small-pox at Poole, states that, out of 64 cases of small-pox, 54 occurred after Vaccination. Four of these died at the ages of 2, 4, 6, and 11 years.

Now, of 3 of these deaths, Mr. Lacy observes that they had been vaccinated in an adjoining town, Wareham. "The cicatrices were very slight, not presenting due excavation. So with many others." . . "In no case were there more than two cicatrices, frequently but one, and not well-defined or deep."

So far from these statistics invalidating the doctrine above cited, it will be found, upon close examination, that they very strongly confirm it; and, at the same time, illustrate the consequences of careless Vaccination.

In the first place, it is to be noticed that it is maintained that Vaccination, performed in infancy, protects against the *fatality* of small-pox up to puberty. It is not said that it entirely prevents the occurrence of small-pox before that age.

One of the cases of small-pox after Vaccination here recorded had been vaccinated only two weeks. "The vaccine vesicle was encompassed with variola, and the arm did not progress rightly; the pustules (vesicles?) not developing themselves in due course, and arriving at an unsatisfactory state of maturation."

Can this be regarded as a case of small-pox after Vaccination? The vaccine virus must, of course, have time to produce its constitutional effects. Small-pox has a period of incubation extending over twelve days. There is no evidence to show, in this case, which preceded, the small-pox or the Vaccination. This ought not, therefore, to be included among the cases of small-pox after Vaccination. Cases of small-pox occurring during the progress of the Vaccination ought never to be included among the cases of small-pox after Vaccination, as for that purpose the Vaccination ought clearly to have had time to have produced its specific effects; for unless the Vaccination has arrived at the stage of areola, it does not, as a rule, produce any modifying or protective influence upon small-pox.

Three of Mr. Lacy's fatal cases, those which he specially separates as having been vaccinated at an adjoining town, were, from his description of the cicatrices of their primary Vaccination, probably parallel with some mentioned in Mr. Marson's paper, where it is related that three lives were sacrificed to the imperfect and careless Vaccination that is often performed in country districts. These persons had been vaccinated together three years before the attack of small-pox, at a village church in Suffolk. They all died in London of small-pox within a week of each other.

Mr. Lacy's fourth case died, as he expressly states, "not of the intensity of the variola, but from the sequelæ—diarrhœa and exhaustion." This was a case of distinct small-pox. Distinct small-pox rarely ever destroys life; when it does so, it is in the very early stage of the disease, by the great shock produced by the poison on the nervous system. Excepting those very rare cases, when death ensues in distinct small-pox, it is due to diarrhœa, the convulsions of teething, or some other collateral circumstance, easily and fairly separable from the primary disease; and, in a great measure, if not

entirely, independent of it. This case, therefore, may fairly be omitted from the calculation.

As far as the protective power of Vaccination up to puberty is concerned, 22 of Mr. Lacy's cases have a very uncertain relation thereto. Out of his 54 cases, 22 were aged from 7 to 20 years. Now, as the period of puberty dates at about 14 years, the cases above 15 should certainly have been separated from those under that age. The necessity for this distinction will be at once apparent, by reference to Table 5 in Mr. Marson's report (a). We there find that, out of 3094 cases of small-pox after Vaccination, there were 269 under 15 years of age, and 866 between 15 and 20. So rapid is the rise in the numbers immediately after puberty. It is therefore evident that, in Mr. Lacy's cases, this separation would have shown more clearly the influence of Vaccination upon his patients up to puberty.

The epidemic of small-pox at Poole has not, so far as I can discover from the statistics adduced, in the slightest degree detracted from the degree of protective power of Vaccination against the fatality of small-pox up to puberty. It is here emphatically repeated that it is the fatality of small-pox, against which the protection is exerted. As in only one of these fatal cases after Vaccination can Vaccination be supposed to have been efficiently performed, and even in that, death was only indirectly attributable to small-pox, I should regard the facts of the Poole epidemic as grounds for increased confidence in the protective power of Vaccination. The mortality of small-pox in the unvaccinated being 50 per cent. under 5 years of age, 27 per cent. from 5 to 10 years, and 23 per cent. from 10 to 15 years,—is not the contrast sufficiently great to reassure the most wavering? more particularly when we reflect how slight and trifling is the disease after Vaccination, under puberty, compared with what it was formerly, when it was emphatically the scourge of infant life.

It is, further, worthy of remark that the protection spoken of in the above-quoted proposition is said to be "almost complete;" it is not alleged as quite complete. In fact, the very statistics upon which it is based show the want of completeness, more clearly than the figures given by Mr. Lacy; which, on the contrary, rather serve to make up the deficiency.

Some caution should be exercised in receiving statements as to previous Vaccination. The mere assertion that a child has been vaccinated—no matter how, or by whom—should not be relied upon for protection from small-pox. Nothing short of the indubitable proof, by good indented cicatrices, should be deemed worthy of confidence. It is only good Vaccination, having this amount of proof, that affords protection, either for long or short periods. Mr. Marson's conclusions have been deduced from 5797 cases of small-pox; of which number, 3394 occurred after Vaccination. So large a field of observation, and so great a number of patients, closely observed, and honestly recorded, cannot fail to yield the present laws of the disease, and the powers of its prophylactic.

If re-Vaccination were extensively performed, and its results accurately recorded, I doubt not but that they would give additional confirmation to the great value of careful primary Vaccination. This, at all events, is my experience, even from the small number of cases of which I have preserved notes.

Thus, of 31 persons re-vaccinated by five punctures, and on whom only one cicatrix of primary Vaccination existed, 2 had one vesicle; 3 had two; 5 had three; 6 had four; 10 had five, vesicles. In 5 the operation failed. In all, however, the course of the vesicle was so far modified that it dried up prematurely.

So far as the limited data admit of the comparison, it is found that, in proportion to the number and quality of the cicatrices of former Vaccination, is the slightness with which re-Vaccination affects. Thus, of 11 cases, with three or more cicatrices, 6 only took the re-Vaccination from five punctures each. Among these 6, only fourteen vesicles were formed.

My object in the preceding observations has been to show that our confidence in the *almost* protective power of Vaccination may remain unshaken—*especially where Vaccination has been carefully and properly performed.* There is, also, no doubt, that what deficiency of protective power over small-pox may be discoverable after Vaccination—or what degree of want of confidence may be felt in the public mind—are, in a great measure, attributable to a lack of care in the performance of the operation in the first instance.

On this point, I will, with your permission, address a few further remarks in the succeeding number of your Journal.

I am, etc.

Upper Holloway, Nov. 5, 1855. W. B. Kesteven.

(a) Med. Chir. Transactions. Vol. XXXVI. pp. 359—389.

ON RUPTURED PERINÆUM.

[To the Editor of the Medical Times and Gazette.]

Sir,—I trust you will allow me to make a few observations on a letter by Dr. Murphy, in your last week's number. I shall not attempt to reply in the spirit of that gentleman, but endeavour to deduce from his observations the principal points. Before, however, I make a single observation, I must be allowed to state that my allusion to Dr. Murphy had nothing of a personal nature; for I have always, in common with the Profession generally, entertained for that gentleman the highest respect, which I evinced by writing to inform him that I should mention his name in my forthcoming paper; and my principal reason for mentioning his name at all was because he holds, and has done so for so many years, the high position of Professor of Midwifery at one of the largest Medical Schools of this Metropolis; and therefore, believing as I did that he entertained erroneous views respecting the treatment of ruptured perinæum, I was most anxious to convince him of his error by the relation of fresh facts, in addition to those previously placed before the Profession, and which have been recognized by so many men of the highest standing, not only in our country, but in Europe generally. For I may be allowed to state that, in Berlin, Dieffenbach advocated immediate operation after the lesion; and in this country Mr. Obré, Mr. Hilton, and Dr. Oldham, of Guy's Hospital, Dr. Winn, and others, have operated successfully immediately or a few days after the accident; and as in not one of the cases recorded by those gentlemen or by myself, did any of the dangerous symptoms so graphically described by Dr. Murphy as possibly supervening, occur, the Profession will be able to decide between the value of recorded facts and hypothetical fears.

Dr. Murphy recommends that in cases of ruptured perinæum nothing should be done surgically until Nature has done her best towards reparation. Dr. Murphy says: "I would give Nature time to repair the injury, and I question very much whether we are authorized to interfere unless she fails;" and he stated, in a long speech which he made at the reading of my paper at the Medical Society, that he considered it best that the patient should be laid up some months after the accident, in contradistinction to what I assert and recommend, viz., that the operation ought, if possible, to be performed at least within nine days after the accident, so that the patient may be spared, in extreme cases, the loathsome condition which inevitably follows the loss of sphincter action, and in less severe cases where the perinæum is destroyed but not the sphincter action, the invariable distressing result of prolapsus of the womb, vagina, or bladder. I believe also that we ought, if possible, to spare the patient, whether poor or rich, the loss of time and other domestic inconveniences which must arise from a second confinement to her bed; and I cannot understand the force of Dr. Murphy's argument, that because in Mr. Slater's case the parts fortunately were united under perfect quietude, we are to infer that such will generally be the happy result. Indeed, the many cases which have been recorded by myself, M. Roux, and others, of long-standing ruptured perinæum, with all its frightful and heart-breaking consequences, distinctly prove that Mr. Slater's case was an exception to the general rule.

If I understand that Dr. Murphy objects to my stating that the Practitioner in attendance did nothing, thereby implying that he advised the adoption of some course of treatment, I beg to quote his own words:—"I at once stated the opinion which I now hold, and which this case has certainly not induced me to change; I objected to the performance of such an operation so soon after labour. Re-union seemed to be in progress, and for this reason alone, I thought it would be better to wait until a later period, when, if the effort of Nature failed, the operation could still be performed." I leave it to your readers to decide upon the validity of the objection.

There are other material points, with respect to matters of

fact, which, I doubt not, Mr. Harper will as easily refute as he did Dr. Murphy's statement at the Medical Society, that the patient had been severely purged after coming under Mr. Harper's care, "which opened the wound."

In conclusion, I may be allowed to observe, that I believe, if the suffering woman herself be fairly informed of the tested results of operative procedure, she would at once determine that a trial be made in her own case, in preference to delay and its consequent miseries. I have this very day, in the presence of several pupils, asked two patients, now under treatment at St. Mary's Hospital, one of whom had met with the accident of complete rupture six weeks ago, the other with rupture of perinæum without destruction of sphincter, with consequent complete procidentia of uterus, bladder, and vagina, of six years' standing, what would have been their determination if the question had been put to them immediately after the accident? They replied, "Oh, how thankful we should have been to have been spared our past suffering and ruinous expense!" I am extremely obliged to Dr. Murphy for giving me this opportunity for further expatiating on this interesting subject; and I doubt not that, at some distant day, Dr. Murphy will be ranked amongst the believers in modern plastic Surgery, and will as frankly and publicly acknowledge it, as he did last year, in the Medical Society of London, his belief and adoption of my views with regard to the treatment of ovarian dropsy, published some ten years previously. I am, etc.

16, Connaught-sq., Nov. 17, 1855. I. Baker Brown.

(Mr. Harper's letter, on the same subject, is unavoidably deferred till next week.—Ed. *M. T. & G.*)

[To the Editor of the Medical Times and Gazette.]

Sir,—The following case bears so strongly upon the point at issue between Mr. J. B. Brown and Dr. Murphy, that I feel constrained to send it to you for publication:—

Oct. 11, 1854.—Mrs. G. (Chadwell, Essex), aged 35, the wife of a police-sergeant. Primipara. First felt pains about 4 p.m., Oct. 10. I saw her at 10 p.m., and found that the pains were weak and irregular, and the os not at all dilated. Left her.

I was summoned hastily at 9½ a.m. on the following day, and found that both child and placenta had been suddenly born half-an-hour before my arrival. She complained of much smarting, and said that the child was expelled with great suddenness; I therefore examined the parts.

I found the perinæum completely torn through, the rent extending some distance along the right side of the anus. Although the margin of the anus was not torn through, there was a fissure in the recto-vaginal septum about an inch in length; it was in the anterior part of the bowel and about an inch above the anal aperture; its edges were lax, and did not gape.

I washed the parts clean, and, with a small curved needle and thick silk, passed a suture (with the aid of forceps) through the edges of the rent, taking in a considerable depth of the septum, and tied it with moderate tightness. Four other sutures were passed deeply into the edges of the perineal laceration, and tied in bows, to admit of altering their tightness, if required. The parts were occasionally sponged with warm water and smeared with unguentum cetacei, to protect them from irritating discharges.

The bowels were well relieved before labour, and I kept them confined with opium for a week, when, to my surprise, she passed a pultaceous motion spontaneously.

The progress of the case was most satisfactory; complete union took place, except at the anterior half-inch of the perinæum; the sutures were removed on the fifth day; that in the recto-vaginal septum was removed with some difficulty. A small abscess formed between the sixth and twelfth days in the right labium, and burst spontaneously on the inner part of it. At the end of the month she was in every respect well.

This is the only case of severe laceration which I have met with in thirteen years, and, therefore, I shall not pretend to dogmatize upon the proper mode of treating such accidents; but I think that common sense dictates the propriety of trying mild measures and trusting to nature, until we are convinced that an operation is indispensable. Mr. Slater's case (which I have just read in your columns) proves that quietude and a favourable position will sometimes succeed, and perhaps my case might have done quite as well without the sutures. It appears to me that the stretched condition of the parts, is favourable to the maintenance of the torn surfaces in opposition, and as some time must elapse before they can recover their full contractility, we may hope that union will take place during that time, provided the bowels are at rest and other conditions are favorable. The result of my case would certainly encourage me to try the same plan again; and, although a cure thus obtained would not be so "brilliant" as a successful "operation," no arguments would induce me to resort to the latter, until the more simple method had failed. I am, etc.

Romford, Nov. 19, 1855. N. F. Davey, M.R.C.S, L.A.S.

[To the Editor of the Medical Times and Gazette.]

Sir,—In last week's *Medical Times and Gazette* I see a letter from Dr. Murphy, referring to a case of ruptured perinæum, which Mr. I. Baker Brown brought before the Medical Society of London a few weeks back; and, as the case occurred under my hands, I send you a narration of the facts, which I request you will be kind enough to publish; for as given by Mr. I. B. Brown the account contains very many inaccuracies.

The case alluded to in the paper is that of M. G., whom I attended on the 31st of August. It was the first child; the labour perfectly natural, but unusually quick; the first symptoms of labour noticed at six a.m.; the delivery complete before noon; the pains were almost uninterrupted and violent for the last three hours before delivery took place; the external outlet preternaturally small; the head of the child large. I was fully aware of the laceration that took place, during the passage of the head, and found it impossible to prevent it, so forcible was the action of the uterus. This sad case very much vexed me, for, as Dr. Murphy has truly said in his letter, it was the first of the kind that had happened in my hands in upwards of one thousand midwifery cases, duly registered and attended by myself. The lady was not aware of the accident at the time of its occurrence, nor, until told on the third or fourth day afterwards. Far from making light of it, I communicated on the same day, to her husband and mother-in-law, the grave nature of the occurrence, and expressly told them that surgical assistance might be necessary to repair the mischief that had taken place, but that it was not required immediately. I never, in the slightest manner, objected to Mr. I. B. Brown being consulted on the case (which appears sadly to have offended him), for the most valid of all reasons, that his name was then never mentioned or thought of by her husband, or any one else; and when I expressed a wish that some other opinion should be taken on the case, I did not name any one, but left it entirely to her husband to consult whom he and the family pleased; and it was himself that called Dr. Murphy in, and not I.

He (Dr. Murphy) visited M. G. on the 10th of September, 1854, eleven days after delivery, by which time so much reparation had taken place, as he has stated in his letter, that he gave it as his opinion that even then no operation was required. He enjoined perfect rest in the recumbent position for some time, no purgatives to be given, a moderate nutritious diet, and the use of strong astringents locally, and trusting to time and nature to complete the closure of the laceration that was then going on so favourably. She continued to improve all the month of September in the recumbent posture, and the recto-vaginal fissure, spoken of by Dr. Murphy, was daily closing up, so that for two or three weeks, when the bowels were not unusually relaxed, their contents all passed in the proper direction.

At the end of October, she, at the wish of her sister and her husband, was (very indecorously to me) removed to Mr. Harper's house in Farringdon-street, to be under his treatment, in consultation with Mr. I. B. Brown, and there was operated upon, I am happy to say, with perfect success. Here from some error in diet, or other cause she had (I am only told this) a sharp attack of diarrhœa, which distressed her very much, as all that had been hitherto done was then undone, and therefore she was obliged to be operated upon. This lady, I am happy to hear, has derived great benefit from the operation, and is, and has been since, in the enjoyment of

very good health and perfect freedom from any of the usual consequent annoyances of so distressing an accident.

I am, etc. F. Ward.

Balham-hill, near Clapham-common,
November 21, 1855.

MR. PROPERT AND HIS ANONYMOUS ASSAILANTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The praiseworthy exertions of your correspondent, a "Lynton Country Practitioner," are, indeed, worthy of imitation, and afford an agreeable contrast to the effusions of one of the "good-natured spirits" of the Provincial Association, a "Liverpool Country Surgeon," which appears in the columns of a contemporary, and which, whilst parading the determination to (at length) work the Association for "useful objects," indulged in ungracious observations towards Mr. Propert, and even went so far as to threaten him with an opposition Benevolent Scheme, should he identify himself with others in promoting conservative reform, or in the suppression of evils, fostered by those in ermine, only in deference to fanciful M.P.'s. Such anonymous and offensive folly, I trust, Sir, you will continue to exclude from the columns of a Journal devoted to the true advancement of the Medical Profession.

As to the benefit which might accrue to the Medical Benevolent College, (would but others follow the excellent example of a "Country Practitioner,") this town affords an instance—for, after forwarding upwards of £200, collected principally in amounts of five and ten shillings, my honorary successor, Mr. Kendall, again, to his credit, went diligently over the ground, and succeeded in procuring several annual subscribers, as well as in adding to his own pecuniary privilege a vote, arising out of the further sums contributed.

The discouraging influences "impossible," "hopeless," etc., ought not longer to have place among us. The exertions of our juniors have caused M.P.'s to be enlightened on the subject of Naval Medical injustice, and a Propert has attempted to stir up a right spirit, and has succeeded in aiding the helplessly unfortunate. There is encouragement for us all to work and persevere, and ere the threatened firebrand touch the Medical Benevolent College, let the Medical Benevolent Fund be adequately supported; as, but for Newnham's energy, and other adventitious support, it would reflect but little credit upon us "haughty Provincials." I am, etc.

King's Lynn, November 17, 1855. Charles Cotton.

COMPOUND DISLOCATION OF THE ULNA, TOGETHER WITH FRACTURE OF THE MIDDLE THIRD OF THE RADIUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—This accident, I believe, is of rare occurrence, and it may be interesting to some of your readers to be informed how it happened.

On Sunday, August 5, 1855, late at night, I was requested to visit Mr. ———, living in Crown-row, who I learnt had been on a railway excursion. On his return home he ascended about a dozen steps leading to a loft where he kept birds, with the intention of ascertaining their safety, and when about to descend the steps he fell from the top to the bottom of them, on to some uneven pavement, striking the palm of his left hand most violently, causing the dislocation of the ulna with about three-quarters of an inch protruding through the skin and common integuments, together with fracture of the middle third of the radius. I found no difficulty in reducing either, and placed the forearm and hand in a pasteboard splint until the following morning, when he was anxious to visit the Hospital to exchange them for wood, as he could not afford the expense of them himself. After this I saw very little of him; but, on meeting him about a week since, I found he was able to use his hand a little. I am, etc.

Mile End, Nov. 10, 1855. E. Snell.

SALIVATION PRODUCED BY DENTISTRY.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am tempted, by a perusal of the case of salivation from an improperly filled carious tooth, recorded by Mr. E. Snell, in your number of the 3rd instant, to offer a few remarks, which, I hope, will possess some interest in a Professional point of view, on the subject of having teeth filled with either gold or amalgam. I must first premise, that it is almost inconceivable, that so small a surface of mercury as that presented in the case of Mr. Snell's patient, could have produced ptyalism. We must, I think, consider the effect produced as one of extremely rare occurrence; one, in fact, that can scarcely be accepted as a reason for the exclusion of amalgam or cement from use in dental practice, were it not that weightier reasons point out their unfitness.

Until a recent period, the use of metallic cements was almost a matter of necessity; inasmuch as many cases of carious teeth presented themselves, in which gold foil could not be used with advantage, so as to make with it, a permanent and effective stopping. The system of filling teeth with gold foil, is based upon the principle of wedging, by means of tapering and wedge-shaped instruments; hence, shallow cavities on the proximal aspects of teeth, as well as large deep cavities surrounded by thin and friable dentine, have presented almost insuperable difficulties to the operator with gold foil; the one affording no holding place for the gold, and the other being easily fractured upon a slight degree of force being applied. These objections now exist no longer; recent scientific investigation into the properties of metals, has led to the discovery of a new form of gold, to which the name of crystalline, or sponge gold, has been given. This sponge gold is of surpassing excellence for dental purposes; it is so plastic and compressible, that it can be made to fill any depression or groove in the cavity of a tooth, with complete certainty; one piece can be added to another, and, by pressure, be so intimately united, that they become one portion of solid gold; when a cavity in a tooth is efficiently filled with this new form of gold, the metal is as solid as if the gold had been melted into the tooth, and can be cut with a graving tool, similar, in all respects, to a mass of pure gold.

These advantages are not, I think, insignificant, nor are they without a direct bearing upon the interests of all classes; and, under this impression, I venture to submit the remarks I have made for the consideration of your readers. We need no longer apprehend salivation, nor submit, as of necessity, to the disfigurement which, in nearly every case, follows the employment of amalgams. I am, etc.

C. Stokes, M.R.C.S., Dental-Surgeon.

Brook-street, Hanover-square, Nov. 8th, 1855.

REPORTS OF SOCIETIES.

MEDICO-CHIRURGICAL SOCIETY.

November 13, 1855.

Mr. Cæsar Hawkins, President.

This being the first meeting of the session, there was a large attendance of Fellows. During the recess, the room had been decorated, and a new lamp and ventilator added. The alterations gave general satisfaction, and the effect was good.

The President said that it would be apparent to all, that the Executive had not been idle. The Council had met several times, and had used its utmost endeavours to improve the appearance of the room, and add to the convenience of the Fellows. But the decoration of the room was of minor importance compared with the value of the annual volume, which he trusted the Fellows would strive to increase.

A paper was then read on

SECONDARY DISEASES OF THE JOINTS FROM BLOOD-POISONING.

By WILLIAM COULSON, Esq.,
Surgeon to, and Lecturer on Surgery at, St. Mary's Hospital.

After enumerating the principal characters by which these affections are distinguished, from all other articular diseases, the author proceeded to consider—first, the primary diseases or states with which these secondary are connected; and, secondly, their relation to, and dependence upon, one general cause, viz., poisoning of the blood. Taking the primary affections with which the articular disease may be associated as the basis of his classification, Mr. Coulson formed seven classes or groups of secondary diseases of the joints. The

first comprehended such as follow serious operations and injuries, as amputations, wounds, injuries of the head, etc. In the course of his description of this group, the author expressed the following opinions:—That in every case the poisonous agent is purulent matter, either secreted by an inflamed vein or lymphatic, or taken up from an abscess, etc., and that poisoning occurs when the pus becomes mixed with the general circulation; that there is an acute and a chronic form of pyæmia; that the secondary affections, which occur in the course of the latter, have a tendency to affect the subcutaneous tissues rather than the internal viscera, and are often prolonged to a very considerable period. The author related one case which was protracted to the fifty-fifth day, and believed himself to have been the first to describe such form of the disease. The second group includes those connected with the puerperal state, which affections, the author observed, may occur after delivery at the full period, or after abortion, and may or may not be connected with puerperal fever; and gave his reasons at length for regarding these secondary joint diseases as the result of purulent poisoning of the blood. The third group comprised those connected with operations on the genito-urinary organs of the male. The nature of these joint affections seemed to be very obscure. Mr. Coulson was inclined to attribute the severer forms to purulent infection, under the impression that abscesses about the track of the genito-urinary apparatus had been often overlooked. The fourth group comprehended gonorrhœal rheumatism, which affection the author considered to be distinguished from all other forms of secondary joint disease by its not being accompanied by constitutional symptoms. The fifth group comprised those secondary articular affections which accompany exanthematous disorders, as scarlatina and small-pox. Mr. Coulson described two forms, the one being exceedingly mild and subsiding spontaneously in a few days, the other purulent and resulting in most extensive destruction of the joints. The sixth group included the effects of morbid animal poisons, as glanders, farcy, the viper-poison, the poison of decomposed animal matter, the effects of dissecting-wounds, etc. The author distinguished such as are communicated through the medium of a purulent secretion, or have a tendency to excite purulent inflammation, when applied to the body, and which are attended by secondary joint affections, from such as never give rise to one or the other; instancing glanders, farcy, and dissection-wounds among the former, the poison of the viper, rabies, and putrid food among the latter. The seventh class comprised that purulent affection of the joints occasionally met with in new-born children, and which the author thought might depend upon inflammation of the umbilical vein, or hereditary syphilis. The origin, symptoms, progress, and result of all these various affections of the joints were minutely related under each group; and the paper concluded with a few general remarks on treatment, which the author regarded as still most unsatisfactory. He considered local treatment as of no avail, and thought the indication was to neutralize the poison, or enable the patient to struggle through the attack.

Dr. Copland remarked, he was sure the Fellows of the Society present were gratified at the full and accurate description of an important class of cases with which Mr. Coulson had favoured them, and with the manner in which he had grouped them. Of two of these groups, he (Dr. C.) has had considerable experience. During the twenty-five years he was Consulting-Physician to Queen Charlotte's Lying-in Hospital he saw several cases which came within the group which Mr. Coulson termed puerperal; and, while he agreed with Mr. Coulson as to the nature and symptoms of these, he also approved of the division of the cases into acute and chronic. Mr. Coulson's account of the exanthematous group of cases was, according to Dr. Copland's experience of these, also correct. As to the origin of all these groups in a poisoned or contaminated state of the blood, owing to the imbibition of purulent or other morbid secretions from primary seats of disease, there could be no doubt. It had been contended, in opposition to the presence of pus in the blood, that pus globules had not been detected in the general circulation by the microscope. But Dr. Copland believed that this was owing to the metamorphosis or waste of these globules as they circulated in the liver, spleen, and blood; and to their exeretion, so that they could no longer be detected in the blood or be distinguished from the colourless lymph or chyle globules always existing in the blood. Dr. Copland considered that not merely purulent matter, but also all kinds of morbid lymph and sanies, when imbibed into the circulation, were capable of so contaminating the blood as to irritate the capillaries of susceptible or predisposed constitutions and parts, and to occasion either serous or purulent secretions in or from them. Dr. Copland agreed with the treatment of these cases, as far as it was stated by Mr. Coulson, but was more hopeful of the results of treatment than Mr. Coulson, provided that it was early adopted and decidedly carried out. Without, however, accurate descriptions of these cases, and an intimate knowledge of their pathology, with both of which Mr. Coulson had furnished them, treatment could not often be of great benefit.

Mr. Ure concurred in the remarks of the previous speaker. The inquiry was one of much importance. He alluded to the able researches of a former President of the Society (Mr. Arnott), on the secondary effects of phlebitis. He conceived the difficulty stated as to the non-detection of pus in the blood of patients, who had died from the results of purulent infection, might be surmounted by taking into account the possibility of the purulent blastema being formed and circulated in the system, and yet the microscope failed to reveal the characteristic pus corpuscle in the blood. The author of the paper had ingeniously arranged, in different groups, the several morbid conditions which led to the secondary affections of the joints. In a surgical point of view purulent infection was known to follow wounds implicating veins, severe hurts of bones, as compound comminuted fractures, and penetrating wounds of joints. An interesting example of a secondary affection of the kind, from the last-named source, had occurred to him in practice. A man, in the prime of life, received a penetrating wound of the knee-joint. Things went on favourably for a week, when severe constitutional disturbance set in, followed by mortification of the part. It was eventually deemed advisable, as a last resource, to amputate the limb. The patient succumbed within a fortnight from the operation. On examination after death, sanio-purulent fluid was found in the vein, and effusion in both wrist-joints.

The President observed, that there were many pathological points in the paper which required great consideration. The author's classification of these secondary affections was new, but it struck him that it was open to some modification. For instance, he did not see why the puerperal affections should not be classed under the first group; again, he thought it might be disputed, whether gonorrhœal arthritis fairly belonged to the class of affections from blood poisoning—the same, perhaps, might be said of another group. The author had stated that he was not acquainted with any cases of secondary affections of the joints from operations on the genito-urinary organs of the female. He (the President) believed that pyæmia occasionally occurred after operations on the uterus for malignant and other diseases.

Mr. Coulson felt the force of the President's observations, excepting as regarded the puerperal group. These affections were so modified by the puerperal state as to justify a special classification. Besides, there were one or two secondary affections, not of the joints; for instance, the destructive inflammation of the eye, almost peculiar to this group. With regard to gonorrhœal affections of the joints, he fully admitted that it might be doubted whether they were the result of blood-poisoning. Still the arthritis was evidently a secondary affection of the joint, and the primary disease with which it was connected was a purulent disease; on these grounds he included it in a separate group. He (Mr. Coulson) also admitted that the nature of exanthematous arthritis might admit of doubt. The purulent affections of the joints which occur in small-pox and scarlatina probably depended on pus poisoning, for in several cases they could be connected with primary abscess. But the non-purulent affections might reasonably be attributed to another cause, they might depend on that state of the cutaneous circulation which favours serous effusion in the great serous cavities of the body and general anasarca. His (Mr. Coulson's) object in the paper had been to collect and describe the various forms of secondary joint affections, and to show how all, or nearly all, might be referred to a single cause. Taken as a whole, they had a striking resemblance to each other, the principal differences depending not so much on the character of the affection in the joints, as on the primary diseases or morbid states with which the joint affection might be connected.

MEDICAL SOCIETY OF LONDON.

SATURDAY, NOVEMBER 10, 1855.

Dr. SNOW, President, in the Chair.

Dr. Winn related the particulars of a

REMARKABLE CONVULSIVE DISEASE,

occurring in a boy 9 years of age. The patient was a fresh-coloured, but fragile and delicate, child, who had been afflicted since infancy with continued attacks of an uncontrollable rotatory movement of the body from left to right. Each paroxysm lasted about ten minutes, and recurred incessantly throughout the day. Occasionally, when the attention was strongly excited, the movements might be arrested, but only for a few moments. If forcibly kept in the sitting posture during an attack, a waving motion of the body from left to right was substituted for the ordinary gyrations. When first seen, the child was suffering from headache, catarrh, and gastric disturbance. Blisters behind the ears, and an aperient, were ordered. Dr. Winn saw the child a second time, when no improvement had taken place. Since then he had lost sight of the case. He was inclined to suppose that the affection was owing to chronic irritation of the cerebellum, or one of the crura cerebelli. Lesions of the crura cerebelli were on record, which appeared to establish a connexion between rotatory movements of the body and the cerebellum. Dr. Winn was desirous of ascertaining whether any of the members had met with a similar case, or could throw light upon the nature of the case he had related. Dr. Winn said that he made a very careful examination of the patient, but could detect no signs of chronic spasms of any of the muscles of the body. Had such been the case, he should have suspected softening of the brain.

In answer to Dr. Crisp, Dr. Winn stated that, after a very careful examination, he could detect no signs of chronic spasms of any of the muscles of the body; had such been the case, he should have suspected softening of the brain.

Mr. de Méric exhibited a preparation showing a

COMPLETE ABSORPTION OF THE HEAD AND NECK OF THE FEMUR AND FRACTURE OF THE SHAFT FROM SLIGHT EFFORT.

The patient was a woman, 50 years of age, who had been bedridden and paraplegic for the last twelve months. On the 1st of November, 1855, Dr. Lichtenberg, the Resident Medical Officer of the German Hospital, Dalston, being in the house of the patient, was apprised that the latter had, on raising herself in bed, heard a crack towards the upper third of the femur, and that fracture was suspected. On examination, an oblique fracture was easily detected, and the woman was conveyed to the Hospital. The legs were found much atrophied, powerless, and twisted inwards; considerable reaction had taken place at the spot where the bone had given way, and much swelling was observed, though free handling of the part gave the patient no pain whatever. The limb was put into a starch bandage, the manipulations being rendered somewhat difficult by continual convulsive movements. Severe diarrhœa soon supervened, the apparatus was removed, and the poor woman sank rapidly. On a post-mortem examination, the head and neck of the right femur (the former moving freely in the cotyloid cavity) were found almost completely absorbed; the cavity was deprived of most of its cartilage, and in it were found five or six pieces of cartilaginous substance tipped on one side with phosphate of lime, varying from the size of a bean to that of a grape-seed. The fracture was very regularly oblique, the bone stripped of its periosteum, and seemingly necrosed. Mr. de Méric remarked, that joints long condemned to inaction generally became anchylosed, and that fracture from slight effort in paralysis mostly occurred in consequence of the widening of the cells and thinning of the walls of the shaft. In this instance, however, the pathological changes had been of a different kind; absorption of the head and neck had taken place, and the walls of the shaft were necrosed and not thinned.

Dr. Mackenzie had observed a great liability to fracture in patients suffering from hysteria and general nervous derangement.

Mr. Weedon Cooke mentioned a case in which a man, who appeared in tolerable health, and was not the subject of nervous derangement, had his bones continually fractured without any assignable reason.

The President said, there must be something wrong in the composition of the bone to allow it to break so easily. Malnutrition of the bones might affect the nervous system, and was not necessarily dependent on nervous derangement.

Dr. James Bird then read a paper on

PATHOLOGY AND TREATMENT OF TRAUMATIC GANGRENE, AND GANGRENE FROM COLD.

The author commenced by stating, that he had selected the before-mentioned subject for the consideration of the Society as one of interest at the present moment, more particularly as so many British and French soldiers had been disabled in the Crimea during last winter by various kinds of gangrene. Having already made public, in the *Lancet*, his particular views regarding contagious sloughing phagadæna, or hospital gangrene, he would not here discuss the nature of this particular form of gangrene, but proceed to consider the peculiarities of the two other varieties, which frequently follow the accidents and hardships of military life. All gangrenous types may either originate constitutionally, from blood lesions preceding and ushering in the development of the local disorder, or locally, from a mechanical cause, intense cold, or the contact and inoculation of a specific poison. He would call attention to the two former only, and in all such gangrenous development, it was not easy, he said, to determine how far constitutional predisposition, from the drunkard's dyscrasia, the scorbutic diathesis, or malarious cacochymia, may have aided the particular mechanical injury in giving rise to gangrene. Though the frightful lacerations from round shot, shell, and Minié rifles, which both our own men and the French experienced before Sebastopol, were sufficient of themselves to produce gangrene, yet the cases appear to have been greatly aggravated by the deteriorated constitutional condition of the British soldiers, produced by their long subsistence on salt-meat rations, over-fatigue, and exposure to the climate. After the commencement of the bombardment of Sebastopol, on the 17th of October, Dr. Davidson reports that 70 men, severely wounded, from this time till the 8th December, 1854, and brought to the Hospital at Therapia, had scorbutic symptoms more or less marked! and that the result was that, on admission, not a single stump or wound was in a healthy state, or without more or less gangrenous sloughing. In regard to traumatic gangrene, the author said that it supervenes on gunshot wounds, or other mechanical injuries:—1st. From destruction of the main branches of the nerves of a part, or division and contusion of the great arterial trunks necessary for its circulation, by musket or Minié rifle balls, and like mechanical causes. 2nd. When parts are irrevocably disorganized by round shot, or shell, striking obliquely the integuments, without creating a breach of continuity, while the subjacent organs, as the intestines, liver, spleen, lungs, blood-vessels, and bones, may have been injured without a chance of recovery. 3rd. When the intensity of the inflammation, due to the nature of gunshot wounds and other injury, or disordered constitutional state, will no longer admit of the nutritive action of the part being carried on. The uniform result of all these causes in the tissue is a cessation of vital action, sensation, and motion, succeeded by disintegration of its histological elements. The textures now yield to the laws of elective attraction, and undergo that kind of chemical decomposition usually known by the name of putrefaction. The gangrenous action continues to spread to the neighbouring textures, until limited by the boundary of normal nutrition in the intact and vital tissue, where the eliminating circle of demarcation is set up. In purely traumatic or spontaneous gangrene, accompanying fractures, or fire-arm wounds, the propriety of amputation, before a line of demarcation has been set up, often becomes an important question for decision, whether in civil or military Surgical practice. The gangrene may follow a contused state of a limb, with rupture of a main arterial trunk, and traumatic aneurism into the muscles and soft parts. Under such circumstances, it is desirable to amputate above the seat of the injury, without waiting for any line of demarcation between the dead and living parts. Dr. Bird then alluded to Sir Astley Cooper's case of gangrene, consecutive of torn femoral artery, where the gangrene was too far advanced to admit of amputation; and then related a case of his own, where he successfully amputated the thigh, rather above the lower third, and about two inches and a-half

above the seat of the fracture and aneurism. The particular pathological state of exudative inflammation and arteritis, with fibrinous plugs in the vessels, which render such early amputations favourable, was then adverted to, as well as the practice of Petit and Dupuytren, for performing deligation of the wounded artery, at or above the seat of rupture and injury, when ascertained before the occurrence of gangrene. Dr. Bird next proceeded to consider the nature of congelation of the limbs, or gangrene from cold, and adopted the division of its degrees, as laid down by Beaupré, who, while serving under Napoleon in the campaigns of Italy, Germany, Poland, and Russia, enjoyed no ordinary opportunities of observation. The first degree of local asphyxia, in such cases, is a partial congelation; the second is marked by entire cessation of pain, with lividity of the cutaneous surface, evincing, from the commencement, that mortification is about to take place; the third degree is irreparable disorganization, or sphacelus. The views of Dr. Scoutteten, regarding the dry and humid forms of this particular species of gangrene, as it appeared among the French in the Crimea, were then noticed. Dr. Bird did not think such differences arose from the slower or more rapid application of varied degrees of cold, but from the comparative state of arterial or venous obliteration produced by either. If the gangrene was primary, or the direct effect of suspended vital action, the parts will be dry and mummified; but when it is consecutive, following inflammatory reaction, they will be swollen and infiltrated with moisture. Illustrations were given from Larrey, Beaupré, and Dr. Scoutteten. The treatment, in these cases, was to prevent external caloric from penetrating too quickly the organic tissues, to moderate the violence of reaction, and to keep it from passing rapidly into gangrenous inflammation. For this purpose, the patient should be placed in a cold room, the frost-bitten parts rubbed with snow, or covered with linen pledgets, wetted with cold vinegar and water, which should be gradually raised to the temperature of lukewarm. As soon as decided reaction appears, this may be moderated by the application of a sedative ointment of powdered camphor, henbane, and axunge. Directions were also given for the treatment of such local affections, when complicated with degrees of general asphyxia.

Mr. Henry Lee would have been glad to be further informed respecting the occurrence of gangrene from the destruction of the nerves. He was aware that Majendie had divided the fifth nerve, and that the eye sloughed afterwards; but he (Mr. Lee) had seen instances in which the entire destruction of the nerves had not been followed by gangrene, as in a case where all the nerves and arteries in front of the armpit had been divided by a chaff-cutting machine. He had never seen such an occurrence as the deposit of plastic materials in the interior of the arteries. In the case mentioned by the author, sphacelus did not begin to appear until the eighth day; but if it was connected with the supply of blood, it ought to have commenced at once; at the end of a week the effused and stagnant blood had time to decompose; and if that decomposed blood was carried on, gangrene in some other part would naturally result. He agreed with Dr. Bird in believing that septic matter was conveyed, not only in the course of the vessels, but from cell to cell in the cellular membrane. In a case of mortification of the hand at King's College Hospital, Mr. Fergusson operated above the part mortified; but after dividing the skin he found a putrid abscess still higher, showing that the permeation of septic matter had produced infection far beyond the point of mortification in the skin. The difference between hard and soft gangrene depended, he believed, upon the rapidity or otherwise of its progress. If mortification occurred rapidly, it would be hard; and if slowly, soft.

Dr. Crisp believed he was the first to draw attention to the occurrence of dry gangrene from arteritis. It rarely occurred in paralyzed or old persons. In the case mentioned by Mr. De Méric there was a loss of nervous power, together with fracture, but no gangrene followed; while in other cases, where there was no nervous lesion, gangrene was present, and could not be accounted for except as depending on arteritis. Mr. Lee, in ignoring plastic deposit in the interior of the arteries, overlooked the circumstance that white blood had as much to do with inflammation as red. In many cases distinct fibrinous deposits had been found in the arteries, which, in time, had become entirely obstructed. He (Dr. Crisp) would suggest that the soldiers in the East, with a view to protect themselves from the effects of extreme cold, should take a lesson from the lower animals, especially birds, which had a covering of feathers, then of leather, and then a deposit of fat. He suggested that they might advantageously grease their feet, and wear leathern socks covered with worsted.

Mr. Hale Thomson thought that there could be nothing so likely to produce gangrene as a diminution of nervous influence. In the case mentioned by Mr. Lee, where the principal nerves were divided, gangrene did not occur. And why? Because a great deal of nervous influence was transmitted by the muscles and through the whole of the integuments; and, so long as the warmth of the lint could be kept up, gangrene was prevented. He ridiculed the suggestion of Dr. Crisp with reference to protection from cold; and did not agree with him in thinking that gangrene rarely affected old persons.

Dr. Thudichum had seen the division of large nerves, complicated, in some cases, with fracture, without the occurrence of gangrene. Dry gangrene might be converted into moist by simply removing the epidermis. Before amputation was performed, it should be carefully ascertained that the patient was not under pyæmic influence.

The author having replied, the Society adjourned.

SPECIAL MEETING AT BIRMINGHAM OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

The Special Meeting of the Provincial Medical and Surgical Association was held at Birmingham on Tuesday, the 20th instant. There was a large gathering of members, at least twice the number of those who met at York in August last. Amongst the London members present there were, Sir J. Forbes, Mr. Propert, Dr. Stewart, Dr. Lankester, Dr. Wynter, Dr. Sibson, Dr. Richardson, Dr. Cormack, Mr. Ancell, etc. Amongst the provincial members were, Dr. Simpson, of York, President, Sir C. Hastings, Dr. Williams, Worcester, Mr. Husband, York, Mr. Michael, Swansea, Mr. Dayman, Southampton, Dr. Cowan, Reading, etc. The meeting was held at Dee's Royal Hotel.

The result of the meeting was obviously looked forward to with great interest, by some with great anxiety. The Memorial of the progression party to which we referred last week was freely circulated, nearly five hundred signatures being appended to it. The Memorial ran as follows:—

"To the Members of the Provincial Medical and Surgical Association, assembled in Special General Meeting in Birmingham.

"The undersigned members of the Provincial Medical and Surgical Association, impressed with the necessity for, and with the advantages likely to be derived from, the existence of a liberally-organized association of the members of the Medical Profession in the British dominions; and feeling, at the same time, that the present constitution of the Provincial Medical and Surgical Association is neither calculated to hold its members firmly together, nor to extend its influence universally, desire hereby earnestly to express to the members assembled in Special General Meeting in Birmingham, their opinion on the course which should be adopted, in order that the Association may be placed on a liberal, firm, and useful basis.

"As the present condition of the Association renders it urgently necessary that decisive measures should be immediately adopted, the undersigned suggest that, in order to remove any technical difficulties that may arise regarding the making or altering of laws, the Association, assembled in Special General Meeting in Birmingham, on Tuesday the 20th instant, should declare itself competent, irrespective of any pre-existing arrangements, immediately to consider and adopt a new and liberal system, adapted to the requirements of the emergency, and calculated to ensure durable harmony amongst the members.

"The undersigned strongly recommend that, in order that the financial affairs of the Association may be placed on a fair basis, the accounts of the Provincial Medical and Surgical Association be closed and audited at the end of the present year; that no part of the income of the ensuing year be

applied to the payment of liabilities previously incurred; and that the liabilities for the present year be discharged within six months, from the assets of this and previous years.

"The undersigned are of opinion that the following points are indispensable to the formation and progress of a National Medical Association, the objects of which, in general terms, should be the advancement of Medical science, and the maintenance of the honour and welfare of the Medical Profession; and they earnestly desire that these points may be immediately adopted as the basis of any alteration in the constitution of the Association:—

"1. That the name of the Association be the 'British Medical Association.'

"2. That the Council of the Association be elected on the principle of absolute representation, so that each Member of the general body may have, by his representative, a voice in the management of its affairs.

"3. That the laws of the Association embody the principle that every member of the Association, if unable to attend the General Meeting, shall have the right of voting by written paper on matters of which legal notice is required.

"4. That at least one-third of the General Council retire from office each year, and be not capable of re-election for three years.

"5. That all salaried officers of the Association hold office so long as they enjoy the confidence of the majority.

"The undersigned further recommend that the Executive Council of the Association should, for the present, hold its meetings for the despatch of business in Birmingham; and that the Editor of the Journal and the General Secretary of the Association should reside in London; but that these two offices be not necessarily held by the same person."

Drs. Budd, of Bristol, and Davies, of Bath, were also present, as a deputation from the Bath and Bristol branch, representing opinions closely allied to those of the Memorialists, the main difference being that the new laws proposed should not be peremptorily forced into immediate action, but remain in preparatory abeyance until the Annual General Meeting, to be held in Birmingham next year.

The President, Dr. Simpson, of York, took the chair about one in the afternoon, and opened the business by reading the various requisitions upon which the Meeting had been called, and by delivering a short address, in which he entreated the members to preserve unity of feeling and of action. He then called on Sir C. Hastings, President of the Council, to read an address which he (Sir Charles) had prepared, and which conveyed the views of the Executive Council.

Sir Charles Hastings commenced by stating, that he had observed for some time the efforts that had been made to modify and extend the Association. The Executive Council had, therefore, taken the sense of the whole Association, as to the propriety of changing the name to the "British Medical Association." The result had been an immense majority in favour of the new name, and he (Sir Charles) pledged himself, therefore, to give notice according to law, and to move at the next annual meeting, to be held at Birmingham:—

1. That the name of the Association be "The British Medical Association."

2. That the Executive Committee of five be done away with.

3. That the Council of the Association be elected on the prineiple of absolute representation, so that each member may have, by his representative, a voice in the management of its affairs.

In regard to the present General Council, he (Sir Charles Hastings) saw some difficulty; for it might give cause of annoyance to some members of that body if the whole were at once removed. It would be left with the branches to consider the best mode of carrying out the representative principle. Sir Charles concluded by expressing an earnest hope, that the Association would speedily realize, by its unity of purpose and the cordial feelings of its members, the great objects which lay before it, and which were in its reach. (Loud cheers.)

Mr. Michael, of Swansea, in a long and eloquent address, moved, as the representative of the 500 gentlemen who had signed the Memorial, that three additions be made to Sir Charles Hastings' proposition, either as an amendment or a rider. These were:—

1. "That a Committee, consisting of Dr. Budd, Dr. Richardson, Dr. Burnett, Mr. Ancell, Dr. Cowan, Mr. Dayman, and Dr. Stewart, be elected to assist the Executive Council in considering and organizing a system of representation, preparatory to the adoption of this system at the next Annual Meeting.

2. "That the present General Council be dissolved.

3. "That in order that the financial affairs of the Association may be placed on a fair basis, the accounts of the Provincial Medical and Surgical Association be closed and audited at the end of the present year; that no part of the income of the ensuing year be applied to the payment of liabilities previously incurred; and that the liabilities of the present year be discharged within six months, from the assets of this and previous years."

In supporting these amendments Mr. Michael argued, that the present General Council existed only in paper and ink, and that many of its members would prefer to belong to the new Council, which was about to be elected. He should be willing, at the same time, to make these gentlemen Vice-Presidents, or to give them any other *ex-officio* honours.

Mr. Michael concluded amidst loud cheering.

Dr. Sibson supported Mr. Michael's resolutions, and expressed, in strong terms, his thorough coincidence with the proposed modifications of the laws of the Association. (Cheers.)

Sir Charles Hastings.—I shall gladly accept Mr. Michael's propositions, and, with his permission, will move them as a part of mine.

Mr. Michael assented.

The meeting was then addressed in turn by Mr. Ancell; Dr. Webster, of Dulwich; Mr. Husband, of York; Dr. Richardson; Dr. Budd, of Bristol; and Dr. Stewart. These gentlemen all expressing their congratulations on the happy result of the meeting, and recognizing in that result the fruits of those principles which they, with others, had been long zealous in promoting.

Dr. Cormack (who was received with prolonged applause) said that it afforded him unmingled satisfaction to witness the peaceful triumph of those great principles for which he had so long contended through good report and through evil report. It would be his delight to continue to promote, in his private capacity of a member, the great reforms which had that day been so auspiciously inaugurated. (Cheers.)

After a few remarks, by Sir J. Forbes, on Medical Reform, and on the General Council by Dr. Tunstall, of Bath, the Chairman was about to put the resolutions to the vote, when it was proposed that the names of Dr. Cormack, Dr. Shapter, of Exeter, Mr. Husband, of York, Mr. Nunneley, of Leeds, and Dr. Radcliffe Hall, be added to Mr. Michael's Committee.

This having been assented to, the propositions of Sir Charles Hastings were put from the chair, and carried by an immense majority, amidst loud and long-continued rounds of applause.

In concluding the proceedings, Sir John Forbes made some observations on Medical Reform, Mr. Propert on the Medical Benevolent College; and, after a vote of thanks to the Chairman, the proceedings terminated.

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, serving with the Army in the Crimea, in forwarding his Weekly Report of Sick to the 13th October, states:—

The health of the Army continues satisfactory. There has been a slight increase of cholera in the 2nd and 3rd Divisions during the week, chiefly among the newly-arrived men.

Catarrhal complaints have also been more numerous, and three fatal cases of diseases of the brain and nervous system have been recorded, which it is to be feared marks the progress of drunkenness. Large fatigue parties are employed daily in making and repairing roads, but the night duty is light and the men's rations and dress are both good. It has been proposed to give a ration of peas once a week to the men with their salt pork, which will be an agreeable variety and conducive to health.

The Highland Division at Kamara is remarkably healthy; So are the Artillery and 3rd Division.

Taking the whole Army the admissions to strength have only been 3·04 per cent. The deaths to strength 0·10 per cent.; and the proportion of sick to well 8·09 per cent. including wounds, exclusive of wounded, 5·30 per cent.

Last week the proportions were—

Admissions to strength	2·84 per cent.
Deaths to strength	0·09 ,,
Sick to well	8·00 ,,
Ditto, exclusive of wounded	5·16 ,,

The following table shows the admissions and deaths under the leading heads of disease :—

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	273	15	295	13
Head affections	8	3	3	0
Pulmonic	100	2	96	0
Diarrhœa	371	3	369	7
Cholera	22	8	12	7
Dysentery	80	3	96	6
Wounds and contusions (a)	134	19	151	17
Other Diseases	638	3	518	1
	1626	56	1540	51

BREAKING UP OF THE SMYRNA HOSPITAL.

Smyrna, Nov. 10.

On October 29 and 30, two transports arrived here with sick to the number of 370. The *Severn* called a few days afterwards for invalids to go home, and took off nearly sixty cases either incurable or not likely to be benefited here.

By a strange—nay, no longer strange—but still unaccountable arrangement, just when we had expected to be filled up, and really to have the pleasure of employment during the winter, a despatch came yesterday, directing the Hospital to be instantly broken up, to make room for the Swiss Legion, 1000 men of which are already *en route*. The patients are all to go to Renkioi, except those too ill to be moved—the doctors to Renkioi or Seutari; (query, under what conditions?) the ladies to Miss Nightingale, if she 'll have 'em; and the Superintendent and a small staff to remain here as a nucleus of a future Hospital, if necessary to form one.

This is news enough in all conscience, and has taken every one of us by surprise, and, I may add, filled every one of us with regret.

Dr. Meyer is gone up to Constantinople for transports, as there is no small risk of the troops coming before the building is ready for them.

MEDICAL NEWS.

Royal College of Surgeons.—The following members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 13th instant :—

Barrett, Charles Albert, Kingston Bagpuize; diploma of membership, dated May 5, 1854.
Bennett, T. J., Wilton, near Salisbury; June 9, 1854.
Carr, William, Gomersal, Leeds, October 26, 1855.
Crooke, Edward Gylles, Chorley, Lancashire, a member of the Edinburgh College.
Dryland, J. W., Newbury, Berkshire; Oct. 26, 1855.
Fulcher, George Augustus, Great Thurlow, Suffolk.
Hall, Benjamin William, Army, Oct. 26, 1855.
Iles, Francis H. W., Louth, Lincolnshire, Oct. 26, 1855.
Keess, James, Madras, November 2, 1855.
Roe, John W., Shoreham, Sussex; March 23, 1853.

New Fellows.—At a meeting of the Council of the College of Surgeons on the 15th inst., the following gentlemen, having previously undergone the necessary examinations, were admitted Fellows of the College :—

Callender, George W., Queen Anne-street, Cavendish-sq., diploma of membership dated July 16, 1852.
Stockwell, Thomas G., Bath, April 14, 1855.

(a) Sixty of these were transferred from Regimental to General Hospitals, and 73 were ordinary accidents.

The following gentlemen were admitted members on the 16th inst. :—

Baily, Henry James, Elm-place, Brompton.
Benson, John, Sheffield.
Greatorex, James, Clapton.
Harrington, Nicholas, Castle Island, Kerry.
Haughton, Edward, Dublin.
Jenkins, Griffith Richard, Cardigan.
Latham, Henry Hole, Turkish Contingent.
Martin, Curtiss, Army.
Morgan, Allen Bradley, Enniscorthy.
Redhead, John, Sydney, New South Wales.
Shepherd, Samuel Smith, Turkish Contingent.
Skelton, John, Bridgewater, Somerset.
Stear, Henry, Saffron Walden.
Suffield, Charles Radford, Birmingham.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise on Thursday, November 15, 1855 :—

Beck, James Theophilus.
Dowling, Francis Joseph, Chew Magna, Somerset.
Jones, Henry, London.
Knaggs, Henry Guard, Kentish Town.
Orgias, Paulin, Grenada, West Indies.

The following gentlemen also passed the preliminary Examination in Classics and Mathematics, on Tuesday and Wednesday, November 20 and 21 :—

Allen, William Edward, King-street, Portman-square.
Ashley, John, Park-street, Bristol.
Attwell, Gregory Haines, Wilmington-square.
Bartleet, Thomas Hiron, Hagley-road, Birmingham.
Bennett, George James, Gateshead.
Bott, John, Silver-street, Bury-lane.
Braithwaite, James, Leeds.
Byles, James Calton, Hackney-road.
Collier, Henry Campbell, Leamington.
Dawson, Frederick, Union-place, Islington.
Harris, George, Queen's-square, Bloomsbury.
Harrison, Henry, Carlisle.
Huxley, James Usher, Bromsgrove.
La Mert, Lewis, Bedford-square.
Leigh, John Sebright, Turnham-green.
Mawley, Augustus, Gower-street, Bedford-square.
Middlemist, Robert T., Great Coram-street.
Moore, Thomas, Hales Owen.
Nathan, Henry Frederick, Woolbridge, Dorset.
Rogers, Frederick, Helston.
Stoton, Frederick A., Brighton.
Tyrrel, William James, Belgrave-road.
Vawdrey, John Cassham, St. Agnes, Cornwall.
Wickham, William, Hill-house, Tetbury.
Willis, C., Child Okeford, North Blandford, Dorset.
Winslow, Henry F., 21, Montague-place.

DEATHS.

Copeland.—Nov. 19, at Brighton, Thomas Copeland, Esq., of Cavendish-square. F.R.C.S. (Hon.) 1843; M.R.C.S.E. 1804; Surgeon Extraordinary to Her Majesty; F.R.S.; Author of "Diseases of the Spine and Rectum." This eminent Surgeon died at Brighton, on Monday last. Few men in the Profession have contributed more to the advancement of science, and certainly none to the mitigation of human suffering, than the lamented deceased. He had been sojourning at Brighton for some weeks, when an attack of jaundice supervening, a chest affection ultimately destroyed him. Mr. Copeland was held in the highest esteem by all his Professional brethren, as well as the public. Mr. Copeland was attended by Dr. Robert Rowe, of London, and Mr. Taylor, of Brighton. The deceased gentleman commenced his Professional studies at the Windmill-street School of Medicine and St. Bartholomew's Hospital, and passed his examination at the College of Surgeons, in July 1804. Mr. Copeland was for several years attached to the Foot Guards, but retired from the army very early, and went to reside in Golden-square, where he enjoyed a very extensive practice, principally among the higher ranks of society. Some few years back he removed to Cavendish-square, where he has since lived in comparative retirement. Mr. Copeland was the author of several valuable contri-

butions to the advancement of surgical knowledge, among which may be named, *Observations on the Diseases of the Rectum and Spine*. On the accession of her Majesty he was appointed a Surgeon-Extraordinary to the Queen.

JONES.—At Chester, Llewelyn Jones, M.D. M.D. Glasgow, 1814; Consulting-Physician to the General Infirmary, and late Physician to the County Lunatic Asylum.

LEESON.—At Adelaide, South Australia, Edward Gregory Leeson, M.D., late of Dublin.

PORTER.—At Kilkenagh, Co. Wexford, Benjamin Porter, M.D.

APPOINTMENTS.

MIDDLESEX HOSPITAL.—Dr. Van der Byl has been appointed Lecturer on Histology to the Middlesex Hospital School. Mr. Flower has been appointed Demonstrator of Anatomy, *vice* Dr. Van der Byl, resigned.

THE DUNDEE ROYAL INFIRMARY.—Dr. Eubulus Williams has been elected Resident Medical Officer and Superintendent to this Hospital. The election took place on October 28th. There were 47 candidates.

MR. B. C. BRODIE has been elected Professor of Chemistry in the University of Oxford.

OXFORD UNIVERSITY.—Dr. Lee's Reader in Anatomy (Dr. Acland) commenced his lectures on the 20th inst.

THE COUNCIL OF THE ROYAL SOCIETY has awarded the Copley Medal this year to M. Léon Foucault, for his various researches in Experimental Physics; and the two Royal Medals to Mr. John Russell Hind, for his discovery of ten Planetoids, the computation of their orbits, and various other astronomical discoveries; and to J. O. Westwood, Esq., President of the Entomological Society, for his various Monographs and Papers on Entomology.

THE ROYAL SOCIETY.—The misunderstanding between Government and the Royal Society is at an end. The Government has ordered the sum of £1000 to be placed at the disposal of the Royal Society this year, for scientific purposes, and has informed the Council of the Society that a similar sum will be annually included in the Miscellaneous Estimates for the advancement of science.

INSPECTORS OF COAL MINES.—Sir George Grey has appointed the undernamed gentlemen Inspectors of Coal-mines:—John J. Atkinson, Esq.; William Alexander, Esq.; John Hedley, Esq.; Lionel Brough, Esq.; Thomas Evans, Esq.; Peter Higson, Esq.

MEDICAL ESTABLISHMENT OF THE EAST INDIA COMPANY.—About forty vacancies in this establishment are to be filled up at the examination appointed to be held next January.

ASSISTANT-SURGEON READE, 2nd Battalion Rifle Brigade, was slightly wounded by the explosion of magazines near Inkermann.

MURDER OF MR. STIRLING.—A reward of £300 has been offered for the discovery of the perpetrators.

INTRAMURAL INTERMENTS.—At a meeting of the City Commission of Sewers, held on Wednesday, a report was read from Dr. Letheby, the Medical Officer of Health to the City of London, expressing his opinion upon certain statements made by Archdeacon Hale, in his charge to the clergy of London, to the effect, that "intramural burial in England is not injurious to the public health." In a long and able examination of this statement, Dr. Letheby referred to the experience of mankind in all ages, to the results of various inquiries into the actual condition of our own graveyards, to an experimental investigation of the process and products of animal putrefaction, and to the knowledge acquired by the physiologist and physician, and the effects of putrid emanations on the living animal economy. The facts which had accumulated from these various sources of information formed, he maintained, a decisive answer to the statements of the Archdeacon, and showed that the system of intramural interments had been productive of most injurious results with respect to the public health. A resolution was adopted for the printing and circulating of 1000 copies of Dr. Letheby's report.

THREE LASCARS died of scurvy on the 9th and 10th November, on board the *Dreadnought* Hospital-ship.

A LARGE and influential meeting of the members of the Medical Profession of the county and city of Cork, convened by a requisition, to which forty-four signatures were attached, was held on Saturday last, and resolutions unanimously adopted, seeking for changes in the Poor-Law Commissioners' "Articles" for the guidance of Dispensaries, which it is hoped will in future secure a fair trial (before condemnation) of Medical Officers, who may be accused of dereliction of duty. The battle fought for the Medical Officer who was dismissed, without inquiry, by the "sealed order" of the Poor-Law Commissioners, redounds to the Credit of the Cork Medical men. Unity among the Profession is only wanting to secure fair play from every public board under which Physicians are employed.

SUBSTITUTE FOR THE POTATO.—At the Horticultural Society's meeting, on Tuesday, Dr. Lindley called attention to the fact, that the Chinese yam had all the properties of the potato, and had not yet been found subject to the disease of that esculent. This yam is said to be one of the hardiest plants in creation, and may be cultivated to any extent with very little trouble.

MORTALITY NOTABILIA.—The rate of mortality in last week was rather higher than it had been in October, but was still considerably below that which commonly prevails at this advanced period of the year, though the health of old persons has probably suffered already from the cold and fog of November. In the week that ended on Saturday 975 deaths, of which 527 were those of males, and 448 those of females, were registered in London, being 177 less than the average mortality of corresponding weeks in the years 1845-54, if raised in proportion to increase of population. Diseases of the zymotic class are, in the aggregate, less fatal than usual; the mortality from diseases of the respiratory organs is nearer the ordinary amount, and shows a slow, but constant increase. Of diseases of children, scarlatina prevails most at present. Sixty-five deaths were caused by it in the week.

BIRTHS.—The births of 855 boys and 785 girls, 1640 children, were registered. Average 1591.

METEOROLOGY.—The barometer rose to 30·13 in. by noon on Friday. The mean reading was above 30 in. on five days, and the mean of the week was 30·006 in. On Sunday (the 11th) the thermometer rose to 57°, and on that day the mean temperature was 5·6 above the average; after Tuesday the air was cold, and on several days fog prevailed. On Thursday and Friday the thermometer fell so low as 28·5° and 25·7°; and on those days the mean was about 8° below the average. The mean temperature of the air in the week was 41·4°, while that of the water of the Thames was 46·7°. The fog was thickest on Thursday and the morning of Friday; and on the former day the lowest temperature of the Thames was 16·7° above the lowest temperature of the air. The difference between the dew-point temperature and air temperature was only 2·7°. The wind blew generally from the north-east, but the air was for the most part calm. Electricity strong, positive.

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	4	14	1	3	9
North	490,396	7	2	8	2	5	12
Central ..	393,256	1	2	10	3	5	8
East.....	485,522	2	4	11	7	3	5
South	616,635	4	1	22	8	3	11
Total..	2,362,236	14	13	65	21	19	45

DEATHS IN PUBLIC INSTITUTIONS for the Week ending November 17:—

	Males.	Females.	Total.
Workhouses	51	41	92
Prisons	..	1	1
Military and Naval Asylums ..	4	..	4
General Hospitals	38	20	58
Hospitals for Special Diseases ..	9	1	10
Lying-in Hospitals	..	2	2
Military and Naval Hospitals ..	13	..	13
Hospitals for Foreigners, etc. ..	1	1	2
Lunatic Asylums	5	2	7

ORIGINAL LECTURES.

LECTURES
ON THE
ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Surgery to the College.

Lecture VI.

INJURIES OF THE HEAD.—EXTRAVASATIONS OF BLOOD.

The subject to which I wish now to direct your attention is that of extravasation of blood, which may take place in the soft parts external to the bones, in the bone itself, between the bone and the dura-mater, within the arachnoid, in the pia-mater, in the structure of the brain, or in its ventricles.

In the parts external to the bones, blood may be extravasated between the skin and the occipito-frontalis muscle, in the loose cellular tissue under this muscle, or beneath the periosteum.

Blood thus extravasated may present itself under different aspects. It may be a simple infiltration into the tissues, or it may form a collection enclosed in a cavity more or less well circumscribed.

In the first instance, if extravasated in the very dense cellular tissue between the skin and the occipito-frontalis muscle, the blood will give rise to a hard, unyielding lump, but beneath the muscle, readily spreading through the meshes of the loose cellular tissue, it will cover a greater or lesser extent of the cranium, and, save a sensation of crackling, present nothing worth noticing.

In the second instance, collected in a cavity, the blood may give rise to a diffused, fluctuating swelling, the boundaries of which are undefined, and gradually become blended with the surrounding tissues, or it may form a prominent tumour, with a soft centre and a hard base.

The diffused swelling occupying the loose cellular tissue of the scalp may extend over the whole surface of the cranium, the bones of which it effectually hides. Of this, a remarkable instance is mentioned by Sir B. Brodie, where fluid blood, extending from the superciliary ridges to the nape of the neck, and from ear to ear, so completely masked the bones that in no part were they perceptible to the touch. Another instance of nearly similar extent is mentioned by M. Malgaigne.

Collections such as these disappear generally in a few weeks, but they sometimes persist for months, without even the slightest variation, forming large, loose, half-filled bags; at other times, far from diminishing, these collections, at first small, gradually become very large by the outpouring of fresh fluid from a diseased action set up in the parts.

The fluid found in these collections varies very much in its appearance: sometimes, it is blood, either arterial or venous, in a more or less fluid state; sometimes, bloody serum mixed with clots; less frequently, it is a thick, viscid fluid, of a dark, bistre colour; or it may be a serous fluid, with all the characters of the serum of the blood.

Is the fluid presenting at times such different aspects always dependent upon extravasated blood, which has undergone various changes? May the serous collections which are sometimes met with after a blow on the head, occur without an extravasation of blood? I think they may. But from the length of time which generally has elapsed before it has been thought advisable to draw off the fluid in these cases, the general opinion is that the serum is the result of an extravasation of blood. It has, however, been lately proved that many of the large collections of fluid, following an accident, which have been thought to be blood, were simply outpourings of its serous part, with little or no admixture of the more solid portions. In a case published by M. Morel-Lavallée (a), a fluctuating tumour formed in the right loin, in consequence of an accident, the fluid of which, it was thought, from the symptoms, necessary to evacuate on the third day. A small opening was made, and nothing but clear serum, exactly resembling that of a common hydrocele, escaped; there were no clots, neither was there any blood. In another case, also, occurring after an accident, where the sac was carefully examined after death, no traces of extravasated blood were found, either in the sac or in the cellular tissue in its neighbourhood. Such appearances may, now and then, be met with about the sealp.

All these collections of blood are at first simply contained in the cellular tissue into which they were poured out; but, after a time, they become perfectly encysted, so much so that the membrane of new formation may take on all the characters of an original tissue. In some instances, there is no doubt that thus have originated the aqueous cysts which are found about the cranium.

Large collections of blood, forming a diffused swelling, may be poured out between the periosteum and the bones. Of this, many cases may be found scattered in different works. One of the best marked instances is that recorded by M. Tavignot (b). A child, three years old, fell on its head. The accident was immediately followed by an extensive bruise and a slight swelling, which, instead of diminishing, gradually increased in size, so as to form a large soft tumour, fluctuating in the whole of its extent. The child died two months after the accident, and a careful dissection proved that the swelling, stretching from the brows to the occiput, was formed by an extravasation of blood between the periosteum and the bone. Disposed in layers, the more external parts consisted of fibrine, the colouring matter having all but disappeared; but near the bone, the blood was still liquid and of a red colour.

The swelling with a hard ridge around its base, and a soft, fluctuating centre, which is so common about the cranium after an accident, has oftentimes been mistaken for a fracture with depression, and that too by some of the best surgeons. Ruysch, J. L. Petit, O'Halloran, all made this mistake, and so deceptive are these appearances, that even in the present day it is sometimes difficult to convince the younger surgeons that the bone is not broken, in such cases as these. The difficulties of the diagnosis may be increased by the pulsations which sometimes accompany these swellings; pulsations dependent upon the laceration of an artery, but which might be thought to belong to the movements of the brain. Among other cases of this kind, J. L. Petit mentions the following striking example:—A child fell into a cellar, and, on examining the head shortly after the accident, an oblong swelling with pulsations was detected in the situation of the sagittal suture, the bones of which, it was thought, had been widely separated from each other, thus allowing the movements of the brain to be felt. The blood was let out by a small incision; there was no injury about the bones.

Extravasations of blood about the external parts of the cranium for the most part give little or no trouble; however large, they generally disappear in the course of a few weeks. But, as it sometimes happens that they persist, and even increase in size, we may be obliged to have recourse to some active treatment. The fluid must then be evacuated by a small puncture, and compression established over the whole surface of the swelling. I have seen some instances in which the pouch has filled again and again, but nevertheless, gradually contracting, it has ultimately yielded to this plan of treatment. Should the pouch be a large one, and the fluid of a serous character, the best plan would be immediately after its evacuation, to inject the cavity with iodine, which of late years has been so much used, and has effectually brought about a cure after all other means had failed. When symptoms of suppuration occur in collections of this kind, the pouch must here, as everywhere else, be at once freely laid open.

Having already, in the preceding lecture, dwelt upon the consequences which may arise from an extravasation of blood in the diploë, I pass at once to the collections of blood between the bone and the dura-mater.

Important as are all the subjects connected with injuries of the head, there is none more so than the extravasations of blood between the bone and the dura-mater; not only on account of the great difficulty of diagnosis which most fre-

(a) Arch. Génér. de Méd. 1853. P. 693.

(b) Bull. de la Société Anat. de Paris. T. 16, p. 207.

quently exists in such cases as these, but also on account of the very great diversity of opinion which they have given rise to, both in a physiological and in a practical point of view.

Of the extravasations of blood which occur within the cranium after an injury of the head, that between the bone and the dura-mater is generally admitted to be the most frequent; but, from all I have seen, I am fully persuaded that the cavity of the arachnoid is the situation in which these extravasations will be found much more frequently than in any other part.

Extravasations of blood, even of small extent, between the bone and the dura-mater seldom exist without a fracture; whereas, in the cavity of the arachnoid, not only are they frequently found coexisting with fracture, but they also very frequently occur here without any apparent injury of the bone.

I have never seen but two casess in which blood was extravasated between the bone and the dura-mater without a fracture, and in both these instances the effusion proceeded only from the small vessels. In one, the extravasation, about the size of a half-crown piece, and two lines and a half in thickness, corresponded to the left lambdoid suture; it had existed there for many days without giving rise to any symptoms. In the other, the clot was a small one, and was in the region of the left frontal eminence.

Connected, in the vast majority of cases, with fracture of the bones, these extravasations are naturally found in those regions where there are large vascular channels. Lacerations of the middle meningeal artery, or of its branches, as well as of the venous sinuses contained in the dura-mater, give rise to these extravasations. Of these two sets of vessels, the arteries are, however, much more frequently lacerated than the veins. First, because the fractures of the middle part are very much more common than they are in any other region of the skull; and secondly, because the coats of the arteries are much thinner than those of the sinuses. Abernethy, in discussing the subject of extravasation upon the dura-mater, refers only to the artery as furnishing large collections of blood; and Sir Benjamin Brodie confirmed by his experience this opinion of Abernethy's, "that blood is never poured out in such quantity as to produce dangerous pressure on the brain, except where the middle meningeal artery has been lacerated." But dissections have proved that this opinion is too exclusive, for some of the largest collections of blood between the bone and the dura-mater, have since been found to arise from the venous sinuses. Still, there is no doubt that large extravasations of blood do occur most frequently, by far most frequently, about the middle part of the cranium. Thus, in an analysis of thirty-one fatal cases of fracture of the cranium, with extensive extravasations of blood between the bone and dura-mater, notes of which I have by me, I find that the blood was effused into the middle region of the skull in twenty-seven cases, whereas it was at the back part in four cases only.

In speaking of extensive extravasations of blood from the middle meningeal artery, the anterior-inferior angle of the parietal bone is the spot generally referred to, as the region in which this extravasation is to be sought for. But we must bear in mind that the vessel itself, that is, its trunk, may be torn across long before it reaches this spot. It may, in fact, be lacerated in any part of its course, from the foramen spinosum to the anterior-inferior angle of the parietal. Of this, I have seen several instances. And then, let us not forget, that the middle meningeal, like all other arteries, varies much, as we have already seen, both in the distribution and in the size of its branches, and that, consequently, collections of blood may be poured out from this vessel in the greater part of the lateral surface of the cranium.

Extravasations of blood between the bone and the dura-mater, connected with the sinuses, have been noticed to proceed more frequently from the lateral, than from any other sinus. This is to be explained by the greater frequency of fractures of the bones in the course of this sinus, as well as by the outer wall of the sinus being thinner than the walls of the other sinuses.

A collection of blood between the bone and the dura-mater presents, at all times, a very different aspect to collections, of a similar nature, in any other part, either within or without the cranium. If the patient has lived, even for a few hours after the accident, the collection almost always presents itself in the shape of a hard, granular mass, perfectly concrete, breaking down with great difficulty, even upon heavy pressure, and adhering most firmly to the dura-mater, so much so that it can hardly be wholly scraped off the membrane; particles of the collection also adhere firmly to the bone, from which it is torn away when the membrane is removed.

Stripping the dura-mater from the bone, the collection forms a more or less globular mass, which presses upon the brain, and indents it, sometimes to such an extent as to produce a large cup-like cavity on its surface.

What changes are likely to take place in a collection of blood thus situated? Can it be absorbed? Can it become encysted, and present the various appearances, which we have already noticed, as occurring in blood extravasated on the outer surface of the cranium?

It has been thought that blood cannot, under such circumstances, be absorbed; that neither the bone nor the dura-mater can take it up: but I see no good reason for admitting such a supposition as this. We have, it is true, very few opportunities of examining cases in which such collections have existed for any length of time, as the patients seldom survive, for more than a few days, accidents of this nature; but we know that extravasations of blood, placed between tissues very similar, that is, between the bone and the periosteum, are constantly absorbed; and, in one instance, where the patient lived for a few weeks after the accident, I found that the clot, not a large one, between the bone and the dura-mater, had already, for the greater part, lost its colouring matter, and was undergoing the process of absorption. As for these collections becoming encysted, of this, I know no well-authenticated case; neither have I ever seen any approach towards the formation of a cyst. In every case, where a large extravasation has existed even for some days, I have always found the blood clotted, very firm, and without any trace of serum about it.

Here I ought, perhaps, to pass on to the pathology of the extravasations of blood in the other structures within the cranium; but we shall, I think, find, in some respects, so much advantage in following a different course, that I purpose examining at once the symptoms, and the treatment, of extravasations of blood on the outer surface of the dura-mater. True it is, that the symptoms produced by such an extravasation, do not differ from those which may arise from the outpouring of blood into parts beneath this membrance; true it is, that we have, in fact, no means whatsoever of telling whether an extravasation is either on the surface of the dura-mater, or within the arachnoid, or in the substance of the brain; but, as the practical question of any surgical interference in a case of extravasation within the cranium, must, in the first instance, necessarily depend upon the supposition that the blood will be found on the surface of the dura-mater, I have no hesitation in adopting the plan which I propose.

The symptoms, produced by an extravasation of blood between the bone and the dura-mater, depend upon the undue pressure thus suddenly brought to bear upon the brain, interfering with its delicate structures, and disturbing their proper functions. These symptoms vary very much; not only on account of the quantity of blood which has been effused, but also, from the more or less rapid manner in which it has been poured out—in slight extravasations, for instance, the symptoms may be but faintly indicated,—and, where blood has been poured out slowly, the brain may have time to accommodate itself to the pressure. Again, these symptoms will be found to differ in cases apparently similar, an extravasation of blood which, in one case, produces but little effect, in another case, gives rise to most marked symptoms; and this may occur either with a small or with a large extravasation. There is, however, no doubt that, for the most part, an extensive extravasation will produce severer symptoms than a slight one will.

In well-marked cases of compression, caused by an extravasation of blood between the bone and the dura-mater, there is generally perfect insensibility, so that the patient cannot be roused; the breathing, slow and laboured, is oftentimes stertorous, and sometimes accompanied by a peculiar whiff at the corner of the mouth, much dwelt upon by Mr. Guthrie, and which I have frequently noticed; the pulse, too, is slow and laboured; the pupils may be either contracted or dilated, and the eye fixed, and insensible to light; there is paralysis, more or less complete, of one side, with retention of urine, and involuntary discharge of fæces.

Such are the symptoms produced by compression of the

brain; symptoms which, it is well known, so closely resemble, at times, those either of simple concussion, or of contusion, of this organ, that it is often most difficult to make out the exact nature of the injury which we have to deal with.

Great as may be, in many points, the resemblance of their symptoms, these injuries differ widely from each other, as to the period at which the effects of the injury manifest themselves. If uncomplicated with any other injury, there is in compression, from an extravasation of blood, a distinct interval, however short it may be, between the time of the accident, and the appearance of the symptoms; whereas, in concussion of the brain, the effects of the accident are instantaneous. In compression, the symptoms become more and more marked; in concussion, they diminish. This distinction was first pointed out by Ledran, and subsequently by J. L. Petit and by Pott, who clearly demonstrated the important bearing it must have in practice.

Unfortunately, however, it happens but too seldom that we get such distinctly marked cases as these. The very interval which ought to be our guide, may never show itself, for the outpouring of blood may take place long before the effects of the concussion have passed off. The symptoms of these injuries then run so completely into each other, that we have no longer any means of distinguishing between the two.

Again, in the great majority of instances, extravasations of blood between the bone and the dura-mater are, in our civil hospitals, complicated with injuries of the cerebral substance itself, the symptoms of which mask those of compression to such an extent that it is impossible to disentangle them. Hence the reason why we so often find, after death, large collections of blood, the existence of which had never been suspected.

In civil hospitals, extravasations of blood between the bone and the dura-mater, most frequently, from the very nature of the accidents, coexist with fractures of the skull spreading into the base; extensive injuries in which the brain itself is lacerated. I have by me notes of no less than twenty-five cases of large collections of blood between the bone and the dura-mater, which have occurred within the last few years at St. George's Hospital, in all of which the brain was more or less extensively lacerated, and in all of which there was extensive fissure of the skull.

Such facts as these afford an easy explanation of the little success which attends the application of the trephine in cases of compression from extravasated blood, and it was such cases as these which led to the opinion that the symptoms, usually attributed to the compression of the brain, were, in reality, dependent upon some other injury of the cerebral substance.

Cases, however, now and then occur, in which blood has been extravasated, in large quantities, between the bone and the dura-mater, without any, or very little, injury of the structure of the brain.

In such cases, the history of an extravasation of blood may be perfectly clear—the patient having recovered from the first effects of the accident, the symptoms of compression did not make their appearance until after a distinct interval. Should there be any local sign to guide us to the seat of the injury, there is no doubt as to what is to be done. The trephine must be applied, and applied at once. But it often happens that there are no local indications, and no history as to which part of the head was struck; still there may be paralysis, and should it exist, it becomes a most valuable diagnostic sign; for this paralysis, more or less complete, confined to one limb, or affecting one side of the body, marks that the extravasation is on the opposite side of the head. I say marks, for the cases in which an extravasation of blood and paralysis have existed, on one and the same side, are so very rare, and altogether so exceptional, that they cannot be taken into consideration by the practical surgeon.

An extensive extravasation of blood may, however, it is well known, take place between the bone and the dura-mater, without producing even the slightest paralysis; but of this I shall merely bring forward the following instance, as it is a strongly marked one, which fell under my own care, in the year 1851.

A stout, middle-aged man was admitted into St. George's Hospital, at midnight, on the 23rd of August, with all the symptoms of well-marked compression, the following being the only history which could be obtained from those who brought him to the Hospital:—At two in the afternoon, it appeared that he had fallen out of a cart, and struck his head; he felt giddy, but soon rallied, and then vomited; shortly afterwards, having taken some stimulant, he was quite himself again, and proceeded on his business with the cart, delivering baskets of clothes for his wife, who was a washerwoman. He thus drove six miles; and, at six in the evening, whilst delivering the last basket of clothes, he suddenly became insensible, and fell; in this state he was seen by a Medical man, who bled him to thirty ounces, and put on a number of leeches; but, as the patient still remained in the same state, he was sent back to London, and brought to St. George's. When I saw him, a short time after his admission, his head having been shaved, a careful examination was made. In no part whatsoever could I discover any thing like effusion of blood, or of fracture; the right eye-lids were slightly ecchymosed, but the patches of discoloration were small. On the right side of the head, above the ear, and in the circumference of about two inches, it was thought that firm pressure made the patient shrink, which was certainly not the case in any other part of the head, and a close examination of both sides of the body made it appear as if the right limbs, when pinched, were moved more extensively and more quickly than the left; but the left limbs, there was no doubt, were also distinctly and repeatedly moved, when pinched; there was no distortion of the countenance. The patient, when left alone, remained stretched on his back, with all the symptoms of pressure on the brain. Under such circumstances as these, I considered it expedient, at any rate, to cut down on the right side of the head, to see whether I could detect a fissure in the neighbourhood of the middle meningeal artery. I accordingly made an incision across the anterior two-thirds of the parietal bone, and about an inch above the ear; but I detected no sign which could lead me to suppose that there was any injury about the bone. There was no extravasation of blood in any part of the temporal muscle; there was not even the slightest discoloration, and when the bone was scratched, it was not less vascular here than in any other part. The patient appeared to suffer but little from the operation; he continued in the same state, and died some little time afterwards; having lived fourteen hours and a half after the accident, and ten hours and a half after the first appearance of the urgent symptoms. When the body was examined, thirty-three hours after death, a fissure was detected in the right parietal, but in the posterior third of the bone. Beginning at about one inch and a half above the level of the ear, the line of fissure passed downwards a little, and then split into two branches. One of these, proceeding forwards, terminated in the middle fossa of the skull, close to the cavernous sinus; the other, passing somewhat backwards, terminated in the posterior fossa, and just crossed through the course of the lateral sinus, as it turns under the petrous portion of the temporal bone. At this point, the dura-mater was found torn from the bone, and a laceration, of about two lines in length, was discovered in the outer wall of the sinus. About nine ounces of clotted blood were found between the bone and the dura-mater, this membrane being extensively separated from the bone, both in the back and in the middle part of the skull. The anterior line of the fissure, which passed into the middle fossa, crossed, at the posterior part of the parietal, one of the secondary branches of the middle meningeal; but it could not be made out how much, or whether any appreciable quantity of the blood had proceeded from this vessel. No blood was found in the cavity of the arachnoid, but several patches of blood existed in different parts of the sub-arachnoid tissues, and in these places too, the substance of the brain was slightly bruised; in one or two parts, this bruised appearance extended about a line in depth. The whole of the right hemisphere of the brain, corresponding to the extravasation of blood on the outside of the dura-mater, was compressed, presenting a large cup-like surface, corresponding to the extent of the extravasation. Blood was also found extravasated in the cavity of the tympanum, which was seen through a very thin upper wall, but there was no rupture of the membrana tympani. No other morbid appearances were observed about the head.

Such a case as this illustrates well some of the many perplexities connected with extravasations of blood within the cranium. The history of the case left no doubt as to an extravasation having taken place, but there was no paralysis, and no local sign to guide me, save the dubious one of the tender spot in the neighbourhood of the right middle meningeal artery; which led me, however, to cut down, and see if there was a fissure. None was found, not even a

bruised appearance of the temporal muscle, and I proceeded no further, there being no evidence to enable me to determine which side of the head had been injured.

But, in some rare instances, we meet with cases in which there are no such perplexities; cases in which there is not only a local sign indicating the exact spot of the bone which has been injured, but in which we may actually see the symptoms of compression gradually making their appearance, and becoming more and more marked.

In February, 1839, a man, 25 years old, walked into St. George's Hospital, with a compound fracture of the skull, and depression of a small piece of the anterior-inferior part of the right parietal. The accident, caused by a blow from a spade, had happened but a few minutes before; and, when I first saw him, there were no cerebral symptoms whatsoever. As the patient was waiting for his bed to be got ready, I observed, however, that he became heavy and stupid, and no longer answered the questions put to him, which he had at first done very readily. Coma was gradually supervening, when Mr. Keate arrived, and at once proceeded to remove the depressed bone; upon the elevation of which, a large branch of the middle meningeal artery was discovered bleeding most freely. The symptoms of compression were immediately relieved, and the patient, notwithstanding a sharp attack of inflammation of the membranes, ultimately did well.

A man, aged 35, was admitted into St. George's Hospital, under the care of Mr. Tatum, in May, 1842, with a compound fracture of the skull, and depression of the bone, on the left side of the head, a little before and above the ear. The accident, which had happened but a short time before the admission of the patient, was caused by a pickaxe falling in on him while he was at work in a sewer in Piccadilly. The blow had stunned him for a time, but all symptoms of concussion had passed off before he reached the Hospital. Shortly after his admission, however, the pulse became slow and labouring, and there appeared some drowsiness. The wound was at once enlarged, when some blood was observed welling up from below the fracture. A large trephine, applied by Mr. Tatum, readily included the whole of the depressed piece of bone, which was removed, with some splinters of the internal table extending beyond the circumference of the trephine-hole. As soon as the depressed portion of bone was taken away, a jet of blood spurted out to a considerable distance; the middle meningeal artery had been torn across, but the stream gradually diminished, and ultimately ceased altogether. Immediately after the operation, the pulse began to rise, and the patient soon recovered from his drowsiness. With the exception of a slight rigor and profuse perspiration, caused apparently by some inflammation about the wound, this patient did perfectly well, and was discharged from the Hospital two months after the accident.

In the cases which I have just brought before your notice, the symptoms of compression were well marked; but it sometimes happens that the fragments of the broken bone are displaced in such a way as readily to admit of the escape of the blood extravasated on the surface of the dura-mater; and then, should there be a wound also, no symptoms of compression will take place, notwithstanding the laceration of the middle meningeal artery.

A man, aged 43, was admitted into St. George's Hospital, under the care of Mr. Tatum, in October, 1854, with a compound fracture of the skull, and depression of the bone, at the anterior-inferior part of the left parietal. He had been struck on the head with a piece of iron, and was said to have been insensible for half-an-hour, after which he recovered his senses perfectly, and walked from the place where the accident occurred, to a Surgeon's, and thence to the nearest railway station, fifteen miles from London. He had also walked two or three miles in town, before coming to the Hospital. He did not remember the actual blow; in all other respects he was perfectly collected. He had lost a good deal of blood, but the bleeding appeared to have ceased. At the bottom of the wound, which was slightly lacerated, a ridge of bone was felt, elevated about a quarter of an inch above the neighbouring fractured portion. The wound was at once enlarged, when blood was seen welling up from between the edges of the cleft. A trephine was applied by Mr. Tatum, and, on the outer table of the skull having been perforated, it came away with a portion of the diploë, the inner table being more extensively fractured. A second crown of trephine having been applied, the depressed portions of bone were easily removed. One of them was distinctly marked by the groove for the middle meningeal artery, and this vessel was seen pumping out blood, but the bleeding soon stopped. There was not much blood under the bone in the neighbourhood, but the dura-mater was perceptibly separated near the wounded vessel. The patient remained perfectly sensible throughout the operation, which was followed by erysipelas, and diffuse cellular inflammation of the scalp. From this attack he soon recovered, and left the Hospital, perfectly well, about two months after the accident.

A COURSE OF
LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.

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LECTURE III.

(Continued from page 514.)

Pathology and Principles of Treatment of non-Congenital Spasmodic and Paralytic Deformities.

I have now explained to you that in orthopædic practice we meet with two classes of deformities associated with rigidity of the muscles, viz.:—1st. Those described in the last lecture as of spasmodic origin—tonic spasm—of frequent occurrence in infancy; often involving all the muscles of both lower extremities, including those of the hip-joints, and sometimes those of both upper extremities also; but occasionally involving only the muscles of the leg below the hip-joint. 2ndly. Those now described as occurring most frequently in cases of adult paralysis, both in hemiplegia and paraplegia.

Speaking generally, all the cases of deformity, with rigidity of the muscles, are unfavourable for treatment, because, after the cure of the deformity, the defective voluntary power still remains; and, also, because many muscles are generally involved. In cases of hemiplegia, the condition of the patient is so precarious from the liability to a recurrence of the paralysis and danger to life, that any contraction or deformity which may exist, is very naturally disregarded as of secondary importance by the Medical attendant. It occasionally happens, however, that the patient remains free from a second attack for many years, and then the deformity, which may have increased to a very inconvenient and serious extent, becomes matter for separate consideration and treatment.

Such cases are then of a compound nature, and why should our patients be allowed to suffer from two affections, viz.:—paralysis and contraction—each giving rise to a separate series of inconveniences, when one of them is easily within reach of removal? Provided the objects to be accomplished be fairly stated and understood, there can be no objection to the treatment of these cases. Much will depend upon the judicious selection of appropriate cases, which, in reference to the deformities of the feet, will be those in which an adequate amount of improvement is likely to result from the restoration of their normal mechanical relations. The most favourable condition which can exist, is the comparatively healthy condition of the muscles surrounding the hip-joints.

In cases of paraplegia of long standing, in which severe contractions of the feet have taken place, and in which there has been a partial recovery of muscular power, especially about the hip-joints, as most frequently happens, the benefit resulting from orthopædic treatment is more than you might be prepared to expect. This I will now illustrate by the following case:—

J. C. M., aged 54, consulted me on the 30th September, 1852. An unusually stout man, both muscular and fat, sup-

posed to weigh above twenty stone; had weighed twenty-two stone. The observation of weight is important in this case, because it was used as an argument against dividing the Achilles-tendons, and, certainly, diminished the favourable results of treatment. Both feet were contracted in the position shown in fig. 6, equino-varus. The heels were only brought to the ground by bending the knee-joints, to relax the gastrocnemii muscles; under the enormous weight of his body, they could for a moment be brought to the ground without this, but the pain it caused in the popliteal space, from muscular strain, rendered the position intolerable; in a sitting posture, with the leg extended, the heel could not, in either foot, be forced lower than represented in the wood-cut.

Fig. 6.

Paralytic equino-varus, with slight rigidity of the muscles.

The feet were inverted, and, in walking, the weight of his body was thrown on the outer edge of the foot, towards the little toe; the skin and cellular tissue, in this situation, had become thickened and indurated. The feet also had the appearance of being very short, but this arose from their extended position, and immobility of the ankle-joint in walking. The muscles of the leg, on each side, appeared to be of proportionate size to the rest of the body; they were firm, with a slight disposition to rigidity, rather than in the positively rigid condition frequently met with. He had some voluntary power over all the muscles of the foot, could flex and extend his knee-joint freely, and had a useful amount of power of the muscles of the hip-joint; but he could not flex the thigh, when in the erect position, to much more than half the natural extent; a certain amount of the *paralytic drag*, therefore, existed in progression. All the movements of the joints could be performed to an increased extent when in a horizontal or sitting posture. He used to say that, when sitting, he could kick a man across the room as far as anybody; this seemed to be one of his best feats. He walked with extreme difficulty, with the assistance of two sticks; the weight of his body was thrown forwards, and, in progression, was divided between the sticks and the legs. There was a constant liability to fall, from the toes coming in contact with any slight irregularity of the ground; this accident, rather a serious one in his case, had occurred on three occasions; this liability appeared to be increasing, and was a source of great anxiety to himself and his family; falling could only be prevented by the assistance of two men, in consequence of his size and weight.

History of the Case.—That on the 29th December, 1824, he was taken ill with pain in the loins and general indisposition, said to be an epidemic fever, then prevalent at Madras, where he was stationed.

On the 31st of Dec., paralysis of the bladder and rectum took place; retention of urine continued, and the paralysis is said to have extended gradually down the legs in the course of a fortnight, affecting the feet and toes last; sensation and motion are said to have been completely lost from the waist downwards. The general health was not affected for more than four days. The urine was drawn off by catheter for twenty-two days; on the 23rd day he first passed water voluntarily. The command over the rectum returned much more slowly, and is not as perfect as in healthy individuals at the present time.

Active antiphlogistic treatment was adopted at the time of seizure, and leeches were applied to the head and loins, subsequently counter-irritation was freely applied to the spine. In the course of from four to six months, sensation and motion began to be re-established, and the improvement was progressive.

A corresponding increase in the power of walking did not, however, take place; and this fact appears to have caused much perplexity to his attendants, who did not recognize the state of permanent contraction of the muscles of the calf. The inability to walk rather increased than diminished; and in the hope of gaining relief this gentlemen came to England, and consulted Sir A. Cooper, Mr. Keate, and Sir B. Brodie, who agreed in recommending mercurial treatment, with counter-irritation. No benefit resulted, and he then went to Paris and consulted Magendie, Dupuytren, and Fouquier, who did not hold out any prospect of benefit. Dupuytren remarked that the case was one of irregular or unbalanced muscular action rather than paralysis. The patient returned to England, and consulted Sir C. Bell, who appears to have been much interested in the case, and agreed with Dupuytren in considering an unbalanced state of muscular action to be a more prominent feature in the case at that time than the paralysis. He held out no prospect of benefit, and advised a return to India. This was followed, but the notorious empiric, St. John Long, was previously consulted, though fortunately the patient was induced not to follow his treatment.

This gentleman retired from India a few years since; and in 1848 tried the cold water system at Malvern. In six weeks his weight was reduced a stone and a-half, with marked improvement in his powers of walking and general health.

Subsequently his weight increased, and his locomotive powers became still further diminished. A distinguished Surgeon expressed his opinion that crutches would probably have to be resorted to. Among the various remedies in this case, moxas had been applied to the ankle-joints by a Surgeon in India. This will doubtless remind you of the *cutaneous* operation for club-foot described in the first Lecture. A remarkable fact, not devoid of interest in connexion with Dr. Todd's view of regarding muscular rigidity in these cases to be dependent upon an irritative lesion of the nervous centre, is that this gentleman had been married many years previous to the paralytic seizure without having any family, but since then he has become the father of thirteen children by the same wife; the first child was born within two years of the attack.

Now, viewing all the circumstances of this case; the contracted condition of the feet, together with the amount of voluntary power and general nutrition of the muscles of the lower extremities;—I regarded it as a very favourable case for operation, and proposed division of the Achilles-tendons, with the double object of giving the patient a firm base of support, by bringing the feet into their normal position; and of rendering available, for the purpose of progression, such amount of voluntary power as he might possess. This proposal met with considerable opposition, and at a consultation, at which four Surgeons, besides myself, were present, the opinions were equally divided. The fear of the tendons not being strong enough for the purpose of support in such a heavy man, and the essential dependence of the affection upon a lesion of the spinal cord, were the arguments used in opposition.

Ultimately an extremely guarded and qualified assent to the operation was given, amounting to little more than a desire not to oppose its performance if desired by the patient. Under such unfavourable auspices no surgeon would have operated unless supported by considerable experience in similar cases. This we have in Orthopædic Surgery, and therefore, with the full confidence of the patient, a man of high scientific acquirements, and fully competent to appreciate the objects to be accomplished and mode of effecting them, I divided the Achilles-tendons, that of the right foot on the 18th October, and the left on the 27th November, 1852, assisted by Mr. B. Phillips and Mr. Propert. The feet were gradually brought into their normal position, as shown in fig. 7, the extension being cautiously made according to the activity of the reparative process in the formation of new tendon. This was more vigorous and rapid in the right than in the left foot, and there can be no doubt that rapid extension, as recommended by Mr.

Fig. 7.

Cure of equino-varus shown in Fig. 6.

Syme, would in the left foot have led to a weak and elongated condition of the tendon.

On the 29th January, 1853, this gentleman walked round his dining-room without his sticks and taking hold, only of one of my fingers and one of his servant's fingers, for the purpose of confidence and assistance in balancing his body. Strength gradually increased with time and exercise, and he walked erect without any of the fatigue, or the distressingly laborious effort, which his unbalanced condition rendered necessary previous to the operation. In this easy way he can now walk four times the distance he was previously able to accomplish, but he has not been able to dispense with the assistance of two short sticks, which are used, not for the purpose of supporting the weight of his body in its constant inclination to fall forwards, as previous to the operation, but for the purpose of confidence, and in aiding in the general balance of his body. A certain amount of paralytic weakness remains, so that the legs are advanced with a jerking movement. The amount of voluntary power in the different muscles, when examined separately by certain movements with the body in a horizontal position, would lead you to think that even this would disappear, but when in the erect position the enormous weight of his body tells most unfavourably upon his but slightly paralytic legs. There can be no doubt that if this patient had been a light weight, the results would have been proportionably more striking, while the evils to be remedied would have been scarcely less severe. Extreme weight must, therefore, be considered in your prognosis in these cases. Its effect was particularly obvious in this case, in the difficulty with which the erect position was maintained for several months after he began to walk. Pain in the back, like severe lumbago, was a troublesome symptom, but Mr. Phillips agreed with me in considering it to depend upon the inability of the spinal and pelvic muscles to balance the body in the erect position. All pain gradually subsided, and the erect posture is now maintained with ease and confidence.

The successful treatment of this case will show you how much it is now within our power to diminish the very serious inconveniences attending the late stage of these paralytic affections.

ORIGINAL COMMUNICATIONS.

A CASE OF SPONTANEOUS RESTORATION OF THE RETROVERTED GRAVID UTERUS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.
Obstetric Physician to the London Hospital, etc.

In the *Medical Times and Gazette* for October 23, 1852, will be found eight cases of retroversion of the gravid uterus, treated by me, which go far to prove the truth of the position laid down by Denman,—in opposition to the doctrine inculcated by William Hunter, Baudelocque, and others,—that if the bladder be kept duly empty, the womb will, in the great majority of instances, spontaneously regain its natural position, without the employment of any manual operation, beyond the frequent introduction of the catheter.

Since some members of the Profession, however, may still incline to the opinion that the use of active means is absolutely required for its restoration, and, as consequently forcible attempts to push the fundus upwards, may very likely be had recourse to unnecessarily, I think the publication of every case that tends to confirm our reliance on the passive mode of treatment useful; and with this view I beg to call attention to the following :—

A. G. of Hannibal Road, Stepney, aged forty-one years, married twenty-one years, having had nine children, and suffered two miscarriages,—the last at two months, in January of this year,—applied to me among the out-patients at the London Hospital, on Saturday, the 29th of last September. She stated that she had not menstruated since the middle of June, that seven days before, while lifting a heavy pail full of water out of the water-butt, she felt a sudden pain at the lower part of the abdomen; this was followed by some difficulty in passing urine, though it did not amount to an absolute stoppage. On the next Tuesday however, after riding from Stepney to Pimlico in an omnibus, which shook her exceedingly, she found she was quite unable to expel the least quantity from the bladder. On her return home, the urine was drawn off by the catheter, and the same instrument was used again on Wednesday, but not by the same gentleman. From that day till I saw her on the Saturday, the catheter had not again been had recourse to, nor had she passed any urine voluntarily; though some had dribbled away at different times, or come in gushes. The bowels had not acted since Tuesday. She did not know whether she was pregnant or not; but inclined to the latter opinion.

She appeared to be in great pain, and her countenance was indicative of much distress. Independently of the agony of a distended bladder, she complained of a violent forcing and bearing down, and a tearing and dragging sensation at the groins.

The history and symptoms led me immediately to suspect that the uterus was gravid and retroverted. I found the bladder largely filling the lower half of the abdominal cavity, its fundus rising as high as the umbilicus; introduced the catheter without delay, and drew off the enormous quantity of ninety-two ounces of dark coloured, but not offensive urine. On making a careful examination, my suspicions were confirmed; for the hollow of the sacrum was occupied by a hard tumour, which was, indeed, the fundus and body of the uterus; while the mouth of that organ was canted upwards and forwards, behind or rather above the symphysis pubis. The anterior face of the vagina was considerably stretched, and there was general tenderness of the whole pelvic structures.

I admitted her into the Hospital, and ordered her to bed; fomentations were applied, and she took 30 minims of laudanum. My resident assistant was directed to draw off the urine every eight hours, and to administer some castor-oil the next morning. The medicine acted satisfactorily on the bowels in the course of the day; the bladder was kept empty as described; she was confined scrupulously to the recumbent position; no attempt was made to replace the uterus artificially; nor was any fresh vaginal examination even instituted; and in three days she was able to void her urine of her own accord satisfactorily. The anxiety of countenance had then disappeared, and she expressed herself as feeling quite well. On examination per vaginam, the fundus uteri was now no longer to be felt in the pelvic cavity, the os uteri was in its natural situation, and none of the previous tenderness remained. I kept her in the Hospital merely for the sake of precaution, to prevent a recurrence of the accident, for a fortnight. During this interval she was confined to bed; was enjoined to pass water frequently; and, when she attempted to do so, to place herself on her hands and knees. She left the house on October 13, and is going on in pregnancy, not having experienced any return of the symptoms. She tells me that she quickened last week.

No case could more strongly prove the value of rest and the recumbent posture, together with a diligent attention to the bladder, under such circumstances, than this does. I scarcely expected that the uterus would have righted itself so speedily, after having been three days partially, and four completely, retroverted, with its fundus pressed so low down towards the perinæum as this was; and I was prepared to use some mechanical efforts to restore it, if it had continued in this abnormal position for two or three days longer.

7, Portman-square, Nov. 16, 1855.

ON THE INFLUENCE OF CIRCUMCISION IN PREVENTING SYPHILIS.

By JONATHAN HUTCHINSON, Esq.,
Surgeon to the Metropolitan Free Hospital, etc., etc.

The Metropolitan Free Hospital being situate in a locality in which many Jews reside, its out-patients' rooms furnish a good field for estimating the relative prevalence of different diseases amongst them and others. The following statement of my past year's experience as to venereal diseases, appears to have some importance, and I am induced to communicate it at the present time with especial reference to a paper which appeared in the *Medical Times and Gazette* of the 17th, from my friend, Mr. Cooper Forster, recommending the more general practice of circumcision as preventive of certain

diseases of childhood. My Jew patients have, I believe, been in proportion of nearly one-third to the others. The subjoinedTable shows the proportion of the two classes of venereal disease.

	Total of Venereal Cases.	Gonorrhœa.	Syphilis.	Proportion of Gonorrhœa to Syphilis.
Not Jews . .	272	107	165	0·6 to 1
Jews	58	47	11	4·3 to 1

Thus we find that, notwithstanding a gross proportion of nearly one-third to others, the cases of syphilis presented by Jews are only as one to fifteen. That this difference is not to be accounted for, either by their superior chastity, or by their unwillingness to seek Medical aid for such diseases, is conclusively proved by the fact that they furnish very nearly half the cases of gonorrhœa. The circumcised Jew is then very much less liable to contract syphilis than an uncircumcised person. This conclusion has, I believe, been long entertained by many Surgeons of experience, but I am not aware that it has ever before been made the subject of demonstration. No one who is acquainted with the effects of circumcision in rendering the delicate mucous membrane of the glans hard and skin-like, will be at a loss for the explanation of the circumstance.

Taking then this fact as established, it suggests itself as probable that circumcision was by Divine command made obligatory upon the Jews, not solely as a religious ordinance, but also with a view to the protection of health. Among them promiscuous intercourse was certainly not regarded in the heinous light which it is under the present dispensation, while polygamy and concubinage were openly permitted. One is led to ask, witnessing the frightful ravages of syphilis in the present day, whether it might not be worth while for Christians also to adopt the practice. Such a proposition, if intended only to protect the sensualist from the merited consequence of loathsome vice, would, it is to be hoped, be dismissed at once by every right-thinking man. But the matter is much wider. In syphilis the innocent suffer with the guilty, and the wife and the children often have to bear the penalty of the sin of the husband and father. During the period from which the statistics just adduced have been obtained, I have had under care at the Hospital a total of 252 children, under the age of 5 years. Of these 179 have been of Christian parentage and 73 of Jewish. Among the former have occurred 27 cases of congenital syphilis, while among the latter there have been but 3. Thus it would appear that but one-twenty-fourth of the surgical diseases of Jewish children acknowledge a syphilitic cause, while no less than one-sixth of those of Christians are of such origin. In this calculation I omit altogether the numerous diseases which are, in all probability, remotely dependent on syphilis, and comprise those only which present the disease in a well-marked form. The same inferences are pointed out by counting the proportion of syphilis cases in women. Of a total of 97 women who have, during the year, come under treatment for one or other form of venereal disease, 92 have been Christians and 5 Jews. Of the 91 of the former, no fewer than 61 have suffered from syphilis, and at least two-thirds of these have been married women, who, there was every reason to believe, had contracted the disease from their husbands without any fault of their own.

With regard to its being the duty of the Surgeon invariably to remove the prepuce of infants born with congenital phymosis, which Mr. Forster, in the paper referred to, so ably points out, I have long held a similar opinion with his own. That opinion, together with some reasons for it, are recorded at page 415 of the *Medical Times and Gazette* for October 23, 1852.

33, Finsbury-circus, Nov. 19, 1855.

Discovery of a MS. of Pliny.—The *Corriere Mercantile*, of the 5th, says:—"Dr. F. Moul, Professor at the University of Heidelberg, has discovered in the Monastery of St. Paul, in Corinthia, a MS. of the elder Pliny, containing nearly the whole of the seventh part of the 'Natural History,' lib. 11 to 14."

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING OCTOBER.

(Continued from page 521.)

The subjoined report includes, as usual, the following Hospitals:—University College, King's College, St. Bartholomew's, St. George's, Guy's, St. Thomas's, the London, the Middlesex, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, the Marylebone, and the Hospital for Sick Children.

LARYNGOTOMY AND TRACHEOTOMY.

The case mentioned two months ago, as under Mr. Partridge's care, in King's College Hospital, and in which tracheotomy had been performed, on account of the impaction of a button in the larynx, still remains under treatment. The button has not been removed, or indeed found, although a bit of string which was attached to it has come away. The child is in good health, and quite comfortable so long as the tube is kept in the trachea, but on one occasion, in which it had been removed for two hours, death from suffocation all but followed.

Case 1.—A male child, aged 16 months, was admitted into the London Hospital one evening, with the statement, that while at breakfast in the morning it had swallowed a piece of fish, which, at the time, caused symptoms of choking. The mother, at the time, passed her finger into the throat, and, by also beating it on the back, succeeded in obtaining some relief. A Surgeon, to whom the child was taken, ordered an emetic, the action of which procured the expulsion of a piece of fish-bone, and almost complete mitigation of symptoms. During the middle of the day the child played about, and, at noon ate a hearty dinner. Towards evening, however, cough came on, and symptoms of obstruction in the larynx rapidly developed themselves. When admitted, at 7 p.m., he was sunken and much oppressed; the respiration was crowing. An emetic was employed and afterwards a warm-bath, which giving no relief, Mr. Corner, the House-Surgeon on duty, performed tracheotomy. No blood was lost; and as soon as the tube was introduced, relief to the more urgent symptoms was obtained. An examination, by means of a probe was made, both of the larynx and the trachea below, but no foreign body could be detected. The child rallied, and about midnight seemed in a favourable condition. A sinapism was ordered to the chest on account of the presence of bronchitic râles. At half-past three in the morning Mr. Corner was summoned, with the account that the breathing had been worse, and, on reaching the ward, found the child dead. No post-mortem was permitted; but, by examination through the wound, two pieces of fish-bone were found firmly fixed between the vocal cords.

Case 2.—A man, of middle age, under care in St. George's Hospital, had suffered from threatening attacks of suffocative dyspnœa in connexion with chronic disease of the larynx. As a precautionary measure the larynx was opened after one of these. Mr. Tatum was the operator. The tube was used for a few days, and then removed. The wound has healed, and the breathing is more comfortable.

Case 3.—A man, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a bronchocele, by which the trachea had been compressed. To relieve the dyspnœa, laryngotomy was performed. The patient sank twelve hours after the operation; and, at the post-mortem, the trachea was found compressed laterally to a mere chink.

Case 4.—A man, under care in St. Thomas's Hospital, on account of syphilitic disease of the larynx. He had been under treatment several days, when dyspnœa became so urgent that tracheotomy was demanded. It was performed by Mr. Ord (House-Surgeon) and produced immediate relief. The man is now (three weeks after the operation) doing well. The tube is still retained, and he is unable to breathe when it is closed.

Case 5.—A man aged about 55, was admitted into St. Bartholomew's Hospital, suffering from laryngitis which threatened

suffocation, and which had, from the history, only commenced a few hours before. The urgency of the case rapidly increased, and within a short period of his admission, tracheotomy was decided on. At this time he could not speak and every minute threatened to be his last. Whilst the preparations for the operation were making, he ceased to breath, and although Mr. Lloyd proceeded immediately to its completion, it was not afterwards found practicable to rally him. Artificial respiration was tried. At the autopsy great œdema of the submucous tissue of the glottis was found.

OPERATIONS FOR NECROSED BONE.

In eight cases, operations for the removal of sequestra, from long bones affected with necrosis, have been performed. In several, large fragments have been removed. All the patients remain under care, and are doing well.

EXCISION OF NERVE.

A man, of middle age, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, on account of painful stump. Amputation by flaps, just below the elbow, had been performed fifteen years before, and for the last year he had suffered much pain in one part of the stump. Mr. Stanley excised a bulbous extremity of a nerve from the part affected. The pain has been wholly removed, and the wound is healing.

TREPHINING FOR ABSCESS IN BONE.

Case 1.—An Irish labourer, aged 28, admitted into the London Hospital, under the care of Mr. Critchett, having for several years suffered from severe pain in the upper part of the right tibia. The pain had been extremely severe, and had evidently worn down the general health; it had, however, had occasional remissions. He had been under care at several Hospitals. The tibia was felt and seen to be generally enlarged, for about three inches below its tubercle; there was increased heat of the part, but not much redness. Great tenderness on firm pressure. Having diagnosed abscess in the bone, Mr. Critchett performed the operation of trephining over the most painful spot. A disk of hardened bone having been removed, about half-an-ounce of thick creamy pus, without odour, welled up. The cavity did not contain any loose or bare bone, but was lined throughout by villous granulations. The pain has wholly ceased since the operation, but the cavity is not yet filled up.

Case 2.—A girl, aged 10, under Mr. Stanley's care, in St. Bartholomew's Hospital, with diseased tibia. Necrosis was believed to exist, and the abscess had already opened itself externally. A large opening, 4 inches long, was made, but no dead bone was found, the disease being merely abscess in the cancellous tissue. The parts were rapidly filling up.

Case 3.—A young man, under the care of Mr. Quain, in University College Hospital, on account of chronic inflammation of the whole radius, the result of injury. He had suffered much pain, and had been subjected to long treatment by leeches, blistering, iodide of potassium, and mercurials. The bone was much enlarged. Mr. Quain employed the trephine in three different places, but no abscess was found. The patient has since continued to suffer much from pain and from spasmodic contraction of the fingers. It is proposed to amputate.

OPERATIONS FOR UNUNITED FRACTURE.

In a case of ununited fracture of the femur, under the care of Mr. Erichsen, in University College Hospital, a second operation, by the introduction of ivory pegs, has been performed. The first was about eight months ago, when a peg was put into the upper fragment. On the present occasion, the lower one was treated in the same manner.

A case of ununited fracture of both bones of the leg, mentioned in our reports six months ago, remains under the care of Mr. Critchett, in the London Hospital. It is hoped that consolidation is taking place.

OPERATIONS FOR URETHRAL STRICTURE.

Case 1.—A man, aged 33, in very bad health, for years the subject of stricture, perinæal fistula, etc., was admitted under the care of Mr. Paget, into St. Bartholomew's Hospital. Having succeeded in dilating the urethra until it would admit a sound, Mr. Paget performed perineal section on a Symes's staff (No. 2). The perinæum having been freely divided in the median line, a gristly stricture, an inch-and-a-half long, from the membranous portion forwards, was cut through. A No. 8 silver catheter was afterwards retained. The man has done well, and the wound is healing.

Case 2.—In an old man, under the care of Mr. Erichsen, in University College Hospital, internal section of a stricture has been performed. Ricord's instrument was employed. Under treatment.

Case 3.—A man, aged 27, under the care of Mr. Fergusson, in King's College Hospital, having suffered from stricture, consequent on gonorrhœa, for eight months. Four months before admission he had an attack of retention, which ended in extravasation, and extensive abscesses in the perinæum. No instruments had been used prior to his admission. He was a pale, unhealthy-looking man, by trade a smith, and residing at Ipswich. Most of his urine passed by a fistulous opening into the rectum, but there were several other fistulæ in the perinæum. None escaped by the penis, except now and then an involuntary dribbling. Mr. Fergusson failed many times in his attempts to introduce a catheter, but at length succeeded in forcing a No. 3, having a groove in its convexity, on which perineal section of the stricture was subsequently performed. A No. 8 silver instrument was afterwards passed and retained. The man did well, with the exception of a rigor, and much feverishness on the fourth day, from which he remained ill several days following. The instrument has been several times changed, and is now laid aside. The wound is healing.

Case 4.—A man, aged 62, under the care of Mr. Henry Thompson, in the Marylebone Infirmary, on account of a very old stricture. There were several fistulæ passing through the scrotum, and one opening in the pubes, through which most of the urine escaped. He had passed no water by the meatus for eight years. The deformity of the parts was very great, the scrotum being puckered up by the fistulæ passing though it. After much trouble, dilatation up to No. 5 was accomplished. On October 16, the stricture was divided on a grooved staff, and the fistulæ freely laid open, the scrotum being thus divided into two lateral halves. A No. 8 silver catheter was afterwards retained. The progress of the case has been satisfactory, and the wounds are healing well.

PLASTIC OPERATIONS.

Case 1.—A girl aged 18, under Mr. Fergusson's care, in King's College Hospital, on account of cleft of the posterior half of the soft palate. Twelve years ago the edges had been cauterized, but no benefit was obtained. Mr. Fergusson pared the edges and united them by sutures. The anterior part healed, but the lower part again separated. *Case* 2.—An infant aged 10 days, under the care of Mr. Cock, in Guy's Hospital, on account of fissure in the palate, and widely gaping single hare lip. The usual operation was performed with success. *Case*. 3.—A girl aged 4, under Mr. Birkett's care, in Guy's Hospital, on account of the contracted cicatrix of a burn in the neck. The cicatrix was divided, but the result has not been satisfactory. *Case* 4.—A woman aged 43, under the care of Mr. Baker Brown, in St. Mary's Hospital, on account of vaginal cystocele. The usual operation was performed. Erysipelas set in on the third day, but subsided under treatment. On the ninth day, she was taken by rather sudden collapse, and died. No post-mortem permitted. *Case* 5.—A woman, under the care of Mr. Baker Brown, on account of ruptured perinæum and vesico-vaginal fistula. The perinæum has been successfully united by the usual operation, but the fistula remains for further treatment. *Case* 6.—A man aged 25, under the care of Mr. Henry, in the Middlesex Hospital, on account of fungous protrusion of the testis. The fungus was the size of a hen's egg. The edges of the skin were dissected up, pared, and united. The wound partly healed, but the testis still partly protrudes.

OPERATION FOR PULSATING NÆVUS.

A child aged 18 months, under the care of Mr. Hutchinson, at the Metropolitan Free Hospital, on account of a subcutaneous erectile tumour in the right lower eyelid and cheek. It had existed from birth, but was increasing in size so much, as by dragging down the lids to almost close the eye. It had been under treatment at several other Hospitals. The skin was not affected except in having one or two tortuous veins. The pulsation was feeble, and though very distinct, could scarcely be felt. The tumour could only be partially emptied by pressure, and rapidly refilled when the compression was removed. The operation consisted in carrying a curved incision the whole length of the lid, about an inch below its edge, and then dissecting up the flap of skin. By means of

an aneurism-needle ligatures were next passed beneath the parts from which the tumour seemed to derive its vascular supply. Its adhesions having then been torn through in various directions with a blunt instrument, large parts of it were cut away. The bleeding was easily checked. No secondary hæmorrhage occurred, and the wound has healed well, leaving of course for the present a large scar. The tumour proved to consist in part of dilated tortuous veins, in part of true erectile tissue, and in part of lobules of fibrous tissue containing fat.

REMOVAL OF EXOSTOSIS.

A boy, aged 10, under the care of Mr. Cock, in Guy's Hospital, on account of an exostosis, the size of a finger tip, growing from the first phalanx of the great toe. It was cut away with a strong bladed knife. The wound has healed.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

CLINICAL NOTES AND MEMORANDA.

Do eyes of different foci puzzle each other?—November 23.—A young woman presented herself this morning among Mr. Critchett's out-patients, on whom the operation for cataract had been performed on the right eye, the left being at the time perfectly sound. The cataract had been caused by an accident in childhood. Mr. Critchett remarked, "It has been laid down as a law, that in cases in which one eye is perfect, no attempt should be made to remove a cataract from the other, because by so doing you will get eyes of different foci, and your patient will be annoyed with double vision. Experience does not, however, confirm this dogma of *à priori* reasoning. In the woman before us I operated for cataract simply because the white opaque capsule was a deformity, and I subsequently operated for strabismus on the same eye with the same intent. The result you see. There is at present no visible imperfection in the patient's eyes. She has not much sight with the right, it is true; nor, indeed, could it be expected, seeing that light had been shut out for twenty-two years. The eyes do not, however, trouble each other, and there is no double vision. I am quite certain, that practically eyes of different foci become in time accommodated to each other, and that instead of confusing, the less perfect eye assists the other. It may be that, under circumstances where double vision would be likely to occur, the patient learns to disregard one of the impressions. A patient who has been operated upon for cataract in one eye, the other being perfect, will have better sight than if he were simply monocular."

Removal of opacities from front of cornea.—November 23.—A florid boy, about 8 years old, having been put under chloroform, Mr. Bowman proceeded to remove from the centre of his left cornea a thick white patch of opacity. It had resulted from inflammation many years ago, and all inflammatory action had long since ceased. A very narrow-bladed, sharp-pointed knife was used, the eye being held steady by forceps, and the lids open by a speculum. The epithelium was first scraped off, and the point of the knife was passed under the border of the patch, and made to cut its way out below, so that a flap was thus obtained which could be held by forceps. By a few delicate strokes of dissection, the greater portion of the opacity was removed in one piece, a few small shreds being taken away afterwards. The cornea was left perfectly clear below, but round the margin of the patch was a white rim, which the operator explained was due to the entanglement of minute air bubbles in the edge of the cut conjunctiva. Mr. Bowman subsequently showed us in the ward a little girl, for whom ten days before he had done a similar operation. In her case the opacity was large, and only its central part had been removed; there was, therefore, an opportunity for comparing the cleared part with the state which had previously existed. The cleared central part remained perfectly transparent, and that notwithstanding some degree of inflammation present in the eye.

Removal of soft matter after needle operations for Cataract.—November 14.—Several cases have recently been operated upon, in which, after the introduction of a needle, the whole contents of a very soft cataract escaped into the anterior chamber. In these, Mr. Critchett always adopted the plan of enlarging the opening in the cornea sufficiently to admit a grooved curette, and evacuating by its means, as much as possible of the turbid soft matter. This morning, an infant was subjected to a first needle operation, and the occurrence alluded to took place. As soon as the capsule of the lens was torn, the anterior chamber became almost filled with white matter. No attempt having been made to evacuate it, a student present inquired the reason for the difference in practice. Mr. Critchett replied, that in young children, the powers of absorption were so vigorous that no inconvenience would result. In the adult, on the contrary, if much soft lenticular matter were left in the anterior chamber, great irritation was sure to follow. Pain, sickness, constitutional disturbance, and general inflammation of the eye, not unfrequently resulted, and might, he believed, be prevented with great certainty by the evacuation of the soft matter at the time of operation.

NOTE.—In our Statistical Report last week, Mr. Lane's name, the operator on the Aneurism case at St. Mary's Hospital, was inadvertently omiated.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 61.—STATISTICS OF THE MALFORMED AND INFIRM IN FRANCE.

[*To the Editor of the Medical Times and Gazette.*]

SIR,—In a curious document, published by the Ministry of Commerce and Agriculture, it is stated that there are now in France 37,662 blind, *i. e.* 105 out of 100,000 inhabitants; 75,063 blind of one eye, *i. e.* 210 out of 100,000 inhabitants; 29,512 deaf and dumb; 44,970 insane; 42,382 goîtreux; 44,619 humpbacked; 9077 individuals having lost one or both arms; 11,301 having lost one or both legs; and 12,547 club-footed. I am, etc. E. S.

No. 62.—THE QUANTITATIVE ANALYSIS OF UREA IN URINE.

SIR,—I have been trying for some time to determine the quantity of urea in urine by Liebig's test of pernitrate of mercury, but cannot get results to my satisfaction. I believe the process is given in full in the *Journal* of the Chemical Society, Vol. VI. page 1, but I have not been able to obtain that Number. I have seen it mentioned in the *British and Foreign Medico-Chirurgical Review* for 1853, but do not think the instructions there given are the whole of Liebig's. Would any of your Correspondents have the goodness to give the details of the process in the next number of your widely-spread periodical, and so benefit myself and others in the like difficulty? I am, etc. A STUDENT.

No. 63.—THE TREATMENT OF PITYRIASIS VERSICOLOR.

SIR,—Will some of your correspondents inform me the best mode of treating "Pityriasis versicolor?"

I am etc. ALPHA.

No. 64.—SUFFOCATION OF HYDROPHOBIC PATIENTS—DESTRUCTION OF MONSTROUS BIRTHS—INSTANCE OF FEMALE CHILDREN UNITED BY THE LOWER EXTREMITY OF THE SPINE AND THE GENITALS.

SIR,—One of your correspondents has done me the honour to refer to some instances, which I gave in the "Surgeon's Vade Mecum," 3rd edition, 1843, page 162, of the destruction of patients suffering under hydrophobia. Respecting that which occurred in Lincolnshire, I may state my conviction that it is perfectly authentic. I was told of it by the son of the Surgeon who bled the hydrophobic woman to death, and this at a time when the fact was perfectly fresh within the father's memory.

If your correspondent is familiar with the *Tatler* and *Guardian*, periodical essays which were published in London nearly a century since, and which have become classics, and are found "on the shelves of every gentleman's library," as Charles Lamb used to say, he will find narrated the case of a gentleman who was seized with hydrophobia, and whom the attendants were going to smother between featherbeds, in the usual way; but, to escape from this fate, the patient ran out of the room, jumped over the bannisters, and fell a great distance, wounding the temporal artery in his fall The loss of blood, it is said, cured the patient. I have not the works at

hand, but your correspondent can easily find the case, if desirous of so doing.

May I now ask, if any of your readers can give an authentic *instance* of the destruction by the civil authorities of a so-called monster? that is, of a child born with such deformities as, in the opinion of the authorities, shall deprive it of any claim to the rights and titles of humanity? Daniel Turner, a gossiping Medical writer of Queen Anne's day, says:—

"Monsters and truly monstrous births are not to be meddled with, but to be left to the civil law to determine, upon mature deliberation, and the judgment of Physicians before consulted, which are fit to be destroyed and made away with, and which to be preserved and kept alive."

I am not asking about law or opinion, but for *recorded instances* of deformed children, destroyed on account of alleged monstrosity.

Daniel Turner tells us likewise that "we have seen within these few years two girls brought out of Germany miserably complicate, or conjoined about the loins and buttocks, with one common anus and pudendum."

This was, therefore, an exact counterpart of the girls lately exhibited at the Egyptian Hall, and described in your pages by Dr. Ramsbotham. I am, etc.

Curzon-st., Nov. 28, 1855. R. Druitt.

ANSWERS.

[*To the Editor of the Medical Times and Gazette.*]

To No. 57.—Properties of Aluminium.

Sir,—Mr. Westrupp has found a mare's nest in aluminium. As for the metal, I would ask what we are to expect from it in a metallic state? It is the salts that are the working agents in the animal economy, and surely Mr. Westrupp is no stranger to these. I am, etc.

Iatro-Chemicus.

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Medical Times & Gazette.

SATURDAY, DECEMBER 1.

THE INDIAN MEDICAL SERVICE.

We have lately perused, with much interest, the evidence given by Mr. J. R. Martin before a Select Committee of the House of Commons, on the Indian Territories; and also a pamphlet on Army Medical Reform, by a Medical Officer of the Indian Army.

The officers of the Medical Service in India, as well as the Profession at home, are deeply indebted to Mr. Martin for the zeal and intrepidity which he has invariably evinced in advocating a reform of the various and great abuses which characterize that service. To appreciate the obligation properly, we should reflect how many, or rather we should say, how few, after attaining the high position which Mr. Martin has acquired, would venture into the sea of troubles which reformers must expect to encounter, and that for no possible advantage to themselves, but solely for the benefit of those who come after them; we should remember how many are tamed by the years of routine which they are doomed to encounter, and, after feeling at first, most keenly, the faults and vices of the system, end, at last, by quietly submitting to be its victims. It is only at rare intervals that we can expect to find some superior mind arise, armed with the experience which gives weight to the statement, and possessing the talent to detect, combined with the youthful fervour and philanthropic zeal to denounce such old-standing and deep-rooted abuses. It is the duty, therefore, of those who are interested in having these abuses remedied, to avail themselves to the utmost of such opportunities when they do occur.

It must not be supposed, because these papers refer more especially to the Indian Army, that they possess a minor degree of interest for those of us at home, who are more, immediately concerned with the welfare and good management of the Queen's Service; for, in truth, a reform of the one implies and necessitates an improvement of the other. Besides, now that the Indian Service is thrown open to competition, its amendment becomes a matter of the greatest consequence to us all, and one that the Profession in this country should use every exertion to obtain. We need offer, therefore, no apology to our readers for inviting their attention to the subject, or for impressing its importance upon them.

In the management and organization of any large body of men, in order that they may be made to act with efficiency, an accurate arrangement of parts and a judicious selection of individuals, are obviously matters of pressing necessity; this would apply with even greater force, if possible, to a Medical, than to any other corps. Let us then learn, in the first place from Mr. Martin's evidence, the kind of organization enjoyed by the Medical Service in India, counting, as it does, some 900 officers within its lists.

In each Presidency, the Medical Department is placed under the rule of a Board, composed of the three "oldest" members of the Service; below these come the "Superintending Surgeons," some ten in number in Bengal, taken also by seniority; and lastly, we have the Surgeons and Assistant-Surgeons, performing, each of them, precisely the same duties.

According to the present rate of promotion, an Assistant-Surgeon, after about seventeen years' service, or when he attains the respectable age of forty, may expect to become a Surgeon; after another thirteen years, should he live so long, he may hope to become a Superintending Surgeon; and finally, about the age of sixty-three, when the effects of an Indian climate have, to a moral certainty, taken nearly all that was good out of him, he may reach the Board. The palm is awarded, it will be seen, to him who simply lives the longest. Capacity, distinguished service, professional skill, administrative talents, are of no account. The most stupid blockhead who left England some forty years previously, and who has contrived just to keep himself out of any great scrape, becomes, as a matter of course, preferred to a Robert Jackson, a Marshall, or a Martin.

Such a system, it has been justly observed, is quite unknown in any other army, or, we might add, in any other body. What, for instance, would be thought in this country, if the three oldest Surgeons on the list were always selected as the heads of the Profession?—if the venerable Mr. Brown, of Little Pedlington, the respected Mr. Jones, of Stoke Pogis, and the imbecile Mr. Robinson, of Fudley-cum-Pipes, became, as a matter of course in their turn, the President and Vice-Presidents of the College of Surgeons?—if the examinations had to be conducted by them, the scientific attainments of the collegiate body regulated and judged of by their standard?—if such an arrangement would be absurd in this country, it is

worse than absurd, it is noxious and injurious in the extreme in India. A Board so composed is treated with contempt both by the military authorities and its own subordinates. It has ceased to exercise any real authority. The Government is without trustworthy Medical aid in sanitary measures, and, as a consequence, the grossest ignorance is displayed. The cantonments are, to this day, in a condition that reflects the deepest disgrace on all concerned; some have been selected in defiance of all sanitary rule, while new barracks have been built and old ones expensively repaired, that for half a century have been little more than pest-houses.

Without estimation in the eyes of Government, deserving and receiving no respect from its own juniors, the Board relieves itself by an overwhelming solicitude on the point of economy. A Surgeon, for example, of many years' standing, during a late epidemic, expended in one month the enormous amount of four bottles of port-wine. The Board forthwith demanded an explanation of this "excessive expenditure!" In vain the Surgeon pointed out that all his sick had recovered; such an excuse only added to the offence; a bottle of wine was worth much more than a man in the eyes of these magnates, and so, to check any such extravagance for the future, they sentenced the offender, as a sort of schoolboy imposition, to write out at full length the case of every soldier to whom a drop of wine had been exhibited!

To the Superintending-Surgeons, chosen likewise by seniority, nearly the same observations will apply as to the Board. There is, indeed, a greater chance of occasionally getting an able man among them; but in practice they have become little more than so many channels of correspondence, employed to keep down expenditure, and to assist the Commissariat in making the Hospitals as inefficient as possible.

By this system of promotion by seniority, the whole Profession is maintained on a dead level; the idlest and shallowest man is placed on an equality with the most indefatigable, the most talented. By dint of long service all certainly attain in due time a provision for life, all *may* arrive at the head of their branch of the service. There is no stimulant to exertion, no premium for industry or genius. Without competition it is impossible for science to flourish, for knowledge to advance; and without a systematic plan of preferments and rewards it is equally impossible for competition to exist. Where all are remunerated for length of service alone, he gains the most who does the least work; a species of intellectual *communism* is produced, which leads to a sluggish performance of routine duties, a repugnance to all mental work that can possibly be avoided.

We have dilated somewhat on this preposterous organization because it forms we believe, to a certain extent, the key to the just and reasonable complaints urged by our brethren in the East. Designedly or not on the part of the Government, by bringing the heads of the Service into general disrespect, it serves to lower the *status* of the whole body, to depreciate them in the eyes of their fellow officers, and *apparently* to justify their long neglect by the authorities of the State.

We pass now to the consideration of some of those circumstances which have rendered the Medical officers of the Indian Army, as a class, so thoroughly discontented. In the first place, the most invidious and disparaging distinctions are made between them and the military officers; wherever it is possible to make a distinction between the two, it is done to the disadvantage of the former. If a Surgeon of a quarter of a century's service, who has distinguished himself in the field, and has gained the highest experience, has to serve on a committee with military officers, the beardless ensign of yesterday takes precedence of him. Should he venture to complain, and appeal to the army regulations, he is plainly told that Medical rank is "official," and that he must abide by the practice!

Even with respect to pay and privileges of leave, the same galling and unjust distinctions are made. When the new furlough regulations were promulgated, a Medical officer about to proceed to England on sick certificate, applied to take advantage of them. He was instantly told that Medical officers were not included in the supposed indulgence, and a circular to that effect was addressed to all Superintending-Surgeons.

Again:—a most unjust and unfair deficiency exists in the comparative amount of military rewards and honours awarded to the Medical Service. Though the Surgeons take at least their fair share of all the fatigues and privations, and of many of the dangers, including some that are peculiar to their own duties; when the time comes for distributing the honours, how seldom are their services remembered! In the East India register for 1853, we find the names of 206 officers of the three Presidencies of India on whom honorary distinctions, British and Foreign, have been bestowed, but out of this number, only six belong to the Medical Department.

If anything could possibly render this neglect more unjust, it would be the recollection that the very foundations of our magnificent Indian empire are due to Medical men. In 1644, permission was, for the first time, granted to the English to construct their factories on the shores of the Bay of Bengal at the instance of a surgeon named Boughton; and, in 1717, the influence of Mr. William Hamilton, the surgeon who attended and cured the Emperor of Delhi, secured to us the possession of the thirty-eight villages around Calcutta.

Many more sources of complaint might fairly and properly be urged;—there is a considerable deficiency, for instance, in the actual number of Medical Officers for the duties of the Army and of the various Civil Stations. During the campaigns of Gwalior and Lahore, it was not, it is stated, till the Field Hospitals were crowded with wounded that a single Assistant-Surgeon was placed under the orders of the Field-Surgeon; and on both occasions it became necessary, from the paucity of numbers, to deprive regiments of their regular Hospital establishments, to strip Civil Stations, nay, even Calcutta itself, of the European Medical Officers, and to leave many posts under the charge of native doctors. This deficiency in numbers applies with increased force to the upper ranks of the Service; while the proportion of Field-officers to that of the inferior ranks in the Bengal Army, is as one to eight; in the Medical Department, the proportionate numbers are as one to twenty-three. From this cause there follow, as a matter of course, Medical and Surgical inefficiency, especially during field-service, as well as that general slowness of promotion which constitutes, at least in Bengal and Madras, so crying an evil.

We gladly turn from this disheartening list of grievances, to the remedies proposed by Mr. Martin, with which, we need scarcely say, we most heartily concur.

In the first place, the Medical Boards of India should at once be abolished, and in their place a single responsible Medical officer, with ample and well-defined authority, be appointed to the head of the department. This post, as a matter of course, should be filled, not by the oldest Surgeon, but by the one who has evinced the most fitness for it, who has displayed the highest moral and intellectual qualifications. He should be provided with two efficient secretaries—one, say, to carry on the correspondence of the office, the other to be a Medical Registrar, to superintend the different returns, and prepare annual reports on matters of importance to the health or sanitary condition of the Army.

Again:—While it is only fair that every officer, by means of long service, should earn a provision on which, in the ful-

ness of time, he may retire, preferment to the highest grades should be held out as a stimulant to produce exertion, to evoke those efforts after distinction which the existence of valuable prizes is ever sure to call forth. The Army-Surgeon should be urged and encouraged, by rewards and distinctions, to conduct those medical, topographical, and statistical investigations, which are of the highest value in advancing the moral and physical welfare of the people of India. He should be induced to prepare reports and systematic works on the nature and treatment of tropical diseases, and on the management of the sick and wounded on active field service. By such labours he would confer the greatest and most lasting benefits on the fleets and armies of our country, and by our country such services should ever be highly rewarded.

To turn these reports, however, to the greatest advantage; to prevent them from being buried in the public offices, and causing the official shelves to groan under a wasted load of information of the highest scientific interest, it would be most desirable that there should be at the India House some Medical officer, selected for his scientific attainments and for his professional experience, to act as Secretary in the Medical Department. Such an officer would be of the highest value in arranging and classifying all subjects connected with the Medical requirements of the army of India, as well as with the sanitary condition of the civil population.

If sanitary questions are important here, they are specially so in tropical regions, where the external causes of disease are so energetic and emphatic. It is by the attention given to sanitary questions, imperfect even as it has been as yet, that the mortality in the Navy, which was formerly 7 per cent., has been reduced to less than 2 per cent. per annum. In this respect a deep debt of gratitude is due to Mr. Martin, who, as long ago as 1835, submitted to the Governor-General of India, Sir C. Metcalfe, a detailed system of sanitary regulations, applicable both to the army and the general population. It is only just to Sir C. Metcalfe to say, that he at once perceived the value and importance of Mr. Martin's recommendations, and carried them out by a general order embodying them *verbatim*. This measure has been since then the sanitary law of India.

As a further proof, if any were needed, of the great sagacity of Mr. Martin, and the extreme value of any suggestion coming from so high an authority, we may state that the settlement at Negrais, an island near the coast of Pegu, which he first discovered to be fit for a *Sanatorium*, and the importance of which, twenty years ago, he urged on the Government of India, is now rising into a flourishing port and city, to be called Port Dalhousie.

The numbers of the Medical officers should be increased; but, above all, a better arrangement of them should be made, and the various grades which exist in Her Majesty's Service of Staff Assistant-Surgeons, Staff-Surgeons, etc., should be created in the Indian Service likewise.

Finally, the principle, so strongly advocated by Mr. Martin, that there should be no distinctions or differences between Military and Medical officers is no doubt the only sound one. Till this is fairly and impartially carried out, there should, and there will be, a chronic source of discontent in the Medical Department.

We have been in this country, as well as in India, constantly and systematically degraded; while matters concerning the health of the people are those which, after all, are ultimately the most important, Medical men alone have never had a voice in their management. In the councils of the State, the other services are represented,—the Medical passed over in contempt. Till this is remedied, till we can arrive at such an amount of union as to enforce our proper claims, to cause them to be recognized and conceded, we can hardly expect the Profession to be satisfied with their position and treatment.

Should such a consummation ever be arrived at, we shall owe it, to a considerable extent, to the great talents, the undaunted courage, and the steady perseverance of Mr. Martin.

DR. LETHEBY ON INTRAMURAL INTERMENTS.

The new Medical Officer of Health for the City of London has just furnished a proof of the benefit which must accrue to a community from the constitution of such an office, while he has also justified the choice the City has made in its recent appointment. We refer to the prompt and able reply of Dr. Letheby to the assertions made by Archdeacon Hale respecting Intramural Interments, which he informs the Clergy of London, and the Churchwardens of St. Sepulchre's, are not injurious to the public health.

The venerable Archdeacon says that "Experience proves that within certain localities, certain diseases are engendered, and that the traveller who remains there for a certain time, is sure to contract the disease; but (that) no such effects have been known to follow from temporary or constant residence near or upon any churchyard in England. Neither has it been proved that churchyards send forth emanations which are deleterious."

The position of the venerable Archdeacon gives so much weight to his doctrine, as to render it desirable that he should receive an authoritative reply, and no authority could be called into action better adapted to the occasion than that of the City Medical Officer of Health. Apart from his standing as a dignitary of the Church, the venerable Archdeacon refers to his "having, for many years, conversed with Men of Science, Chemists, Physiologists, and Physicians," whose authority, although their names are not recorded, is thrown into the scale which he has honoured with the weight of his own testimony. We have recently seen that even men of science and members of the Medical Profession may be so biased by the influence of a favourite hypothesis, as to lose sight of the facts which are patent to all the world; but, we imagine it would be very difficult for the venerable Archdeacon to furnish a long list of "Men of Science, Chemists, Physiologists and Physicians," who would sanction the incredible theory he has ventured to propound.

The traveller, we are told by the Archdeacon, may find the graveyard neighbourhood injurious, but there is no danger to the constant, or even the temporary, resident. This alleged immunity of the resident reminds us of a similar statement we lately heard with reference to railway accidents, that they happen to the occasional traveller, but never to those who are accustomed to traverse a particular line backwards and forwards every day,—a statement which harmonizes with the doctrine of chances quite as well as the doctrine of the Archdeacon harmonizes with well-known facts.

Dr. Letheby demolishes this proposition by adducing the experience of mankind in all ages;—the results of various inquiries into the actual condition of our own graveyards;—an experimental examination of the process and products of animal putrefaction; and by the knowledge acquired by the Physiologist and Physician.

The learned Archdeacon may, perhaps, somewhat modify his assertion when he remembers how Moses, who blended sanitary regulations with religious ceremonials, decreed that he who touched a dead body should be unclean for seven days; how the Egyptians and Peruvians, the Greeks and Romans, resorted to various means to guard the living from exposure to the decaying corpses of the dead, and how the early Christian Church found it essential to the public health to pass various enactments against the practice which we are now

assured is innocuous. The numerous decrees cited by Dr. Letheby are founded on the experience that the putrid emanations from the dead were hurtful to the living.

We cannot, however, be very sanguine as to the conversion of the Archdeacon to more rational views, since his opinions were formed after reading those gatherings from the graveyards of London which abounded with proofs that there was a peculiar prevalence of disease in these localities, and which furnished most distressing cases of illness, traceable to the charnel-houses of the Metropolis. It should be remembered, that these cases included not those travellers who are pointed out by the Archdeacon as the only victims of intra-mural interment, but the poor people who lived constantly near the burial-ground, and who looked from their back windows on the scene in which the deadly effluvia were rife.

It is not, however, too much to expect that the physiological facts which are presented in Dr. Letheby's report will induce the Archdeacon to abandon his notion, that the emanations of his crowded graveyard are the gases which, "lightly breathed in a diluted form into the nostrils, revive the nervous system and restore the action of the heart." The facts which Dr. Letheby presents, supported by the highest scientific names, are such as will convince the public, if they fail to satisfy the learned Archdeacon, that "the custom of placing graveyards in the neighbourhood of our dwellings, or of requiring people to sit for so many hours a-week over putrid family vaults, or heaps of mouldering human dust, is as contrary to the dictates of science and enlightened common sense as it is to the oft-repeated suggestions of sanitary experience."

It is unnecessary that we should follow in detail this learned and able report, the following passage from which will show the manner in which its author disposes of the more scientific portions of his subject:—

"The last part of this question—namely, that which refers to the observed effects of putrid emanations on the healthy animal economy, has so frequently been made the subject of investigation by authors of acknowledged celebrity, that no doubt can possibly exist in the mind of the well-informed man of science, that the most dangerous consequences have resulted from the inhalation of atmospheric air, charged with the products of animal decomposition. In support of this, I may mention the names of Vicq d'Azyr, Ramazini, Pennicher, Haller, etc., and the still more recent authorities of Tardieu, Levy, and Taylor. I should weary you if I were merely to enumerate the cases in which sudden death and malignant fevers and terrible epidemics have clearly been caused by the emanations from the churchyards and vaults of this and other countries. Experiment has also proved that putrid animal effluvia, however they may gain access to the living body, whether by inhalation, by swallowing, or by being applied to a wound, occasion a disease, which closely resembles the low forms of typhus fever. Magendie, in his experiments on dogs, found that when the animals were confined, so as to inhale an atmosphere charged with putrefying matter, they quickly lost flesh, and although they retained their gaiety and appetite, they died much emaciated, in the course of ten, fifteen, or twenty days.

"Lastly, I may state, that the experience of every one who has had occasion to inhale the putrid emanations from the recently dead animal body, is to the effect that diarrhœa, dysentery, nausea, a general wasting of the system, and sometimes a low form of typhoid fever, are the unfortunate results. On this head the remarks of Christison, Chevallier, Olivier, Michael Levy, and Tardieu, are particularly emphatic; and I cannot help saying, that from one who, like the venerable Archdeacon, has had the advantage of 'having for many years conversed much with men of science, chemists, physiologists, and physicians,' who has thereby had an opportunity of enjoying in no ordinary degree the light of modern knowledge, the opinions and arguments which he has put forth on the present occasion are, at least, remarkable; for not only are they entirely opposed to the experience of the past, but they are also in direct contradiction of the science of the present. Indeed, the great tendency of all recent investigations into the subjects of chemistry, physiology, and pathology, has been to show that the peculiar changes which are going on in a mass of putrefying matter, are, by its mere contact with the living body, most liable to be transmitted thereto. Pathology, also, teaches us that, of all forms of noxious matter, the gaseous are most active because of the facility with which they reach the delicate and highly-organized tissues of the lungs; and, lastly, physiology informs us that man has no more power to assimilate the gaseous elements of putrefactive fermentation than he has to use up the subtle principles of epidemic disease; indeed, all that exists in the air which we breathe, excepting nitrogen, oxygen, and aqueous vapour, are positively hurtful to us."

THE WEEK.

It is with great pain that we again advert to the lamentable tragedy which was lately performed at Brighton, and which some of our contemporaries appear determined not to allow to slip out of the public mind. We cannot but come to the conclusion either that the journals in question are sadly in want of matter for their pages, or that they are guilty of pandering to the public taste for the horrible and the revolting. We fully admit that the inquest, in the case alluded to, was conducted with almost indecent haste, and that, in order to enable the jury to come to a proper verdict, a *post-mortem* examination was absolutely necessary. But with the evidence before us, imperfect as it undoubtedly is, we can come to only one conclusion, which we have already expressed, and which receives a certain degree of confirmation from a letter lately published by a Medical man in Brighton. If we entertained the faintest hope that further investigation would either promote the ends of science, or clear up any part of the dreadful mystery which necessarily hangs over the transaction, we would urge upon the authorities the necessity of inquiry with as much zeal as our contemporaries; but it is evident that the bodies of the deceased persons have for some time been in a state of decomposition, and it would be vain to expect that any traces of such morbid action as would be sought for, can be any longer discernible. Therefore, we again hope that the matter will be agitated no further, as the publication of such details has often been known to exercise a most injurious influence upon the public mind.

A case was decided this week in the Court of Vice-Chancellor Wood, in which the legitimacy of a child was disputed on the ground of supposed impotence on the part of the reputed father. The child in question, if legitimate, was entitled to a considerable sum of money; but if illegitimate, then the money devolved upon the father's relatives. Without entering into the moral and legal questions with which the case was thickly beset, we may state that the impotence of the father was said to depend upon an attack of apoplexy which occurred in the beginning of November, and rendered him incapable of begetting a child in the following February, the period when the conception must have taken place. Although much of the evidence was very conflicting, it was proved pretty clearly that notwithstanding the person in question did suffer from an attack of apoplexy of a very severe character, yet he recovered rapidly and almost completely, as he was proved to be able, about the time of the conception of the child, to ride, to walk, to drive, to shoot, to open oysters, and to do other acts showing considerable bodily vigour and freedom from the usual weakening effects of paralytic seizures. The Vice-Chancellor gave judgment in favour of the legitimacy of the child, and dismissed the petition, which alleged the contrary, with costs. An enormous array of Medical evidence was brought forward in the case, and, in addition to the Medical men who were acquainted with the litigants, a number of authorities from London were examined upon the Medico-Legal bearings of the case, among whom were Dr. Alfred

Taylor, Dr. Guy, Dr. Carpenter, Dr. James Blundell, Dr. Semple, and Dr. Frederick Bird.

It has been at length decided that Smyrna Hospital is to be closed, but Dr. Meyer and a staff of three or four Medical officers, are to remain in temporary charge, in case of future emergency. Lieutenant-Colonel Lefroy has been sent to the East, to make the necessary reduction in the Civil Medical Staff, now employed at Smyrna and in the Military Hospitals on the Dardanelles. Renkioi will thus become the head-quarters of the Civil Hospitals in the East. It is to be completed as soon as possible, for 3000 patients. 400 were daily expected from Balaklava and Smyrna when our latest letters left (November 15). The barrack hospital at Scutari has been divided. 1600 beds have been retained for hospital purposes, and the remainder will serve as barracks. A portion of the German Legion is already accommodated in the latter division.

The Belle-Isle nuisances have not yet ceased to exist. On Saturday last a number of Medical men and others were summoned to appear at the Clerkenwell police-court, to give their evidence, as proceedings had been commenced, under the "Smoke Nuisances Act," against some nine or ten of the nuisance-mongers. Mr. Bodkin, who appeared on the part of the Home Office, stated that the proceedings were instituted by the Secretary of State, through the Police Commissioners, on the application of various parties who were aggrieved. The cases heard were those against a Manure Manufacturer and the Nitro-phosphate Company. The Medical witnesses examined were Messrs. Broxholm, Bradley, Ede, Harvey, Kesteven, and Wilkinson; and, with one exception, they were unanimous in declaring the injurious effects of the effluvia, and they confirmed their opinions by the recital of strong corroborative cases and facts. The exception was, of course, Mr. Ede, who, probably endeavouring to conciliate the "dirty" party, whom he has lately offended by showing a slight leaning towards "cleanliness," declared, as heretofore, that the effluvia were not insalubrious, and that his experience showed him that the filthy emanations of Belle-Isle did not generate disease. But the Magistrates, after hearing the above evidence, and also that of non-professional witnesses, who, besides deposing to loss of health, stated that their property as landlords was much deteriorated, determined to postpone the consideration of the cases for a fortnight. The difficulty of suppressing these nuisances affords a curious commentary upon the efficacy of Legislative measures which concern the Public Health, and upon the supposed diffusion of sound sanitary knowledge among the population.

By a recent decision of the Mayor and Corporation of the City of Bath, it has been determined that the drinking of the Bath waters should henceforth be free. An inscription is to be placed upon the pump near the Hot Spring, stating it to be a "Free Pump for drinking the Bath waters." The liberality thus shown to the public is very highly to be commended, and many will no doubt now avail themselves of the advantages offered. Since the opening of the Continent at the cessation of the French war, our own watering-places have fallen into unmerited neglect; and among others, Bath, which was once the resort of the gay and the fashionable, as well as of invalids, has been comparatively deserted. The gratuitous use of its waters may induce some of the victims of disease to seek relief from its warm springs.

We understand that it is in contemplation to call a Meeting of the Profession to consider the best means to be adopted for securing the selection of fit and proper persons to the appointment of Officers of Health. We cordially approve of this movement, because, from the loose wording of the Act of Parliament, every person who possesses any legal qualification whatever may be appointed to any of these responsible posts; and it is much to be feared that, unless the Profession at large take some steps in the matter, the appointments will be made altogether to depend upon local jobbery, and upon circumstances which have no relation to the intrinsic merit of the candidates.

REVIEWS.

On the Organic Diseases and Functional Disorders of the Stomach. By George Budd, M.D., F.R.S., Professor of Medicine in King's College, London. Pp. 357. London. 1855.

The disorders of the stomach are, perhaps, the most ordinary ailments which it falls to the lot of the modern Medical Practitioner to treat; and yet the exact nature of the morbid changes to which this organ is liable, is among the most difficult problems of diagnosis.

Dr. Budd, who is favourably known to the Profession by his work on the Liver, has here collected a series of lectures on the Stomach, most of which have already appeared in our pages, and some of which have been delivered at the Royal College of Physicians. The lectures are sixteen in number, and they comprise all the organic and functional diseases to which the stomach is liable.

The first two lectures are chiefly devoted to the consideration of the self-digestion of the stomach, a phenomenon which has been asserted, then denied, and then re-asserted; but Dr. Budd reconciles the conflicting views on this subject by demonstrating, that the corrosion of the stomach by the gastric juice depends upon a number of modifying circumstances, as the age of the patient, the circumstances of death, the previous state of health, the surrounding temperature, and the time of the year.

Lectures III., IV., V., VI., and VIII. are devoted to the organic diseases and functional disorders of the stomach; and, among these affections, the most prominent are congestion and inflammation of the organ, ulceration of the mucous membrane and perforation, and cancer of the stomach.

Then follow the sympathetic derangements of the stomach from irritation elsewhere, as from affections of the brain, the lung, the liver, and the uterus; and a chapter is devoted to the inconveniences attendant upon deficient secretion of the gastric juices.

Lecture XI. contains a very interesting epitome of all that is at present known of the curious affection named *sarcina ventriculi*, which Dr. Budd supposes to be caused by a species of fermentation of the contents of the stomach, although he has found experimentally that it was impossible to induce a development of new sarcinæ, by mixing some of these bodies with different organic fluids out of the body.

The other lectures describe the different kinds of indigestion, both those which consist of general disorder of the stomach, and those which are marked by peculiar symptoms, and have received special names, as urticaria and pyrosis; and the merits of the different remedies employed or recommended in stomach complaints are carefully considered. Bismuth and the vegetable bitters stand high in the author's estimation; and the use of acids and alkalies, in appropriate cases, is strongly recommended. A valuable rule may be drawn as to the administration of these medicines, viz., that the vegetable bitters should be given some time *before* meals, the ferruginous preparations *during* meals, and the alkalies *after* them.

From the high position occupied by Dr. Budd, as a teacher, a writer, and a Practitioner, it is almost needless to state that his present book may be consulted with great advantage. It is written in an easy style, the subjects are well arranged, and the practical precepts, both of diagnosis and treatment, denote the character of a thoughtful and experienced Physician.

Fifty-ninth Report of the Friends' Retreat, near York. Printed at the *Retreat*. 1855.

We have received the Fifty-ninth Report of this celebrated Asylum, and have read with interest the observations of its Medical Superintendent. The Statistical Tables at the

close of the Report are important and well arranged. Few institutions, we suspect, are able to give such minute statistical results, extending over so long a period of time. The mortality during the last fifty-nine years has been very small, its mean annual rate having been only 5·1 per cent. As regards the recoveries, we observe that 45·44 per cent. of the admissions—nearly half—are recorded as having been discharged, and the average age at death during the year 1854-5 has been 55·37.

At the time of writing the Report the number of patients in the Retreat was 111; 45 being males, and 66 females.

We are glad to notice that the document is itself produced in the establishment, a printing-press having recently been added to the more usual means of supplying interesting employment to the patients.

A Manual of Electricity; including Galvanism, Magnetism, Diamagnetism, Electro-Dynamics, Magneto-Electricity, and the Electric Telegraph. By Henry M. Noad, Ph.D., F.C.S. Part I. Electricity and Galvanism. Fourth Edition, pp. 522. London. 1855.

Three editions of Dr. Noad's Manual having been exhausted, he has now presented us with a fourth, entirely re-written, and embracing a history of all the modern researches and discoveries in the important field of Electrical Science. The present volume contains the subjects of Electricity and Galvanism; and we should point out, as peculiarly interesting to the Medical reader, the abstract given of the views of Matteucci and Du Bois-Raymond, on Animal Electricity, in the tenth chapter, which also contains some very curious particulars respecting the electrical fishes. Dr. Noad's work fully maintains its high reputation as a Manual of Electricity.

Practical Remarks on the Treatment of Spermatorrhœa, and some forms of Impotence. By John L. Milton. Third Edition. Pp. 30. London: 1855.

No one will for an instant imagine that a sale among the members of the Profession has had much to do with the necessity for a third issue of this brochure. The assiduity with which it is advertised where the title will attract the public eye, and the well-known expense of this process, clearly demonstrate to us the parties for whose reading it is specially prepared, and to whom the Author looks for reimbursement. Another proof lies in the tendency of Mr. Milton's definition of Spermatorrhœa to excite unnecessary alarm in the minds of the young and inexperienced. After alluding to the fact that night-discharges are a common result of seminal plethora, and that they seldom require treatment, unless in excess—he asks, "What is excess? I answer, as a general rule, in perfectly continent men, more than one emission in a month." So, then, as a general rule, persons who experience more than one seminal emission in a month are labouring under Spermatorrhœa, are liable ultimately to become "impotent," and must put themselves under treatment to avert this serious issue. If as much is not said in positive language, this is the conclusion which any youth would draw from Mr. Milton's pamphlet if he had the misfortune to read it. If Mr. Milton repudiates any such idea, we would advise him, before publishing again, to inquire among the perfectly healthy in mind and limb as to the physiological varieties observable in the frequency of this occurrence, and mend his definition accordingly.

Climate, Weather, and Disease; being a Sketch of the Opinions of the most celebrated Ancient and Modern Writers with regard to the Influence of Climate and Weather in producing Disease. By Alfred Haviland. Pp. 144. London: 1855.

The interest of this work, which exhibits evidence of extensive reading, lies in the proof it affords of the eternity of medical truth. What was established by the observations of the great father of physic, about two thousand years ago, the renewed observations of later years, more accurately made, only because of the growth which collateral sciences have attained, fully confirm. The periodical reports of the Registrar-General have familiarized the minds of Medical men in this country with the relations subsisting between the various meteorological conditions and variations which enter so largely into our idea of "climate," and the health of the population, its diseases, and mortality. This relation is no longer mere matter of opinion; strict observation with accurate instruments are daily, almost hourly, made and carefully and assiduously registered, and every person who takes an interest in the subject may use the results obtained in the pursuit of his own medical investigations. This work is thus well-timed, the Profession is prepared to receive it, and, we doubt ot, will appreciate it as it deserves.

The Studies and Duties of the Medical Student; being the Introductory Lecture of the Session 1855-56, delivered at the Liverpool Northern Hospital. By Roger Wakefield Scott, M.D. Liverpool. Pamphlet.

This lecture is professedly a discourse upon the capabilities of the Liverpool Medical School for imparting the instruction and practical information required by students, and on the mode in which individual studies may be best directed, so as to enable the student more effectually to profit by the opportunities afforded him. The remarks of the author are, for the most part, sensible, and his advice to the young gentlemen he addressed deserving of their attention. At the conclusion of his lecture, however, Dr. Scott alludes to the formation of a Christian Medical Association in London, and quotes, with commendation, a remark of Mr. Grainger's:—"That this Association does not owe its origin to any particular apprehension regarding the tone of religious feeling in the Profession." By what fatality, then, was he urged to the utterance of the following?—"We all know that the reputation of the Medical Students at the London Hospitals is at the lowest ebb; that the very name of a Medical Student is synonymous with all that is unseemly and disreputable; that it is a reproach and a by-word to the Profession."—Page 25.

Do we all know this? Or are we to believe that Dr. Scott, in his zeal for the Liverpool School, was forgetful of a part of his duty to his neighbour? or does he speak from what he may have known half a century since?

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, November 24, 1855.

UNIVERSITY TEMPERANCE ASSOCIATION.

A meeting of this highly useful Society was held in one of the class-rooms of the University, on the evening of Wednesday the 21st instant.

Professor Miller the Vice-President, having taken the chair, opened the proceedings with prayer, and having shortly addressed those assembled in his usual felicitous style, introduced to the meeting the new President of the College of Surgeons, Dr. Andrew Wood. This gentleman delivered an address, which, judging from the frequent plaudits of the meeting, gave great satisfaction. He was followed by Dr. John Smithers, who spoke at some length on the advantages of temperance, in a plain and business-like way, and with a high sense of moral feeling.

This is the same gentleman who delivered the opening address at the College of Surgeons, as reported in my last communication. By the way, I inadvertently fell into a mistake in speaking of Dr. Struther's work, "Osteological Memoirs—No. 1. The Clavicle." I had not seen the work, and having now examined it, it turns out to be, not what I heard it represented, a "facetious" work, in which the clavicle was made very cleverly to describe itself, but a very learned and laborious description of the bone in question.

There seemed great exultation and expectation on the part of the speakers at this meeting, as to a meeting next month for discussion. I suspect it will not be easy to accomplish this, for who will be willing to take the odium of appearing on the side of intemperance?

THE THIRTY-FIFTH SESSION OF THE MEDICO-CHIRURGICAL SOCIETY

was opened the same evening. Dr. Seller, the President, on taking the chair, adverted to the crowded state of the room, and the number of communications on the billet (five), as indicating the probability of a prosperous session.

Dr. Rutherfurd Haldane, pathologist to the Royal Infirmary, exhibited an interesting specimen of ulceration in the preparation of one of the glands of the ileum in a case of fever.

The first communication was by Dr. Alexander Wood. It was somewhat of a lengthy character, and not very easily followed, but contained narratives of some very interesting cases, which were skilfully inwrought with the main fabric, and served to sustain the interest. It was entitled "The Nervous Element in Inflammation, and its Influence on Treatment." The design of the author seemed to be to show that although organic actions, and therefore inflammation could take place independently of the operation of the nervous system, yet, nevertheless, inflammation was often occasioned by nervous agency, and that its character and type were modified by the operation of the same cause. The practical deduction seemed to be that the more predominant was the vascular element, the more were depleting measures demanded, and *vice versâ*. No discussion followed.

He was succeeded by Dr. Keiller, who read a most interesting paper on an important branch of Medical Jurisprudence. A trial took place before the Criminal Court here some time ago, in which a man was accused of having strangled his wife, the larynx having been found fractured. The defence set up was that the larynx had been fractured by a fall. The whole case is detailed at length in the number of the *Edinburgh Monthly Journal*.

Dr. Keiller undertook some experiments for the purpose of showing:—1st. That compression of the larynx could cause fracture; 2nd, That a fall, even against a sharp body, could not. The experiments, which were most interesting, were fully detailed, and the preparations were shown.

DEATH FROM CHLOROFORM.

The particulars of this distressing case briefly alluded to in my last, were detailed in a well drawn up paper by Dr. Roberts, Surgeon-Dentist.

It appears that the patient was very apprehensive about chloroform on this occasion, though she had taken it several times before.

She took two or three whiffs, and became insensible, falling on the floor. Professor Simpson, and his assistant, Dr. Priestly, were speedily on the spot. Every possible exertion, by artificial breathing and galvanism, was made, and though, at times, encouraging symptoms appeared, yet all proved ultimately unavailing. On dissection, adherence of the peritonæum to the liver, and fatty degeneration of the fibres of the heart were found.

The President remarked that, after hearing this communication, no one would attach the least blame to Dr. Roberts.

IRELAND.

DUBLIN, November 27, 1855.

MR. TUFFNELL entered on the duties of the recently-established Regius Professorship of Military Surgery, on Monday, the 19th instant, by the delivery of an introductory lecture in the Theatre of the Royal College of Surgeons. The Lecture-room was filled to overflowing, and among the audience were the President, Vice-President, and Council of the College of Surgeons; the Regius Professor of Physic in the University of Dublin; the Inspector-General and the Deputy Inspector-General of Hospitals in Ireland; Sir Henry Marsh, and many of the Fellows of the College of Physicians; Sir James Pitcairn, M.D.; Sir James Murray, M.D.; as well as the Right Honourable the Lord Mayor, and several non-Medical gentlemen, both military and civil. The lecture comprised a great variety of topics, and among these the circumstances connected with the institution of the Regius Professorship were, of course, particularly dwelt upon. The merit of the origin of this measure the lecturer awarded to Sir George Ballingall, who, for years, steadily used every effort to procure for London and Dublin the establishment of such a Chair, to put these two schools on a level with Edinburgh, and to give them the same advantages that his own University possessed. To endeavour to procure the institution, (the Regius Professor observed,) in each rival school, of what existed previously as an attraction for the student only in his own, showed a degree of liberality which deserves general commendation. The matter was not, however, taken up by Government until Sir De Lacy Evans broached the subject in Parliament in 1853. His speech was well received by the House of Commons and by the then Secretary-at-War, who immediately instituted an investigation (in connexion with the Head of the Army Medical Department) into the working of the system on the Continent, and the opinions entertained in respect to it at home. The strongest Medical evidence was given in its favour, and military testimony was equally borne to its merits. Lord Cathcart, Commander of the Forces in North Britain, expressed his full concurrence in the view taken by Sir De Lacy Evans, and stated it as his firm conviction that extending to the other capitals of the United Kingdom the advantages enjoyed by Edinburgh, would be beneficial to the interests of the country, both in regard to economy of money, and what was of more value, human life. Sir Howard Douglas, Sir Thomas Brisbane, Sir James Russell, and General Wetherall all advocated the same view. This disinterested evidence was conclusive; and, on the declaration of war with Russia, the Government at once proposed a vote of £400 a-year for the endowment of Chairs of Military Surgery in London and Dublin, which passed the House of Commons without a dissentient voice. The learned lecturer's address was most emphatically delivered, and was received with much and frequently-repeated applause by his numerous auditory.

The Pathlogical Society held its first meeting for the season in the Anatomical Theatre of Trinity College, on Saturday, the 24th of November, at four o'clock, Dr. Robert Adams, President, in the Chair. Being the day appointed for the election of officers, etc., but little of the ordinary business was transacted. Dr. Fleming exhibited the femur of a pensioner, aged 39, who had died soon after obtaining his discharge, on the completion of his twenty-one years' service. The bone was extensively diseased, presenting the character of chronic osteitis, with chronic periostitis. Dr. Fleming also exhibited a specimen of necrosis of the fibula in a child of 11 years, the result of injury; and one or two other examples of osseous disease. Professor Smith brought forward the upper extremity of the tibia of a Russian officer, presenting an oblique fracture running into the joint, the result of a wound produced by a ball from a Minié rifle at the battle of Inkermann. The ball entered close to the tubercle of the tibia, splitting the bone into several fragments. One of the lines of fracture extended into the knee-joint, detaching the entire of the outer half of the head of the tibia. The wounded officer was in the evening put on board the *Colombo*, one of Her Majesty's vessels, and on the following morning (November 6) the limb was amputated. The flap operation was performed. In the short time that intervened between the receipt of the wound and the removal of the limb, the leg had become purple and swollen to twice its natural size. The patient did not long survive the operation. Professor Smith having made some observations on the dangerous nature of fractures extending into the knee-joint, then mentioned that the officer, whose case he had briefly detailed, was the Russian major who had distinguished himself at the battle of Inkermann by his barbarity in stabbing the wounded English lying on the field, and read the following extract from the letter of the "Times' Correspondent," dated November 8, 1855:—"Russian officers were seen passing their swords through the bodies of our men as they writhed in agony on the ground, and pointing to their men to bayonet them as they passed. Such are the armies of the Czar! A major of the Russian soldiery who perpetrated these deeds is, however, in our hands, and if it can be satisfactorily proved that he has committed the acts laid to his charge, he will be hung on a gibbet in front of the walls of Sebastopol." Death, however, Professor Smith observed, had robbed Justice of its victim, who was destined, not for the gibbet which he so richly deserved, but for the unmerited honour of becoming, in some measure, subservient to the interests of surgical pathology.

The Society next proceeded to elect its officers for the ensuing year, when the following were chosen:—President—Dr. Stokes; Vice-Presidents—Drs. Banks, Corrigan, Fleming, Hutton, Law, and O'Ferrall; Council—Sir Philip Crampton, Sir Henry Marsh, Drs. Adams, Beatty, Churchill, Gordon, Hamilton, Hughes, Lees, M'Dowell, Mayne, Smith; Secretary and Treasurer—Dr. Smith. The subject fixed upon for the Gold Medal of the Society for 1856 is "The Chronic Diseases of the Liver and the Gall-bladder." Competition for the Medal is limited to the students in attendance on the meetings of the Society during the current session.

The Council of the Apothecaries' Hall of Ireland have announced "The Chemistry of Respiration," as the subject of the annual prize to be contended for in May next. The institution of this prize some years ago has produced the most

beneficial effects in directing the attention of the apprentices of the Apothecaries of Ireland, in a spirit of emulation, annually to an important subject, which is chosen alternately from the domains of Pharmaceutical and Physiological Chemistry. By another judicious regulation of this body, it has always been compulsory on those desirous of becoming apprentices to undergo an examination previously to entering on their professional studies. Formerly, this examination was confined to the Latin and Greek languages; but about fifteen years ago, as if in anticipation of the spirit of the present day, it was extended to embrace in addition French and Mathematics; and, more recently still, English Literature has been added to the course.

It may be important, also, to notify that competition for the above-mentioned prize is open to apprentices of all Apothecaries throughout the United Kingdom; the only condition requisite being that the candidate shall produce a certificate of apprenticeship to a Licentiate of the Dublin or London Hall.

The Surgical Society of Ireland will hold its first meeting for the season, on Saturday next, December 1, at half-past Eight o'clock, p.m., in the College of Surgeons.

The 25th of November having this year fallen on Sunday, the entry of pupils at the different Medical Schools and Hospitals did not close until yesterday. The total number of Medical pupils in Dublin this session is large, but still somewhat less than last year, which is chiefly owing to the fact of a great many of them having been induced to abandon their professional studies, in consequence of having obtained military commissions in the regular service and in the militia. The entire number, as far as I have been able to calculate, is between 450 and 500.

GENERAL CORRESPONDENCE.

THE LATE BIRMINGHAM MEETING.

[To the Editor of the Medical Times and Gazette.]

Sir,—Finding my name most unwarrantably mixed up with your account of the late meeting at Birmingham of the Provincial Medical and Surgical Association, I imagine I have a claim upon your kindness, and hope you will not refuse my request of giving publicity to the following observations.

After you have rehearsed the first fiddles and obli ato trumpets of your melodrama, you introduce a member of the Executive Council, and one who has taken a prominent part in all the late proceedings of the Provincial Medical and Surgical Association, both at York, and at Birmingham; one who was chosen by the General Council to represent the Metropolitan Counties' Branch in the Executive Council, because the General Council thought that there was no better representative in the Metropolitan Counties, and that if the Metropolitan Counties' Branch wanted to be represented, they should be represented by him—you introduce this gentleman in the character of the old Roman God, Janus, and with his double face directed respectively to the Metropolis and the Provinces, singing an ode upon a twenty years' peace. Now, Sir, if I recollect rightly, the ancient Janus came to honour only at the time of a beginning war, when his temple was opened; it would, therefore, be an anomaly, that your Janus II. sings an ode upon a twenty years' peace, if you do not mean to say that that ode was condemnatory of peace.

You now introduce my humble person as accompanying, with a plaintive air, on the Pandean pipes, the foregoing song of Dr. Janus. Now, Sir, I have in vain endeavoured, by putting my wits on the long and short beds of Procrustes and otherwise, to explain to myself how a writer of so great a musical taste as yourself, evidenced by the instrumentation of your melodrama, could record an ode upon a twenty years' peace, accompanied by a plaintive air, if it was not to show how much the singers and pipers were at discord.

Now, Sir, comes the point of my remonstrance. You say that I performed a plaintive air on the Pandean pipes. If you had introduced me as old Mr. Pan himself, with ever so many pipes, I would not have objected so much, seeing the different worthies of mythology you award right and left to the dignitaries of the Association; but, Sir, that I performed on that occasion is altogether a mythological assertion. But there is this to be said on behalf of yourself, that, in describing a chaos, errors are unavoidable; and I have no doubt you so thoroughly succeeded in representing a chaos, that few of your readers will not derive the most lively idea of a chaos from your article. So far my remonstrance as regards the alleged musical performance.

You seem to think peace established "on a firm and durable basis." This, no doubt, is indicated by your odes, the dressings of your heroes, and your avowed opinions. It is certainly pardonable for any witness of the Birmingham meeting to do so, because the amount of "Christianity," "harmony," "brotherhood," "good feeling," "true honour," etc., etc., displayed on that occasion was considerable; and so great was the emotion of many speakers and hearers, that if I had seen tears running down their cheeks, I would have thought that these lachrymal secretions did not belie their feelings. But, Sir, notwithstanding I was a non-performing witness of all this, I have my doubts about a desirable peace being established in the Association without a further struggle—a cessation of hostilities being only an amnesty. The present peace being based upon the principle of counterpoise, instead upon that of limitation, it will naturally depend upon the party heaviest in the scales, how far the necessary reforms are to be carried out; and of this you may rest assured, that without radical reforms no patching up will ever bring peace to the Association. The greatest difficulty in the way of peace, is, I am afraid, the Peace Committee. They present another many-faced Janus, and, by generally combining two members, you might get many more Januses, everyone as perfect as the songster in your melodrama. A few examples will make this more evident.

There is Mr. Nunnely, who thinks the Provinces are all.

On the other hand, there is Mr. Ancell, who firmly believes that there is an honest practitioner to be found in London.

There is Dr. Shapter, who says that there ought to be no Journal.

On the other hand you have Mr. Dayman, who believes that the Journal is the very soul of the Association.

There you behold Mr. Husband, who says that the greatest mistake of the Association was to permit the establishment of a Metropolitan Counties' Branch.

On the other side we have Dr. Lankester, who wishes that we should all meet as equals, on the common ground of a common Profession.

There is Dr. Hall, an offended letter-writer; and to match him we have

Dr. Cormack, who at first would not print that letter, and is an ill-used man besides.

The reader will easily suggest the other combinations, which are not less heterogeneous than those just enumerated, principally on the Executive Council being added to the Committee. If a Janus was not a combination by the bands, one could say that the Committee of Safety was a confrontation of conflicting principles, the presence of principles always supposed.

Now, Sir, put this Committee in their conclave, and you have as perfect a united "happy family," as was ever exhibited to the gazing multitude of the streets of London. Only one thing is wanting to complete the similarity—the man with the stick, to separate the happy members when they are at loggerheads. I sincerely trust, Sir, that the press will perform that duty.

Mr. Michael says, recrimination is "most suicidal;" the Editor of the *Association Medical Journal* believes it to be "very suicidal;" and I partly coincide in that, believing recrimination to be "suicidal," which is just enough, and a superlative in itself. And I hope nobody will think my remarks recriminating and retrospective, they are only so in so far as I want to guard my bark against being Janus-ed, which is a matter of self-preservation.

But, Sir, as regards prospects, I think they are very doubtful; and these prospects, I understand from a most reliable source, were the reasons why one individual, as the *Lancet* styles him, or one gentleman, as the *Association Journal* has the honesty of calling him, voted *against* the Birmingham resolutions. That individual, or gentleman—just as you like—said, the sour fruit of the York blossom had, by the sugar of sweet speeches, been converted into the fairest Worcestershire jam, and was now going to be fairly potted and stored. I said that I hoped it would keep, and that there might be no fermentation.

Let me, however, in conclusion, assure you, that if the "happy family" perform their task to satisfaction, I shall most cheerfully serenade them on the Pandean, or any other pipes, and shall certainly not attempt a solo, even if Janus should consent to perform the pas d' olive-branch, but shall collect as many fiddles, trumpets, drums, and kettles, as possible, to celebrate the happy advent. And I shall, like the Editor of the *Association Journal*, put up a Scotch dummy, and bombard him with broadsides of available rotten lemons and oranges, and with the cry, "Be he who he may," I shall proceed to his destruction, as a warning to those who should like to "play false" at the next concert. I am, etc.

J. Thudichum.

RUPTURED PERINÆUM.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Journal of last Saturday Dr. Murphy has made some remarks upon a case of rupture of perinæum with recto-vaginal fistula, in which I performed the operation recommended by Mr. I. Baker Brown for this accident.

When this case was related at the Medical Society on the 27th ult., Dr. Murphy stated "that when this lady left Balham the opening had closed; but that she then came under the care of another Medical man, who gave purgatives, and thus re-opened the wound." As I was the Medical man here referred to, I at once refuted this statement, since it was opposed to facts. In his letter Dr. Murphy has remodelled his remarks, but as they are still pregnant with errors, I am induced to reply to them by giving a history of the case from the commencement.

The particulars of this case, while she was at Balham, are (gathered from her own statement) as follows:—

August 31, 1854, M. G. gave birth to a fine child, after a rather speedy labour, the Medical attendant delivering her by sitting in front of her (opposite her face), and passing a hand down between her thighs—an improved mode, I presume, of supporting the perinæum, and apparently a very successful one, since this is the first accident of the kind that has occurred in above a thousand cases. Unfortunately, however, in this instance it failed; for not only did the perinæum give way, but the recto-vaginal septum also, leaving a fistulous opening the size of a sixpence. The treatment for the next ten days consisted in low diet, and brisk purgatives (castor oil, etc.), and a poultice to the lacerated part. The patient did not progress satisfactorily, and, on the 10th of September, Dr. Murphy was consulted, who says: "I found on examination a small band of perinæum entire, and behind it a fistulous opening, admitting the point of the finger." Dr. Murphy ordered a more generous diet; the bowels to be kept confined; and a lotion to be applied to the fistula. At the same time he told her "not to be at all uneasy about the injury, for he did not think she would suffer any inconvenience from it; in a short time the bowel would most likely close—and by wearing a truss which Mr. ——— would procure her, she would be able to get about again." It would appear, then, that Dr. Murphy considered the wearing of a pad and straps "no inconvenience," and would prefer an *artificial* to a *natural* support for the pelvic viscera. The fistula now began to improve, inasmuch as it contracted to the size of the end of a probe, and then became stationary, but the band of perinæum by some unaccountable means disappeared. At the end of six weeks from the receipt of the injury, the patient was conveyed to my house to be under my care, my wife being the sister alluded to by Dr. Murphy, to whom he says she went on a visit.

When I examined the patient, I found laceration of the perinæum down to, and partly through, the sphincter ani, a small portion of the muscles, covered by mucous membrane, being all that was left. There was no band of perinæum entire. Immediately above the sphincter was a fistulous opening, about the size of a probe's point, through which gas escaped while my finger was in the rectum; and moreover, the patient says, in a letter I received from her this morning: "The fistulous opening *never* closed; flatus passed through it with a loud report when I went to Farringdon-street." It appears that no fæcal matter passed through it for a fortnight before she came here, and for nearly a fortnight afterwards, but flatus never ceased to pass. I now quote another passage from her letter:—"I had the slightest possible attack of diarrhœa a fortnight after I went to Farringdon-street; the bowels only acted once, and were immediately stopped by medicine." On this occasion a small portion of fluid fæces passed through the fistula. This was the only diarrhœa she had while with me, and was the attack Dr. Murphy alluded to in the following sentence:—"From some error in diet she had a rather *sharp attack* of diarrhœa, which has caused the opening in the bowel to give way."

When the patient came to my house she was in a pitiable state of debility, and could not stand, even by assistance, for some weeks after. For some time I continued the lotion ordered by Dr. Murphy; this failing, I tried others; but, as the edges of the opening had evidently become covered by mucous membrane, all failed. During this time, her general health and strength much improved, so as to lead me to believe she would soon be in a condition to bear the operation; and I therefore consulted Mr. Brown, not on account of the effects of the rather *sharp attack* of diarrhœa, but because he had had more experience, probably, than any other man in such cases, and I believed that the operation he advocated was one likely to lead to more happy results than any other. On the 29th of November, Mr. Brown saw her for the first time, and eight days afterwards I performed the operation, with the results mentioned in Mr. I. Baker Brown's paper.

I expect the patient to be in London in a few weeks, when, if Dr. Murphy still doubts the accuracy of this statement, he, or any friend of his who was at the Medical Society when the case was read, shall have an opportunity of seeing her, and hearing the particulars from her own lips. If, then, it be found that I have misrepresented facts, I will acknowledge it in these columns; but, if the contrary be the case, Dr. Murphy would probably do me the justice to state it through the same source. I am, etc. Robert Harper.

92, Farringdon-street, Nov. 19, 1855.

P.S.—As Mr. Ward has written a letter in last Saturday's number of your Journal, stating that the patient, M. G., was, "very indecorously to him, removed to Mr. Harper's house," I trust you will kindly insert this note in addition to the letter I sent last week, in order that I may give a denial to this statement. The husband obtained Mr. Ward's *concurrence and approval* of such a measure, before he removed his wife, knowing that I could not receive her without, although she was a near relative.

Mr. Ward, in a letter to Dr. Murphy, said, "I think when I last wrote to you, I told you that the opening in the bowel was closed, at least nothing had passed by or from it for a fortnight." In his letter to your Journal he says, "so that for two or three weeks, when the bowels were not unusually relaxed, their contents all passed in the proper direction." There appears to be some discrepancy in the two statements.

I admit in my former letter that M. G. had a *slight* attack of diarrhœa at my house, but I distinctly deny that her condition was made worse by it, than it was when she first came under my care, and certainly did not alone render the operation necessary, as even if the fistula had closed, an operation for the restoration of the perinæum would have been required, unless the patient wore, for the remainder of her days, a pad and straps, as recommended by Dr. Murphy. Mr. Ward further says, "for as given by Mr. I. B. Brown, the account contains *very many* inaccuracies," and then proceeds to point out only two; first, that he made light of the accident. The patient certainly told Mr. Brown that Mr. Ward made light of the ruptured perinæum, and that he told her it would occasion her having easy labours for the future; she also said "that, although Mr. Ward's attention was drawn to the fact of fæcal matter passing into the vagina, yet that Dr. Murphy was the first to *discover* the lesion in the bowel. In taking notes of the case, I believe, Mr. Brown misunderstood the patient in one circumstance. She told him that "she wished *he had* been called in at the commencement," whereas he understood her to say, "she wished him *to be* called in, etc."

[To the Editor of the Medical Times and Gazette.]

Sir,—As the highly-important subject of laceration of the perinæum, and its treatment, is now under discussion in your Journal, connected with a case of Mr. I. B. Brown, allow me to record the result of my experience in midwifery practice, extending over about fifteen hundred cases, in two of which only severe laceration of the perinæum took place; one during

the use of forceps, the other spontaneously. In neither case did the laceration extend through the sphincter; in both cases it diverged to the right side. The patients were placed in favourable positions, and lard smeared over the parts, to protect the bowels; and perfect union took place in a short time without a bad symptom. Should this experience be of service in forming statistical information, etc., I shall be glad of its insertion in your Journal. I am, etc.

86, Snow-hill, November 27, 1855. CHARLES MUNDAY.

INSUFFICIENT SUPPLY OF NAVY MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Navy List* for October, 1855, it may be found that, for certain 82 ships in commission, the proper complement of Assistant-Surgeons is 141; the number actually on board is only 49, and there are 92 vacancies. Also, 4 Surgeons are wanting, making 96 Medical vacancies in 82 ships. It is not enough to improve the pay of Assistant-Surgeons: a young Medical man, while thinking about entering the Navy, besides reflecting on the position of the Assistant-Surgeon, considers, also, what are the peculiarities in the situation of the Surgeon. He finds that the full Surgeon is much underpaid, and is placed unfairly with regard to rank, promotion, prize-money, and accommodation on shipboard.

I am, etc. DISCONTENT, R.N.

REPORTS OF SOCIETIES.

THE PATHOLOGICAL SOCIETY.

NOVEMBER 20.

Mr. ARNOTT, President, in the Chair.

DR. GIBB exhibited a specimen and drawing of

CONGENITAL MALFORMATION WITH UMBILICAL HERNIA.

It had been taken from a child which had lived nine days, and which had been born at the full period of time. Projecting from the umbilical opening was a portion of the cord, the upper part of which was dilated into a transparent sac consisting of peritonæum, in which were seen several folds of small intestine. Attached to the left side of the sac, was a blood-red, triangular-shaped mass, with a villous surface, like mucous membrane, terminating in two conical projections, with an opening at the end of each. This hung like a small bag, filled with gas, which, with a part of the bowels, could be squeezed into the abdomen, a couple of folds remaining in connexion with the tumour itself. From these conical bodies meconium was frequently passing. On the third day motions passed from the rectum, but not afterwards. The child did not take the breast. Bleeding occurred from the tumour subsequently, which began to shrivel up. At the post-mortem inspection, the large intestine resembled a round white worm in colour and size, and terminated in the external tumour, which appeared to be composed of an inversion of the cæcum; the right conical body being a part of the ilium, while the left was the vermiform appendage, thus constituting an artificial anus, with obliteration of the large bowel. This malformation must have occurred at the earliest period of closure of the abdominal walls during the obliteration of the omphalo-mesenteric vessels.

Dr. Peacock exhibited a specimen of

MALFORMATION OF THE HEART.

This specimen was one of contraction of the pulmonary orifice and artery, with an aperture in the septum ventriculorum, by which the aorta communicated both with the right and left ventricles, and an open state of the foramen ovale. In these respects, the case afforded an example of the form of malformation, which, since its description by Sandifut, in the middle of the last century, had proved to be of the most frequent occurrence. The specimen, however, possessed great interest, in that there was no ductus arteriosus to be detected, nor was there any proof that such had ever existed; and this condition, though a few similar examples had been placed on record, was very rare. Dr. Peacock regarded the imperfection in the interventricular septum, and the open state of the foramen ovale, as due to the non-development of the duct, or to its obliteration at an early period of fœtal existence; and though the valves of the pulmonary artery were only two in number, and were otherwise ill formed, he attributed this, and the small size of the artery, to the absence of the duct. The preparation was removed from a child, twelve months old, a patient of Dr. Bentley's, which had, throughout its life, been deeply cyanosed, and had presented other signs of malformation of the heart.

Mr. Partridge next showed

RENAL CALCULI FROM AN OX.

The calculi, a dozen or more in number, and from the size of a large nut downwards, had been removed from the kidney of an ox. One of them had been analyzed by Mr. Bloxam, and found to consist chiefly of carbonate of lime with albuminous matter, and a trace of alumina. The presence of the last-mentioned ingredient was noticed as remarkable, going to prove the existence of that earth in the blood.

Mr. Partridge showed also a

DOUBLE ŒSOPHAGUS FROM A SHEEP.

The tube was double through the greater part of its length. No symptoms were known to have attended the abnormity.

Mr. Partridge also brought before the Society the parts from a case of

FRACTURED STERNUM.

A man had been run over, and subsequently died with effusion into the chest. The autopsy showed several ribs broken, as also several of the vertebral transverse processes. There was a fracture across the body of the sternum, and a separation of the ensiform cartilage at the part where it joins the bone.

Mr. Hutchinson exhibited an

ANEURISM OF THE AORTA.

The specimen had been sent him from Gibraltar by his friend Mr. Nesbitt. It showed a bilocular aneurism of the aorta, opening just above the left semilunar valve. Each of its cavities was about capable of containing a walnut, and projecting, one in front and one behind the pulmonary artery, and had evidently compressed that vessel. There was other disease of the arterial coats. An interesting part in the case was that the patient had died in a paroxysm of angina pectoris.

Mr. Hutchinson also showed for the second time a specimen of

INTUS-SUSCEPTION OF THE CÆCUM.

When brought before the Society, two meetings ago, the parts were in the condition in which they were when removed from the body, the gut not having laid open. Since then a further dissection of it had been made, and it had been found that the invaginated portion was in every part united by strong and old adhesions to the containing gut. The parts looked as if they had been in the present condition for a long period, and conclusive evidence was thus given in support of the opinion previously expressed. From the history of the symptoms, the duration assigned to the intus-susception had been more than three months.

Mr. Henry Thompson exhibited a

MAMMARY GLANDULAR TUMOUR.

The specimen was a good one of its class. It had been removed from a single lady, aged 19, who had known of its existence for sixteen months. It was not connected structurally with the gland itself.

Mr. Erichsen showed a

LARGE CALCULUS FROM THE FEMALE BLADDER.

A lady, who had not previously suspected any disease of the bladder, was found by her Medical attendant during labour to have a hard substance in the front of the vagina, which obstructed the passage of the child's head. Further examination proved this to be a large calculus in the bladder. Delivery took place after a little delay, but, subsequently, the lady suffered extremely from vesical irritation, and lost her health. Mr. Erichsen having been consulted, found the calculus too large, in proportion to the bladder, to admit of its being crushed, and, after consideration, determined to extract

it by incision into the vagina. In this way it was without difficulty removed. The patient did well until the eighth day, when she rather suddenly sank. The left kidney was found destroyed by old disease; the right was the seat of chronic pyelitis. The interesting points of the case were —the large size of the stone, and the absence of early symptoms. The supervention of acute symptoms after delivery were, no doubt, due to the bruising, etc., sustained by the bladder during parturition.

Mr. Holmes inquired whether there had been any objection to the performance of the high operation.

Mr. Erichsen replied, that he had considered the matter carefully, and preferred the vesico-vaginal operation, as likely most quickly to relieve the condition of the bladder, securing, as it did, a depending opening.

Dr. Bence Jones showed the affected viscus from a case of

SLOW PULSE WITH DISEASED HEART.

A man, aged 31, had been admitted under his care into St. George's Hospital, being of anæmic appearance, and having a pulse which ranged at only 36 in the minute. The pulse was quite regular, and there was no cardiac murmur. The man had been liable to fainting, and was of intemperate habits. There was congestion of the posterior lobes of the lungs and some bronchitis. It was suspected that the slow pulse was a constitutional peculiarity. On the eighth day the man died in a sort of spasmodic attack, of which he had had several. In the pericardium was found a coloured fluid, with flakes of lymph. The heart was large and flabby. The endocardium of the left ventricle was thickened, and beneath it was a deep layer of fibrinous deposit. Both the thickening and the deposit were greatest over the septum of the ventricles. No fibrinous deposit was found in other organs. No valvular disease.

Dr. Quain inquired if the muscular tissue was fatty.

Dr. Benee Jones replied, that in most parts it was not; but that adjacent to the fibrinous deposit many of the muscular fibres had a finely-granular appearance.

Dr. Semple exhibited a

DISEASED HEART.

A girl, aged 21, had suffered, between the ages of 10 and 17, three several attacks of rheumatic fever. When admitted, under Dr. Semple's care, at the Northern Dispensary, she had all the signs of diseased heart. A systolic bruit was audible, both at the base and apex, and she had repeatedly suffered from faintings and urgent sense of precordial oppression. Dropsy supervened before death. At the autopsy, the heart was found of moderate size. The aortic valves, though not much diseased, were incompetent, and allowed fluid to slowly drain backward. The mitral orifice barely admitted a finger, and was surrounded by a ring of ossification.

Dr. Barker showed a specimen from a case of

SUPPURATIVE PERICARDITIS.

A labouring man had been admitted into St. Thomas's Hospital, with extensive dulness over the left side of the chest. The sounds of the heart could scarcely be heard. A week after admission, and a month after the commencement of the symptoms, death took place. Whilst under observation, the dulness had extended until it passed the right edge of the sternum. Between the third rib and the clavicle, there had been tympanitic resonance, as if from air, but no doubt caused by the compressed lung beneath. At the autopsy, the whole of the dulness was found to have been caused by an enormously distended pericardium, which contained upwards of two quarts of purulent fluid.

Dr. Barker also showed an

HYDATID CYST IN THE LIVER.

A married woman, aged 34, had been admitted, on account of ascites. She had been tapped a week before at another Hospital, and the fluid had re-accumulated most rapidly. Five days after a second paracentecis, she died. The diagnosis formed was, that some tumour had probably pressed on the vena porta. At the autopsy, evidences of recent peritonitis were found. In the lobulus Spigelii was an hydatid cyst, the size of a cocoa-nut, by which the liver had been pushed forwards, and the vena porta flattened and compressed. The cyst contained clear fluid, and many smaller cysts. In another part of the liver was a cyst the size of an egg.

Mr. Gray showed a specimen of

PROSTATIC GLANDULAR TUMOUR.

A man, aged 65, had died of diarrhœa, eleven days after admission into St. George's Hospital. For some time past he had suffered from difficult micturition, and several times during catheterism an obstacle had been encountered at the neck of the bladder. On examination after death, a tumour, the size of a large walnut, was found pedunculated just before the opening of the urethra. This was found to consist of a dense capsule of fibrous tissue, enclosing a mass the size of a hazel-nut, which in all its characters exactly resembled prostatic gland. It was, however, quite isolated, and did not grow from the gland itself. Mr. Gray alluded to the analogy of this specimen with those so frequently met with near the mammary gland, which exactly resembled the gland in structure while quite unconnected.

Mr. Henry Thompson mentioned the particulars of a case in which several small fibrous tumours had developed near the neck of the bladder. He intended to exhibit the specimen at a future meeting.

Dr. Wright brought forward an example of

STRICTURE OF THE COLON.

An elderly woman, in whose case Dr. Wright had been consulted after ten days obstruction of the bowels, died thirteen days later, the symptoms having continued with but partial relief. No good action of the bowels had been procured, and whenever fæces had passed, they had always assumed the ribbon-like shape, as if from compression in a stricture. At the autopsy, the lining membrane of the large intestine, more especially of the cæcum, was found inflamed. The central part of the sigmoid flexure of the colon was contracted till it would only admit a cedar pencil. The mucous membrane was ragged, with ulceration, and at one spot all the coats had been perforated.

Mr. Hutchinson remarked that the case seemed to have been one well suited for relief by Amussat's operation, and inquired whether there had been any symptoms which contra-indicated its adoption.

Dr. Wright replied that it had been thought of, but that the woman was at the time so sunken that the case seemed hopeless.

Mr. Sydney Jones showed a specimen of

TUMOUR CONNECTED WITH THE SCAPULA.

The specimen which included the entire bone, as far forwards as the base of the acromion, had been excised by Mr. South, from a patient in St. Thomas's Hospital. The patient, a man aged 30, had two years ago, been thrown down and had his shoulder bruised. For six or eight weeks he was under treatment in Paris, on account of pain in the part, and subsequently on account of a swelling over the frontal bone. These symptoms had disappeared after a while, and the tumours for which he applied at St. Thomas's, had only existed for three months, and were rapidly growing. Before removal, the tumour showed itself as a large ill-defined swelling over the dorsal aspect of the scapula. It proved on examination to consist of several separate growths attached to the periosteum, and extending amongst the muscles, but not involving the bone itself. In structure the tumour did not resemble any of the described forms.

The President suggested that as the nature of the tumour was a point of extreme interest, Dr. Bristow should be associated with Mr. Jones in an appointment to prepare a detailed report upon it.

After the usual vote of thanks to the exhibitors, the Society adjourned.

MEDICAL SOCIETY OF LONDON.

Saturday, November 24, 1855.

Dr. Snow, President, in the Chair.

Dr. Gibb related the following case of

SUPPURATIVE PHLEBITIS

in an infant a few days old, with post-mortem softening of the stomach. The child lived nine days, and was examined, forty-four hours after death, on the 24th. Death was preceded by three rapidly succeeding convulsions. It was of the usual size, but the body was freely covered with roundish

crimson spots, varying in size from a pea to a shilling. Both hands were of a blue colour; the right contained a fluctuating swelling over the back of the wrist, which consisted of pus; and over the left elbow, which was irregularly ecchymosed, a swelling was also found, the size of a pigeon's egg, which likewise contained pus. Both of these abscesses were seated over joints, and communicated with them. These swellings commenced at birth, and gradually increased in size, and appeared to give the child great pain; it took the breast notwithstanding. An internal inspection did not exhibit anything very remarkable, with the exception of the liver, which occupied nearly the whole of the abdominal cavity; but in structure and general appearance it seemed natural. There were a few light-coloured, circular patches on its surface, the largest the size of a sixpence. The stomach was in a totally disorganized condition from softening, and was apparently dissolved in many parts by the post-mortem action of its own fluids; it contained clear white curds of milk, some of which escaped into the peritonæum during the examination. The bowels presented a shrivelled-up and contracted appearance. The rest of the viscera were natural. The brain was not examined, and no appearance of external congestion was manifest about the head. Had time been permitted for a careful dissection, he had no doubt inflammation of the veins would have been discovered, which has here been followed by purulent deposits in the joints. This condition is one so rare in infants, or even in children, that it is not even mentioned in works devoted to diseases of children, at any rate by any English author, and is, therefore, worth recording.

In answer to Dr. Willshire (who said that deposit of pus about the joints was recorded by several writers), Dr. Gibb stated that there was nothing indicative of umbilical phlebitis; that the father was far advanced in phthisis; and that the mother was in a very delicate state, but had not puerperal fever.

Dr. Willshire said, that puerperal fever on the part of the mother was the general attendant of the deposit of pus in the child; and that both had, probably, a common origin.

A paper was then read from Dr. Herbert Barker, on a case of "Poisoning by Oxalic Acid." The patient was a boy, who died from the effects of the poison, and who before death admitted that he had swallowed half-a-drachm of the acid.

The President mentioned a case of death from oxalic acid (taken, it was believed, in a partly solid state), where, at the post-mortem examination, the tongue and lips were found to be very white, while the stomach was black, apparently from congestion.

Dr. Rogers believed that such appearances usually accompanied death from oxalic acid.

Dr. Routh said, the appearances indicated might be taken as positive evidence of poisoning by oxalic acid, though no chemical reasons had been discovered why the stomach should be black, and the tongue and mouth white.

Dr. Richardson said, the peculiarity in the case related by the author was the smallness of the dose. The smallest dose previously recorded as having caused death was, he believed, 4 drachms. He had seen a case where a person recovered, without Medical treatment, after having taken 6 or 8 drachms. A patient of Dr. Willis's took an ounce, and, on being treated with lime, recovered. The rapidity of the action in the present case was probably due to the poison having been taken in a solid state. Practitioners were often needlessly cautious about giving oxalic acid, limiting the dose to one or two grains, or even less. Five or six, or even twenty grains might be given to a dog without effect.

Dr. Crisp observed, that the action of poison upon man and the lower animals was very different. He regretted that nothing was said in the author's paper about the administering of an antidote.

The President remarked, that the smallness of the dose rested only on the boy's evidence, the remainder of the poison which he bought not having been found, and that no reference to treatment was made in the paper.

CASE OF PROBABLE STRANGULATION, SUCCESSFULLY TREATED.

By EDWARD SMITH, M.D., LL.B.
Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton. Honorary Secretary of the Society, etc.

The author attended this case in August last, in consultation with Mr. Davis, of Brompton. It was that of a delicate lady, aged 26; she had formerly been subject to diarrhœa, but lately to the contrary, and has had three attacks of spasm and obstinate constipation. She had been however, in perfect health for some weeks before the attack now referred to. The symptoms were obstinate constipation for five or six days, with vomiting of biliary and then of stercoraceous matter, hiccough, fearful spasm with intervals of one minute's duration, distension and tympanitis of the bowels and the presence of a small lump near to the navel. There was never, however, any fever, tenderness, or any evidence of inflammation. The diagnosis was strangulation of the small intestine from spasm of the circular fibres, and the treatment was opium, (which acted almost magically in arresting the spasm), croton oil, hot baths every three hours, with enemas of assafetida and turpentine immediately before the bath, and hot turpentine fomentations to the bowels. The spasm subsided, but the stercoraceous vomiting and constipation continued, as also the vomiting of a quantity of gooseberry and apple seeds, although no fruit had been taken for a fortnight; but by the persevering employment of the above remedies, in three days flatus and fluid fæcal matter began to pass, the vomited matter to be less and less stercoraceous, and the patient ultimately did well.

The author especially referred to three points of interest.

1st. It was evident from the continuance of the stercoraceous vomiting, at the same period as the fæcal evacuation by the rectum, that both the normal peristaltic and the abnormal anti-peristaltic action may proceed in the bowel at the same time. Hence the presence of the anti-peristaltic action does not imply the absence of the peristaltic action.

2nd. That a state of spasm may be considered the primary condition in cases of intus-susception and some of strangulation, and the inflammatory condition which attends them as consecutive; hence the importance of instantly arresting the spasm, quite irrespective of the action or inaction of the bowels. Thus the opium benefits directly, and the absence of purgations indirectly.

3rd. As a case of intus-susception or strangulation cannot be absolutely proved to exist during life, but only inferred from the symptoms, and as the serious nature of that condition is apt to induce the mind readily to form such a diagnosis, and hence to look upon the case as hopeless, except by making an abdominal explanation, he was desirous to show that cases may have all the symptoms which indicate the existence of strangulation, and yet recover without surgical interference. He thought that the early performance of so serious an operation, (as has been of late recommended,) to obviate a supposed strangulation, should be recommended with great caution, and that the first aim should be to remove the spasm entirely, and to be comparatively careless as to the purging of the bowel. He strongly recommended the instant use of a large dose of opium, and the frequent employment of the hot bath immediately after the administration of enemata.

Dr. Crisp said, the case was not necessarily one of strangulation. It often occurred (especially in nervous, hysterical women) that one portion of the intestine was distended for a long time with flatus, and so lost its contractile power. In the present case, that circumstance might have caused the tumour felt about the umbilicus, the spasm occurring above the distended portion.

Dr. Webster related a case somewhat similar to that mentioned by the author, in which he pursued similar treatment, with the exception of the employment of blisters, to relieve the pain in the stomach. Nothing, however, appeared to benefit the patient till one morning she vomited a piece of undigested eel, about an inch long, which she had taken for supper six weeks previously. The symptoms were then relieved, and the patient recovered in a few days.

Dr. Routh, Mr. Hird, and other members, mentioned cases of a similar nature, in which the patients were relieved after vomiting undigested food which had long remained in the stomach.

The President alluded to the possibility of an inverted peristaltic action of the small intestines, by means of injections, adding, that a Surgeon in the north had told him that he had sometimes injected soap and water, until the patient vomited part of it.

Dr. E. Smith said, if the case was not one of strangulation, it closely resembled it; and his object had been to prevent strangulation, if it did not really exist. Great care should be taken to ascertain that the case was really one of intus-sus-

ception, before any surgical operation was performed. One of the important points in the case which he had related was the employment of hot baths in connexion with enemata, the latter alone producing comparatively little effect.

A paper was read, by Mr. Bakewell on "Fibrinous Concretion."

Mr. Harding believed that the fibrinous concretion took place during the few minutes preceding death, the cause of death being, not the concretion, but the obstruction of the circulation of the blood by disease.

Dr. Richardson thought it was one of the purest cases of death from fibrinous concretion he had ever heard of.

Dr. Mackenzie had no doubt as to the formation of such concretions (which had often been described by old writers;) the question was, whether they were not formed during the ebb of life, when changes went on in the blood similar to those which took place in the dead subject. He had submitted animals for some time to an atmosphere of oxygen, and after their recovery from the artificial state, he had found no instance of super-oxygenation. No doubt if they died under the influence of the oxygen gas, and had no time for recovery, fibrinous concretions might occur.

Dr. Richardson described some experiments he had performed on the lower animals, placed in oxygen. Herbiverous animals so placed, he said, did not die so long as a free current was kept up, while carnivorous animals died in a few days.

Dr. Chowne thought that the fibrinous formation was often post-mortem; and that in the case related life could not have continued up to the time when the cavities became so full as had been described.

The Society then adjourned.

MEMOIR OF MAGENDIE.

François Magendie was born at Bordeaux, (Department of the Gironde,) on the 6th of October, 1783. His father, who was a Physician of some talent, resided in Paris, where the young child was brought soon after his birth. The early days of the future great man passed without any important event—with the exception of the death of his mother. His father was soon married again to a woman who took little interest in her husband's child. The great French Revolution came, and all the ardent men of the time had a share in it. This was the case with Magendie's father, who, devoting all his time to political affairs, neglected his son. This enthusiastic politician became successively Mayor of the 10th Arrondissement, a member of the Hospital Council, and also of the celebrated Commune de Paris.

The young Magendie did not learn to read or write until he was 10 years old. So rapid then was his progress at school, that when only 14 he succeeded in gaining a prize in the Annual Concours, where all the best scholars of Paris compete. The Latin and Greek languages were not taught in the schools in those days, and Magendie studied them afterwards by himself, when a Student of Medicine. His father was a friend of the celebrated Surgeon Boyer, and, when only 16, Magendie became a private pupil, and soon afterwards the Prosector and Demonstrator of Anatomy under Boyer. When 20 years old he was admitted (after a brilliant *concours*) as (*Aide d'Anatomie*) Assistant Demonstrator of the Faculty of Medicine, and very soon a *Prosector* (Demonstrator).

Magendie began when very young to deliver successful lectures on Anatomy and Operations. At that time he intended to become a Surgeon, and was about presenting himself at a Concours, for a place as Surgeon at the General Board of the Paris Hospitals, when Dupuytren, unwilling to have such a rival, induced him to abandon this branch of the healing art—and it is owing to this that Magendie, who naturally had strong predilections for Surgery, became a Physician.

His success was rapid, and he was soon admitted a member of many Scientific and Medical Societies. His reputation as a Physiologist was already very great. Some of his most important papers had already been published, and had received the sanction of the Academy of Sciences. In 1819 he became a member of the Academy of Medicine, and, two years after, with the assistance of the great Astronomer, De Laplace, he was elected a member of the Academy of Sciences, at an age when few men are admitted into that learned body, in which there are only six places for Physicians and Surgeons. He had just begun the publication of his important "Journal of Physiology," which has been so useful to the progress of science.

In 1831, Récanier, not willing to take the oath to the King, Louis-Philippe, was compelled to resign his Professorship at the College of France, and Magendie was elected in his place. From that time almost until the day of his death (7th of October last) his activity,—as a member of the Academy of Sciences, as a Professor in the first of the scientific schools of France, and as a member of many Committees, appointed by the Government, and, particularly, the Committee of Public Hygiene,—had given him an unbounded influence, which he always employed for the benefit of science.

The discoveries of Magendie are not so well known as they ought to be. A short glance at some of them, and particularly at those which are somewhat forgotten, will show how much Physiology is indebted to him.

Among his most important papers are those relative to the power of absorption of the veins. The experiments of John Hunter, Cruikshank, Makagni, Desgenettes, and others, had been admitted as proving that lymphatics alone have the power and the function of absorption. By admirably-conceived experiments Magendie clearly proved that the veins also have this power and this function.

In experimenting upon the absorption of poisons, Magendie found a fact which he thought to be very strange. It is, that in a poisoned animal, the blood, although containing the poison, and being mostly the agent by which the toxic substance is brought to all the parts of the body, is not able to poison another animal when it is injected into its blood-vessels. This result, which resembles very much some of the results of experiments of Dr. Addison and Mr. Morgan, may, I believe, be easily explained. The dose of the poison in the blood injected into the second animal was not large enough. Dr. Brown-Séquard has seen poisoning quickly produced by injecting into the femoral vein of an animal, blood which had been drawn from the veins of a large poisoned animal.

The researches of Magendie on the mode of action of different substances containing strychnia, are very important. Not only the symptoms which are to be observed in animals poisoned by these substances were carefully studied, but Magendie found many interesting circumstances relative to the mode of action of these poisons, and pointed out a fact which may prove useful in the treatment of poisoning by strychnia. He showed that these substances do not act directly on the brain, and that their principal action is on the spinal cord, and he showed that it is by asphyxia that they produce death. He observed that fits were produced each time he touched the poisoned animal, and this fact has led other physiologists to the capital theory that the reflex faculty of the spinal cord is very much increased by these substances. As a means of treatment Magendie proposed infiltration of the lungs.

In the paper in which Magendie explains his researches on substances containing strychnia, he proposes to make use of nux vomica as a medicine, when it is necessary to increase the power of action of the spinal cord. It is to him, to Fouquier, and to Andral that Physicians are indebted for this powerful remedy.

In his researches on the absorption of poisons, Magendie discovered an interesting fact, which had been forgotten, and has been revived a short time ago by Professor Bouley; it is that the stomach has very little power of absorption.

Few publications of Magendie excited so much public attention as his paper on Vomiting. It was admitted that Haller, Kepler, and some other experimenters, had well proved against Bayle, Chirac, and Duverney, that the stomach is the most active agent of vomiting. M. Magendie proved positively that vomiting may take place without the stomach; but he went too far, in considering the diaphragm and the muscular walls of the abdomen as being the active parts in the act of vomiting. He, nevertheless, did not say, as he is accused of having said, that the stomach never has any active share whatever in the act of vomiting. In this paper, and in another very remarkable one, on the action of emetics, he relates experiments, proving that certain substances may produce vomiting, after having been injected into the veins. This fact had been known and forgotten. Long before Magendie, Professor Wren, of Oxford, in 1666, had discovered it, and Fabricius, Schmidt, and Schleger, had confirmed Professor Wren's discovery.

In a paper on the Epiglottis, Magendie established that this fibrous apparatus may be taken away, without any decided effect on deglutition; and that, during this action, the vocal chords of the larynx become approximated, so that the food cannot pass through the glottis.

I shall not say much of a long paper of Magendie's, on prussic acid. I wish merely to recall the attention of Practitioners to a plan, perhaps too much neglected,—it is the employment of prussic acid in coughing, particularly in consumption. According to many instances reported by Magendie, this remedy appears to be, when carefully employed, a very useful one.

A very interesting paper of Magendie's, on Non-nitrogenized Food, attracted much notice some forty years ago. The principal object of this paper is, to show that this kind of food is not sufficient to maintain life. Another great principle of dietetics proved by him in this paper is, the necessity of a variety in food. He explained the results of his experiments, showing that the cornea of animals insufficiently fed becomes ulcerated.

In the year 1818, Magendie published his paper on Gravel, which is a model of clearness, conciseness, and good reasoning. One of his experiments, in which he had the assistance of Chevreul, led him to some important deductions as to the proper regimen for persons having the uric gravel. He found that a mammal, fed only upon sugar, gum, and oil, had no uric acid in his urine.

In a paper, on the Introduction of Air into the Veins, which was published long before the celebrated researches of Amusat, Magendie pointed out the danger of operations upon the neck. He proposed a mode of treatment, which may be successful when employed almost immediately after the introduction of air into the veins. He proposed to introduce a catheter into the right auricle, into the wounded vein, and to draw out, by a pump adapted to the catheter, the air and the blood contained in the heart.

Much has been said of the importance of Magendie's researches on the physiology of the roots of the spinal nerves. It may be admitted, that the first clear idea of a physiological distinction between the anterior and posterior roots of the spinal nerves belongs to Alexander Walker, and also that the demonstration of the great principle,—that there are differences of functions in different nerves, belongs to Sir Charles Bell; but it was Magendie who proved positively the differences of functions between the anterior and posterior roots. The experiments and pathological cases published by Sir Charles Bell, had clearly established the differences between the seventh and fifth pair of nerves; but his experiments on the roots of the spinal nerves were not at all decisive. To Magendie belongs the merit of having proved this difference. There were two methods to be employed to ascertain this distinction, and Magendie made use of both. One of them was to divide either all the posterior, or all the anterior roots of one of the limbs of a living animal, and then to examine the effects of the section. This Magendie did, and he found that, after the section of the anterior roots, movements are entirely lost, and sensibility remains; and that after the section of the posterior roots, sensibility is completely lost, and movements are a little diminished. Another method of research is to employ excitation on the roots. His method at first led Magendie to erroneous views, and it will be shown hereafter that it was very difficult to avoid being mistaken. Magendie made use also of another method, which is somewhat of a compound of the two preceding. He divided all the posterior roots of a limb of a living animal, and poisoned it with nux vomica. Convulsions ensued in that limb as well as in the others. He then divided all the anterior roots of the limb of another animal, and gave it nux vomica. Convulsions took place everywhere, with the exception of the limb operated upon. This was certainly a decisive experiment. Two facts which have been discovered after these experiments of Magendie, explain why he obtained some results which led him to the erroneous views above mentioned.

[To be continued.]

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, serving with the Army in the Crimea, in forwarding his Weekly Report of Sick to the 3rd November, states:—

That the sanitary condition of the army continues most satisfactory, and a sensible decrease, both in sickness and mortality, has taken place.

The health of the 82nd Regiment is improved, and the Land Transport Corps is the only one which has been sickly, and in which any amount of mortality has taken place, three-eighths of the casualties of the whole army for the week having occurred in that corps alone.

In the Cavalry divisions no deaths took place during the week, and only one each in the 3rd and Highland Divisions, which is about as low a rate of mortality as can well be expected in a body of 15,172 men serving in the field.

During the present week the admissions to strength have been 2·56 per cent.; but exclusive of transfers from Regimental to General Hospitals, and the Land Transport Corps, only . . . . . 2·10 per cent.

The deaths to strength have been . .	0·08 ,,
Exclusive of Land Transport Corps .	0·05 ,,
The proportion of sick to well is . .	6·72 ,,
Exclusive of Land Transport Corps .	6·18 ,,
Exclusive of both wounded and Land Transport Corps	4·75 ,,

The following abstract of admissions and deaths shows the difference between this and preceding week:—

	This Week.		Last Week.	
	Admitted.	Died.	Admitted.	Died.
Fevers	258	11	239	9
Pulmonic	89	3	57	1
Diarrhœa	304	8	418	9
Cholera	18	14	41	25
Dysentery	92	1	78	4
Wounds and injuries	7	5	12	10
Other diseases . .	595	4	628	3
	1363	46	1473	61

By this table it will be seen that there has been a slight increase in febrile and catarrhal affections, but a decrease in cholera and other diseases of the stomach and bowels."

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise on Thursday, November 23, 1855:—

Conolly, Thomas Charles, Aldersgate-street.
Jackson, Robert Edmund, Whitby, Yorkshire.
Lawrence, George William, Sudbury, Suffolk.
Massingham, Joseph Ebenezer, Bethnal-green.
Smith, Frederick Porter, Bath.
Travers, James William George, 1, Whitmore-place, Hoxton.
Wright, Henry, Stamford-bridge.

DEATHS.

Complin.—Died, on the 29th ultimo, at the Palace Hospital, Scutari, aged 25 years, Edward John Complin, M.R.C.S.E., Civil Assistant-Surgeon to the British Army in the East. Mr. Complin was educated at St. Thomas's Hospital, where, by the persevering and diligent pursuit of his studies, he gained the confidence and regard of the officers of that Institution. He was subsequently elected resident Medical officer to the Dreadnought Hospital ship, and during the prevalence of cholera last year had entire charge of the Bacchante Cholera ship, tender to the Dreadnought; he furnished tabular reports of the cases and treatment to the *Medical Times and Gazette*. Thoroughly educated in the knowledge, and absorbed in the love of his Profession, he panted to distinguish himself in its highest walk, and by the most active service. He sought, in the opportunity which the war afforded, to perfect himself as a skilful operator, and proceeded first to Smyrna. He then volunteered to the camp at Sebastopol, where he was almost immediately attacked by fever, followed by dysentery, beneath which he ultimately sank. Few men so young had achieved a higher reputation for attainments in the Profession. He conciliated the esteem and regard of all who knew him, by the kindness of his disposition, the uprightness of his conduct, and the gentleness of his manners. His early death has indeed blighted the promise

of a valuable life, but he has not lived in vain, either for himself or as an example to others; of whom it can be truly said, that during his short career the tendency of his every pursuit and consideration was to elevate and ennoble the calling to which he had devoted himself.

CLARK.—November 2, at Suez, on his passage from Bombay to England, and beloved and deeply regretted by all who knew him, Frederick Hobson Clark, Esq., Surgeon of Her Majesty's 83rd regiment, second son of the late John Clark, Esq., and nephew of the late Lieutenant-Colonel Oke, formerly of Her Majesty's 61st regiment.

FRASER.—November 23, at Inverness, Hugh Fraser, Esq., M.D., in his 64th year.

FINCHAM.—November 25, at 5, Spring-gardens, Warren Fincham, Esq., M.R.C.S. Eng. 1847; M. and L.S.A. 1848; late House-Surgeon to King's College Hospital, and Medical Associate of King's College.

FLETCHER.—November 21, at Barton-house, in the county of Gloucester, Ralph Fletcher, Esq., M.D.

LOWE.—October 30, at Congleton, Edward William Lowe, Esq., M.R.C.S., aged 31 years. He was House-Surgeon at St. Bartholomew's Hospital in 1847-8, and received (1846) the first scholarship in Anatomy and Physiology given at that School.

ROGERS.—November 25, at 29, Dorset-square, Regent's-park, after a few hours' illness, Colin Rogers, M.D., late Superintending-Surgeon H.E.I.C.S., Madras Presidency.

TWEEDIE.—November 12, at Raehan-house, Peeblesshire, Thomas Tweedie, Esq., of Quarter, Physician-General H.E.I.C.'s Service, Justice of the Peace and Deputy-Lieutenant of the county of Peebles.

UNIVERSITY COLLEGE HOSPITAL.—An attempt is now being made among the past and present students of this Hospital, and others connected with the establishment, to raise a small fund for the purpose of purchasing an annuity for Mrs. Neilson, who has been a nurse at the Hospital ever since it was opened, but who is now compelled to relinquish her duties from old age. A number of gentlemen have already formed themselves into a Committee to promote this benevolent object, and those who are willing to contribute can learn further particulars from the Secretaries, Dr. Hillier and Mr. Laurence at the Hospital.

ASSISTANT-SURGEON SINCLAIR, of the 93rd, is returning from the Crimea on account of ill-health.

ROYAL HOSPITAL FOR THE CARE OF THE INCURABLY AFFLICTED.—The First Annual Meeting of the subscribers to this charity was held at the London Tavern, on Tuesday, Alderman Wire presiding. The Report stated that, up to this time, twenty-two cases had been admitted to the benefits of the institution, which number would be increased, by the election of that day, to thirty. The Directors were happy to say, that, in almost every case, a visible amendment had been obtained; care and kindness had produced contentment and hope. It would be difficult, they said, to find anywhere a family so afflicted who were so happy. The various methods of relief which had been adopted worked admirably well, and the application of them was varied according to the circumstances of each particular case. Where a patient had no home a home was provided for him; but where the case might nestle among its own friends, assistance was given to it from the Institution. Although the times were forbidding, the state of the resources of the hospital was encouraging. A roomy dwelling had been obtained and furnished, a considerable household had been maintained, every expense had been met, and a small balance still remained in its favour. In fact the establishment of the Royal Hospital was now a thing accomplished.

THE LATE MR. NEWPORT.—A plain but handsome monument, of Aberdeen granite, has recently been placed in the the Cemetery of Kensal-green, to the memory of the late George Newport, the eminent naturalist and physiologist. The following simple inscription on the stone implies strongly, if it does not formally express, the merits of the deceased. The fact of having a public monument raised to him by those who knew him best, his friends and fellow-workers, is a eulogy of a kind which can never be questioned, while his own scientific writings constitute his best and most enduring epitaph:—"Sacred to the memory of George Newport, F.R.S., F.L.S., F.R.C.S., etc. etc. etc. He was born in Canterbury on the fourth day of July, 1803, and died in London on the seventh day of April, 1854. This monument was erected by Fellows of the Royal and Linnæan Societies to commemorate their regret for the loss of a much-esteemed colleague, and to testify their sense of the great services rendered by him to science."

HER MAJESTY, on Wednesday, visited Fort Pitt Hospital, which contains about 500 patients, and also Brompton Hospital, with 200 patients; as also the invalid depôt at St. Mary's, where Her Majesty inspected nearly 500 non-commissioned officers and soldiers recently returned from the Crimea. Drs. Dartnell and Reed, with staff, were in attendance on Her Majesty.

CRIMEA—CHANGES IN THE MEDICAL STAFF.—Dr. Hall is to be made a K.C.B., and to return to India, Dr. Alexander, hitherto in Medical charge of the Light Division, taking his place as principal Medical officer in the Crimea; Dr. Linton is to go (or has already gone) to Scutari, as inspector, to succeed Dr. Cumming; whilst Dr. Taylor is to be promoted and remain.

THE CAMP HOSPITAL IN THE CRIMEA.—It is reported that, in all points of space, furniture, cleanliness, creature comforts, and attendance, there seems little that the most fastidious friend of the sick soldier could desire to have altered or added. In the great majority of the Regimental Hospitals, warm, double-walled, and spacious huts have been substituted for marquees; and in those where the change has not yet taken place, it will be made before winter finally sets in.

ROYAL LUNACY COMMISSIONERS FOR SCOTLAND.—This Commission, which was appointed by Government in April to inquire into the working of the Lunacy Acts in Scotland, are still pursuing their investigations. After a careful personal inspection of the various licensed asylums in the country, whether public or private establishments, they are now examining persons experienced in the matter under their cognizance in their chambers in George-street, Edinburgh. Among the witnesses already examined are Sheriff Macfarlane, of Renfrew; Dr. Shae, Morningside; Dr. Mackintosh, Gartnavel; Dr. Harry Rainey, and Dr. Coats, of Glasgow; Mr. Lothian, Procurator Fiscal, Edinburgh; Mr. Croll, Inspector of Poor, Perth; and Mr. Kirkwood, Inspector of Poor, Govan. The result of these labours will, in all probability, be laid before Parliament, when it resumes sitting, and we may expect a recommendation to erect, in Scotland, county asylums similar to those in England and Ireland. Of course, the principle will admit of and require much modification, as, with two exceptions, no county in Scotland will be able to erect and maintain a lunatic asylum singly. The total number of lunatics chargeable to the parishes in Scotland for the year ended at Whit-Sunday, 1854, was under 3900, and, assuming four-fifths of these to be in asylums, accommodation would require to be provided for 3120, and these could be most comfortably and economically provided for in six county asylums, the counties of Edinburgh and Lanark erecting one each, and the cost of the remaining four divided amongst the other counties, in proportion to the extent of accommodation required.

DEATH BY POISON.—On Wednesday, Mr. Bedford, coroner for Westminster, concluded an inquiry relative to the death of a female, aged 23, a domestic servant. The deceased was taken suddenly ill, and a surgeon, on attending, found her in a dying state, while close by, on the floor, lay the body of a newly-born infant. After the mother's death, a small pot was discovered in the deceased's box, containing some paste, used to kill rats and mice, and a quantity of steel filings. After a post-mortem examination, the surgeon was satisfied that deceased had died from poison. He then examined the paste, and found that it was composed of phosphorus and arsenic, and that it was a deadly poison. A man of the name of Geo. Wallington, a tailor, living in Rupert-street, had made some statements, at the earlier stages of the inquiry, relative to a Mrs. Blackwell, who had some months ago told him that the deceased wanted to get some drugs to procure a miscarriage, and he had seen Blackwell boiling pennyroyal for the deceased. The jury returned the following verdict:—"That the deceased died from the effects of Roth and Ringeisen's rat poison, but whether that poison was taken suicidedly or for the purpose of procuring abortion, there is not

sufficient evidence to show; and the jury strongly condemn the sale of such sad and dangerous poisons as Roth and Ringeisen's paste for killing rats and mice, composed of phosphorus, and cobalt (smalt), in the shops in London, without the presence of a witness, until the legislature shall pass an enactment regulating or prohibiting the sale of such deadly agents." The coroner said he agreed entirely with the verdict and the recommendation, as he was informed that several deaths had occurred from the careless sale of such poisons, which could unfortunately be bought at oil-shops for a few pence.

GREENOCK.—On Monday, the thermometer stood as low as six degrees below freezing point, and the ice was half-an-inch thick on the sheets of water in the neighbourhood. The frost continued on Tuesday.

SCARLATINA still prevails, and is not less fatal to children in London, than it has been for the last two months.

MORTALITY RETURNS OF SCOTLAND.—During the month of October there were registered in the Eight Principal Towns of Scotland, 2555 births, of which 1296 were males and 1259 females; 1625 deaths, of which 835 were males and 790 females; and 550 marriages. Allowing for increase of population, this would give at the annual rate of one birth for every 27, one death for every 43, and one marriage for every 126 persons. The births exceeded those registered during September by 161, the deaths by 117, and the marriages by 72: in fact, during the last three months the births and deaths have risen and fallen together, the births being most numerous when the mortality was greatest, and least numerous when the deaths were fewest. This, however, might be accidental. Of the 1625 deaths, 810, or 49 per cent., were under 5 years of age. The proportions in the different towns were, in Perth, 24 per cent. of the total deaths; Aberdeen, 32 per cent.; Paisley, 36; Edinburgh, 44; Leith, 50; Glasgow and Dundee, 55; and Greenock, 61. The deaths from the zymotic class of diseases amounted to 463, and thus constituted 28 per cent. of the total mortality—a proportion still considerably above that of a healthy town population. The prevalence or absence of certain epidemics has caused the proportions to vary greatly in the different towns. Thus in Perth the deaths from the zymotic class of diseases, were in the low proportion of 13 per cent. of the total mortality. In Paisley, 18 per cent.; in Leith, 27; Glasgow, 28; Dundee and Aberdeen, 29; Greenock, 30; while in Edinburgh, owing to the prevalence of scarlatina, the proportion was 31 per cent. of the total deaths. Scarlet fever has been very fatal in Edinburgh and Aberdeen—48 deaths having occurred from that cause in Edinburgh, and 18 in Aberdeen, in each town constituting 14 per cent. of the total mortality. The disease is also on the increase in Glasgow and Leith. The course of this disease in Edinburgh is worthy of note, as it has on more than one previous occasion followed the same track. The first cases of the present epidemic appeared about the second week of September in the south of the town, in the Newington District, but across the whole breadth of the town, as if the invasion had occurred from the south. The disease then extended northward, till it involved the whole of the Old Town, from Fountainbridge on the west, to the foot of the Canongate on the east. Its further course northwards seemed for a while to be arrested by the wide valley (Princes-street Gardens, etc.) which separates the Old from the New Town; when the disease turned the westward flank of this obstruction, and extended by the Lothian road, and adjoining streets and lanes, to the west of the New Town and Stockbridge, and is now rapidly extending over the New Town from west to east. The epidemic is one of the most severe and typhoid in its character which has been witnessed for years.

METEOROLOGY.—The mean reading of the barometer, for the month of October, at the Observatory of the Royal Engineers, Ordnance Office, Edinburgh, was 29·517 inches; the mean of the morning readings being 29·421, and of the evening 29·614. The range of the barometer during the month was 1·286. The mean temperature of the month was 48°·8, and the extreme range 32°·8. The highest degree of temperature noted during the month was 62°·5, and the lowest 29°·7. The mean temperature of the dew-point was 42·4; the mean elastic force of vapour ·285; and the mean humidity ·804. The quantity of rain which fell during October amounted to 2·48 inches. West, south-west, and south winds blew 21 days; north, north-east, and east winds the greater portion of 6 days.

MORTALITY NOTABILIA.—In the week that ended on Saturday the deaths of 1073 persons, viz. 547 males and 526 females, were registered in London. This return exhibits an increase of nearly 100 on the weekly deaths of the last fortnight, a result which is for the most part to be referred to the depression of temperature which was mentioned in the last report, and which continued to a great extent during last week. In the ten corresponding weeks of the years 1845-54 the average number of deaths was 1055, which, if raised in proportion to increase of population, becomes 1161. The present rate of mortality is, therefore, still considerably below the high rate which has ruled in London at this season, and which, it is believed, may be permanently reduced.

METEOROLOGY.—The mean reading of the barometer, which was 30·041 in. on Sunday, continuously fell till Friday, when it was 29·655 in. The mean of the week was 29·812 in. The mean temperature, which in the previous week had been 41·4°, was last week 39·4°, or 2·6° below the average of the same week in 38 years. The mean daily temperature was below the average on every day except Sunday (the 18th). The air was coldest on Thursday, when the highest temperature was 41·2°, and the lowest 33·7°, and the mean 37·2°, which is nearly 5° below the average. The wind was on the same day and Friday in the south-west and south; it blew on other days from the north-east and north. The mean dew-point temperature was 38°, and the difference between that and the mean air temperature was 1.4°. The temperature of the water of the Thames was 44·2°; its entire range in the week was 6°. There was rain every day; the quantity on four days, measured by the gauge, was 17-hundredths of an inch. Horizontal movement of air, 490 miles. Electricity, positive.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending November 24:—

	Males.	Females.	Total.
Workhouses	47	58	105
Prisons	1	..	1
Military and Naval Asylums ..	4	..	4
General Hospitals	16	19	35
Hospitals for Special Diseases ..	4	10	14
Lying-in Hospitals	..	..	..
Military and Naval Hospitals ..	2	..	2
Hospitals for Foreigners, etc. ..	1	..	1
Lunatic Asylums	7	1	8

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, November* 24, 1855.

CAUSES OF DEATH.	In the Week ending Saturday, November 24, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp.	39·4						43·0
ALL CAUSES	1073	524	171	164	177	37	1055·4
SPECIFIED CAUSES	1072	524	171	164	176	37	1049·5
DISEASES:—							
1. Zymotic Class	244	188	19	21	13	3	257·2
2. Dropsy, Cancer, and others of uncertain seat	55	11	7	20	16	1	44·8
3. Tubercular Class	166	50	82	29	5	..	165·4
4. Of Brain, Nerves, etc. ..	116	50	15	18	30	3	115·8
5. Of Heart, etc.	53	4	15	18	14	2	40·8
6. Of Respiratory Organs ..	205	115	14	28	45	3	205·5
7. Of Digestive Organs ..	53	18	7	13	15	..	56·6
8. Of Kidneys, etc.	7	1	2	2	1	1	11·0
9. Of Uterus; viz. — Puerperal Disease, etc. ..	7	2	3	1	1	..	9·6
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	9	1	1	4	3	..	8·9
11. Of Skin, etc.	4	2	..	1	1	..	2·3
12. Malformations	2	2	..	..	..	..	3·9
13. Debility from Premature Birth, etc.	26	26	..	..	..	..	23·9
14. Atrophy	37	27	..	3	7	..	23·9
15. Age	44	..	..	..	22	22	45·6
16. Sudden	10	8	..	..	1	1	7·2
17. Violence, Privation, etc..	34	19	6	6	2	1	27·1
CAUSES NOT SPECIFIED.. ..	1	..	..	..	1	..	5·9

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Population.	Small-pox.	Measles.	Scarlatina	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	1	2	14	4	..	9
North	490,396	5	5	13	9	2	11
Central ..	393,256	..	6	9	5	3	7
East.....	485,522	2	4	13	8	6	16
South	616,635	4	3	24	13	4	11
Total..	2,362,236	12	20	73	39	15	54

BOOKS RECEIVED.

Gray's Automatic Mechanism. London: Renshaw. 1855.
Hygiene; or, The Handbook of Health. By H. W. Lobb. London: Simpkin, Marshall, and Co. 1855.
Quain on the Diseases of the Rectum. Second Edition. London: Walton and Maberley. 1855.
Journal für Kinderkrankheiten. September and October. 1855.
Adolph Henke's Zeitschrift für die Staatsarzneikunde. Erlangen. 1855.
The Present State of the Theory and Practice of Medicine. An Introductory Lecture to the Class of the Institutes of Medicine in the University of Edinburgh, November 6, 1855. By Dr. John Hughes Bennett. Edinburgh: Sutherland and Knox. 1855.
Quarterly Return of the Births, Deaths, and Marriages Registered in the Divisions, Counties, and Districts of Scotland. Quarters ending 31st March and 30th June, 1855.
Common Sense versus Homœopathy. By Samuel Knaggs. London: Churchill. 1855.

TO CORRESPONDENTS.

Associated Registrars' Committee.—This Committee has been appointed for the purpose of watching over the interests of Registrars generally, and especially in respect to any Legislative enactments affecting them in their official capacity as Superintendent-Registrars, Registrars of Births, and Deaths, and Marriages.

Dr. Edwards Crisp.—The complaints made against our reporter are too trivial to require serious notice; and Dr. Crisp must himself perceive, on reflection, that the error, if it be one, must have been quite unintentional. As to the review of Dr. Crisp's work on the Spleen, it must be obvious to all who have read the work and compared it with our review, that the latter gives a faithful and honest criticism and analysis of Dr. Crisp's views and researches, consistently with the space to which we are necessarily limited.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If my Assistant (who is unqualified) vaccinates any of my pauper patients, should I be justified in signing the Certificates of successful Vaccination? This signature, of course, would not be recognized by the Poor-Law Board The insertion of this, with your opinion, in your next, will oblige. I am, etc. A Subscriber and Union Surgeon.

Chelmsford, Nov. 26, 1855.

[The question is a legal one, and we hesitate to give a general answer, which might possibly be the means of involving our Correspondent in difficulty. If the Assistant vaccinates under the *immediate superintendence* of the Principal, the latter is, no doubt, justified in signing the Certificate.—Ed. *M. T. & G.*]

J. C. B. asks us to decide whether certain words ought to be spelt *sanitary* or *sanatory*; *sanitarium* or *sanatorium*; and expresses a doubt as to our correctness in calling the Institution at Bournemouth a *Sanatorium*. We must observe, that these two words, respectively, relate to different things, and are derived from different modifications of the Latin root *san* = Gr. σάος = Germ. *ge-sund* = Engl. *sound*. *Sanatory* is derived from *sanare*, to make sound; and relates, therefore, to the restoration of health: and a *sanatorium* is an institution for healing the sick. *Sanitary* is derived from *sanitas*, a state of health; and relates, therefore, to the preservation of health. A *sanitary* measure is one for keeping health; a *sanatory* one, for restoring it when lost.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Mr. Fulcher presents his compliments to the Editor of the *Medical Times and Gazette*, and will feel obliged by his correcting the following error in the next number of his Journal. In the list of Licentiates of Midwifery contained in your number of the 24th inst. you have omitted to add to my name (of George Augustus Fulcher, Great Thurlow, Suffolk,) the date of my diploma of membership. I presume it was not furnished you by the College authorities. The date should have been October 14, 1853.

Naval Medical Reform Association.—The Secretary acknowledges, with thanks, the sum of £6, per Edward Packington, Esq., Local Sec. Sunderland. (Omitted in previous announcement.)

Mr. Henry Smith's paper on the "Treatment of Piles and Prolapsus Ani by Nitric Acid," will appear in our next number.

R. L. D.—The questions proposed are very difficult to answer, owing to the imperfect state of the law on the subject. If the party professing to have been in practice before 1815 has really no such claim to be considered as a legal practitioner, he may be prosecuted, and the onus of maintaining his position will rest with himself. If the chemist can be proved to have prescribed and sent medicines, and received payments, in a Medical case, he may be prosecuted under the Apothecaries' Act.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—If your correspondent, J. B., refers to the formulæ in Dr. Tanner's Manual, p. 281, No. 38, he will find as follows:—

"The White Mixture of Hospitals:—

℞ Magnes. sulph. ℥ij.
Magnes. carbonatis ℈j.
Aq. menth. pip. ℥j. M.
Ft. haust. omni mane sumendus."

I shall feel happy if, in want of better information, this may assist him.

Nov. 24, 1855. I am, etc.—R. B.

Messrs. Fisher, Son, and Hazelden.—We have received the specimen of Fluid Confection of Senna forwarded to us. Its taste is agreeable, and its operation is exactly analogous to that of the common Lenitive Electuary. It is said not to be liable to ferment in hot weather, and it is swallowed with more facility than the solid article.

A Victim.—No benefit could arise now by noticing the case. It is very evident that the party alluded to was destitute of one, at least, of the two qualifications required by the old legal maxim:—"Judex habere debet duos sales,—salem sapientiæ, ne sit insipidus; et salem conscientiæ, ne sit diabolus."

Dr. R. U. West's "Report of Cases in which the Ergot of Rye was administered," will shortly appear.

Mr. Horsley's Cod-Liver Oil with Iodine and Quinine.—This preparation contains gr. ij. of quina, and ½ gr. of iodine in each ounce of oil; and the usual dose for an adult is a table-spoonful two or three times a-day. It appears to be a useful invention, and the combination of ingredients will, no doubt, prove serviceable in many of those cases in which they have hitherto been separately prescribed.

We regret that Dr. Pettigrew's communication came to hand too late for insertion this week.

We have received a copy of Letts's Medical Diary for the year 1856.

COMMUNICATIONS have been received from—

Dr. Andrew Smith; Mr. L. W. Sedgwick; Mr. Charles Everett; Mr. Horsley; Dr. Baines; An Architect; Mr. Harper; The Royal Institution; Dr. Edwards Crisp; R. B.; Mr. Charles A. Drew; Mr. Richard Griffin; Mr. Spencer Wells; Alpha; A Subscriber and Union Surgeon; Dr. J. E. Pollock; R. L. D.; Mr. E. A. Hart; The Associated Registrars' Committee; Iatro-Chemicus; Dr. Druitt; Mr. Nevins; Mr. A. D. Dunstan; Dr. M'William; Mr. C. Munday; Mr. Fulcher; Dr. Thudichum; Mr. S. Rhind; Dr. Letheby; Dr. Hillier; Mr. Bradshaw; Dr. R. U. West; Dr. Richardson; and Mr. Hayer.

APPOINTMENTS FOR THE WEEK.

DECEMBER.	Miscellaneous Register.
1. Saturday....	Operations at St. Bartholomew's, 1½ p.m.; St, Thomas's, 1 p.m.; Westminster, 1 p.m.; King's. 2 p.m.; Charing Cross, 1 p.m. Medical Society of London, 8 p.m.—Mr. De Méric "On Bubo."
3. Monday.....	Epidemiological Society, 8 p.m.—Dr. Murphy "On Puerperal Fever." Royal Institution, 2 p.m.—General Monthly Meeting.
4. Tuesday	Operations at Guy's, 1 p.m. Pathological Society, 8½ p.m.
5. Wednesday ..	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days;) St. Mary's, 1 p.m. Geological Society.—Papers to be read December 5, 1855:—1. On Tilestones, or Downton Sandstones, in the neighbourhood of Kingston, and their Fossil Contents. By R. W. Banks, Esq.—2. On the last Elevation of the Alps, with Notices of the Heights at which the Sea has left traces of its action on their sides. By D. Sharpe, Esq., F.G.S.
6. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m. Harveian Society, 8 p.m.—Dr. Marshall Hall "On Asphyxia and its Remedies."
7. Friday	Operations at the London, 1½ p.m.; Moorfields' Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p. m. Western Medical and Surgical, 8 p.m.—Mr. Whyte "On the Proximal Causes of Dental Caries." Society then adjourns to Jan. 18.

ORIGINAL LECTURES.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Surgery to the College.

Lecture VI.

(Continued from page 540.)

INJURIES OF THE HEAD.—EXTRAVASATIONS OF BLOOD—*concluded.*

I proceed now to extravasations of blood within the cavity of the arachnoid.

Of all the extravasations of blood which occur within the skull after an accident, that which takes place in the cavity of the arachnoid is the most common. Blood is very frequently found in this membrane after an injury; and, from all I have seen, I have no doubt that an extravasation occurs here much more commonly than is usually supposed. Often have I found this extravasation in cases where the injury of the head has apparently been a trifling one, and that, too, without any traces of laceration, either about the brain, or about its membranes; and, in the vast majority of cases of fracture of the skull which die in our Civil Hospitals, whatever other extravasations may have taken place, blood is poured out in the arachnoid.

In the majority of instances, the blood corresponds to the cerebrum, rarely to the cerebellum, and still more rarely does it extend to the spinal canal.

To the pathologist, these traumatic effusions of blood into the sac of the arachnoid are of great importance, as, in them, he not only has the means of examining, from the very earliest period, the appearances which blood presents, when poured into a serous cavity; but, in them, he can also trace, step by step as it were, the various changes which this extravasated blood undergoes in the course of time.

If examined shortly after the accident, the blood extravasated into the cavity of the arachnoid may be either liquid or coagulated; and, if in the latter state, it may be in clots, or spread out in a layer covering a greater or lesser extent of the surface of the brain.

In a man, aged 30, who died within a few hours after a severe injury of the head, the cavity of the arachnoid contained a large quantity of extravasated blood, which was spread out and membrane-like, had moulded itself to the surfaces of the cerebrum and cerebellum.

In a man, aged 43, who died one day after a severe injury of the head, I found in the arachnoid large quantities of blood spread out, and capping both hemispheres of the brain, from whence it was peeled off in the shape of thick layers of coagula.

The membrane-like layer of coagulated blood, observed in the preceding cases, evidently gives rise to the appearances noticed at a later period. Once spread out, the blood, after some little time, loses its colouring matter, and the fibrin which is left gives rise to a false membrane of different hues.

In a woman, aged 30, who lived twenty-three days after an extensive injury of the head, a large quantity of extravasated blood was found in the cavity of the arachnoid, on the left side; this blood, membrane-like, was adherent to the inner surface of the parietal arachnoid, which lines the dura-mater at the upper part of the skull, in the whole of its extent, as well as to that which lines the anterior, and the middle fossæ of the skull. This blood-membrane, about two or three lines in thickness in several places, was of different colours,—in some parts, it was of a yellow, in others, of a chocolate hue, and the remaining portion had the colour of blood somewhat recently effused. The appearances above described are well illustrated in the preparation in the Museum of St. George's Hospital. In the upper part of the specimen, the layer of coagulated blood has been detached from its connexion with the parietal arachnoid, to show the perfect membranous appearance which it has put on; and on the surface of the portion thus reflected, may still be seen some numerous, minute, newly-formed vessels, which, in the fresh state, presented a network-like appearance. The free surface of the membrane retains a flocculent look.

If the effusion was small, and the blood subsequently spread out, forming a thin layer, its colouring matter may disappear within a few days, and there will then only remain a mere film, which may very readily pass unnoticed. Of this, I have seen many instances.

A man, aged 32, was admitted into St. George's Hospital, in 1846, with a scalp wound, which was followed by diffuse cellular inflammation of the scalp; he died seven days after the accident. In the cavity of the arachnoid were found some thin, gauze-like films, of extravasated blood, forming delicate false membranes, of a fawn colour, adhering to the parietal arachnoid, which, at first sight, looked merely as if it was slightly thickened; but a careful examination soon revealed the true nature of the case.

The false membranes arising from extravasations of blood may be found loose in the cavity of the arachnoid, or attached to one of the free surfaces of that membrane, or they may become a bond of union between its two layers.

In the great majority of instances, however, the false membrane is connected with the parietal arachnoid, to which it is firmly attached; its free surface, corresponding to the visceral arachnoid, being perfectly smooth and polished, and presenting all the characters of a serous tissue; under these circumstances it is generally supplied plenteously with blood vessels; in fact, so large are these vessels that they can be readily seen with the naked eye, and they have also been most beautifully injected both by Mr. Henry Gray and Mr. Holmes Coote. When thick, this membrane is oftentimes divisible into distinct layers, of which the external ones are of a light colour, while the internal ones still possess more or less of the colouring matter of the blood. Clots of blood, of various sizes and colours, are not unfrequently found, either in the structure of the membrane, or upon one of its surfaces. Cysts containing serum and blood, or serum alone, are also met with in these membranes.

The newly-formed tissue, arising from such extravasations as these, is at times soft and pulpy; at other times, having existed for a long period, and undergone various changes, it presents a fibrous, a leathery, and even a cartilaginous appearance. In these states, if firmly attached to the parietal arachnoid, the membrane may be very readily mistaken for diseases of a very different character. It may be referred to chronic inflammation, either of the dura-mater or of the arachnoid, with thickening of these membranes; or to inflammation of the meninges, producing an exudation of coagulable lymph upon the free surface of the arachnoid.

Not unfrequently these extravasations give rise to appearances of a most deceptive character. The extravasation at first sight appears to have taken place between the dura-mater and its arachnoid lining, for the blood is covered over by a thin, smooth, and polished membrane, presenting, to the naked eye, all the characters of the serous tissue, with which it is perfectly continuous at the margins of the extravasation. But this membrane and the clot may easily be removed, and the arachnoid is then found slightly roughened, but uninterrupted in its continuity.

A man, aged 37, was admitted into St. George's Hospital, in 1844, with a fracture of the skull, and severe injury of the brain, of which he died eight days after the accident. In the cavity of the arachnoid there was a large quantity of blood, some of the coagula of which were adherent to the parietal arachnoid, and covered over by a thin, membranous layer of a fawn colour, perfectly smooth on its surface, and continuous with the original serous tissue. The effusion looked, at first, as if it had taken place between the dura-mater and its serous lining; but the clots and the membrane were easily removed, and all that remained was a slight roughening of the corresponding arachnoid.

Such cases as these derive an increased degree of interest from the fact that these extravasations of blood were, for many years, described as having taken place between the dura-mater and the parietal arachnoid, which membranes were thus supposed to have been widely separated from each other.

Blood extravasated, and thus connected to the parietal arachnoid, may present itself under two different aspects: it may either be collected in one large cavity, or it may be disseminated, in patches of various sizes and thickness, over the whole surface of the serous membrane, the intervening parts of which present a natural aspect.

If the extravasation is an extensive one, the blood may, in the course of time, give rise to the formation of a large, perfectly-closed bag, in which are contained the more fluid parts. Differing in their shape, but flattened and compressed by the parts between which they lie, these encysted collections of blood may remain loose in the cavity of the arachnoid, or they may contract adhesions, more or less extensive, with the serous membrane; in the majority of instances, however, they are connected only with the parietal arachnoid, to which they are firmly attached by their outer wall, their free surface being perfectly smooth and polished.

On the cranium of a man, aged 69, M. Leriche (a) found a fracture, evidently of very long standing, passing from the inner side of the left frontal eminence to the right side of the occipital protuberance; in some parts, the borders of this fracture were widely separated from each other, and no bony union had taken place. Lying loose in the cavity of the arachnoid, there was a blood-cyst, of an inch and a-half in width, which covered over the greater part of the upper surface of the left hemisphere. This bag, four or five lines in thickness, was lodged in a groove, which it had formed in the corresponding part of the brain. The cyst was filled with a kind of transparent jelly, in which was a clot of blood, of a dark colour, and of the size of a nut.

In one of these encysted collections of blood, connected with an injury of the head, which was presented by M. Andral (b) to the Société Anatomique de Paris, the cyst was firmly adherent to the arachnoid lining, corresponding to the right parietal bone. Evidently of very long standing, this cyst was thick, and contained in its cavity nothing but a little fluid of a yellow colour. The right parietal bone presented evident traces of an old fracture, opposite to which the integuments were adherent to the bone.

Blood-cysts, such as these, have been found in various parts of the cavity of the arachnoid; but, in the majority of cases, these collections correspond to the vault of the skull only. In some very rare instances, the extravasation has, however, given rise to collections of blood corresponding to the vault and to the base of the cranium.

In a case recorded by M. Poumeau, (c) there were two of these blood membranes forming cysts, one on each side of the falx, which completely enveloped the cerebral hemispheres. Lining the arachnoid, the false membrane was traced over the vault of the skull, from whence passing along the tentorium, it was found to correspond to the whole of the under surface of the cerebrum. The visceral layer of the cysts corresponded only to the three anterior fourths of the upper surface of the hemispheres. The cysts themselves contained 300 grammes of perfectly limpid serum. The parietal layer, very thick, presented a fibrous appearance; the visceral one was more serous in its aspect. Traces of extravasated blood were found in different parts of the arachnoid. The false membrane was throughout plentifully supplied with blood-vessels. On the outside of the skull, between the bone and the periosteum, there was a large pouch of blood, evidently of long standing, which occupied the greater part of the right side of the head. The patient was a child, two years old, who was supposed to have received a blow on the head, and the co-existence of the external and internal extravasations was certainly sufficient to lead to this supposition.

The germ of these extensive false membranes and the cysts observed in the preceding case, may assuredly be found in those large traumatic effusions of blood, which I have already described as capping the whole surface of the cerebrum.

The membrane forming the cyst almost always retains some part of the colouring matter of the blood. During the earlier periods of its formation, the adventitious tissue is throughout of a brown, rusty colour; but even, after many years, it still presents a slightly yellowish tinge. The membranes forming the pouch do not cease abruptly at the margins of the sac; beyond this, gradually diminishing in thickness, they form a single lamina, which is so imperceptibly lost upon the serous membrane, that it is difficult to make out exactly where the one begins, and the other ends. The cavity of the cyst, at first shaggy in its appearance, becomes, in the course of time, perfectly smooth, or it may be intersected by fibro-cellular bands, running in various directions.

After a certain period, the membranes forming the cysts become, as I have already said, thoroughly supplied with blood vessels, which may be seen in countless numbers permeating their whole structure. In several cases a network of these vessels, most beautifully injected, has been found at the margins of the new tissue, thus marking the point of union between the original and the false membrane. Thus organized, these cysts possess all the physical characters of an original serous membrane. They secrete, they absorb; they have been found filled with clots of fibrin, and blood-tinged serum; sometimes they contain serum alone, of various colours; and oftentimes in the cavity of the same cyst are found clots of blood, of various hues, some recently effused, and others of long standing. Some pathologists think that, by contraction and subsequent adhesions, the cavity of these cysts may become obliterated; but, with such appearances as those described, I see no possibility of deciding whether a large cyst ever did exist, or whether the false membrane did not originally form a thick lamina, divisible into separate layers, such as those which I have already mentioned.

In some cases the visceral arachnoid, pia-mater, and brain, have been blood-stained; in other cases no such appearances have been noticed.

When the cyst is a large one, it presses on the corresponding part of the brain, the convolutions of which become flattened, or slightly depressed, presenting a cup-like surface, and the corresponding ventricle is contracted. The pressure of the cyst sometimes diminishes the thickness of the bones; and when the extravasation takes place in early childhood, the cyst subsequently formed may, if a large one, even give rise to a bulging of the bones outwards.

I have thus dwelt at some length on the various transformations which a traumatic effusion of blood in the cavity of the arachnoid may, in the course of time, undergo, as I feel convinced that a close observation of such cases as these will enable the pathologist to trace, step by step, the formation of the false membranes, either single, or enclosing cysts, the origin of which has given rise to so much discussion. Some years back, I came to the conclusion that the false membranes owed their origin to the fibrin of the extravasated blood; and subsequent observations have only tended to confirm this opinion.

In a large series of cases of traumatic extravasations of blood in the cavity of the arachnoid, I have thus been able to link together the varied appearances which an outspread, membranous-looking clot may, at different periods, present,—from its first effusion, with all its colouring matter, to its final transformation into a tissue possessing all the characters of an original membrane.

False membranes, and encysted collections in the cavity of the arachnoid, evidently the result of an extravasation of blood, have, for the most part, been referred to a spontaneous effusion; but who can tell how often these so-called spontaneous effusions may not have had their origin in an injury, of which all external traces had disappeared? Traumatic extravasations of blood certainly take place in the cavity of the arachnoid much more frequently than is generally supposed, and that, too, in cases of slight accidents, cases in which there was no idea of anything of the kind having occurred. I have frequently been surprised to find blood thus recently extravasated in cases of scalp wound, and in cases of slight concussion, where neither the brain, nor its membranes, have presented the slightest traces of injury.

In the cavity of the arachnoid of patients who had recovered from an injury of the head, and who subsequently died of some other affection, I have found thick layers of discoloured fibrin, the remains of a large extravasation of blood, the existence of which had never been suspected. In such cases as these, it is evident that the effusion of blood would have been looked upon as having occurred spontaneously, had there been no history of the case, and if all the external marks of the injury had passed away.

A woman, aged 73, was admitted into St. George's Hospital, under Mr. Tatum, in July, 1844, with concussion of the brain, and a small, lacerated wound over the external angular process of the right frontal bone, which, however, was not

(a) Bullet. de la Soc. Anat. de Paris. T. x. p. 55.
(b) Bull. de la Soc. Anat. de Paris. T. x. p. 5.
(c) Bull. de la Soc. Anat. de Paris. T. xvi. p. 60.

exposed. There was some bleeding at the nose, and the eyelids were very much ecchymosed. At the back of the right hand there was a large lacerated wound, exposing the extensor tendons. Shortly before her admission, this woman had been run over by a cart. She soon recovered from the effects of the concussion, and then vomited some blood, which, it appeared, had been swallowed. For some days she was confined to her bed by sloughing of the wound on the hand, and inflammation of the absorbents, accompanied by low, typhoid symptoms; but she rallied, and was ultimately able to go about the ward. She was about to be discharged from the Hospital, when erysipelas appeared on the hand, which soon began to slough again. Typhoid symptoms came on, and she fell into a state of torpor, from which she was, however, easily roused, and answered all questions very well. There never was any paralysis. In this state she continued for some days, and died on the 20th of September, two months after the accident. In the cavity of the arachnoid, on either side of the falx, were the remains of an extensive effusion of blood. On the left side, the remains of the extravasation consisted of a firm, membranous layer, which lined the parietal arachnoid, upon which it was gradually lost, corresponding to the whole of the upper surface of the hemisphere of the brain. This false membrane, of a reddish-brown colour, and a line in thickness, was divisible into thin layers, between which, in some places, there were some circumscribed cysts, containing bloody serum and clots. On the right side the extravasation occupied a much greater extent than on the left; it corresponded to the lateral parts, and to the middle fossa of the skull, as well as to the whole of the upper surface of the hemisphere. At the lateral and inferior parts, the extravasated blood formed a large, firm, dark coagulum, two lines in thickness, enveloped in a firm membrane, of a fawn colour; but, at the upper part, it presented appearances similar to those observed on the left side, with the exeeption of the membrane being thicker, and having at its centre one large cyst only. These membranes were united, in the whole of their extent, by one of their surfaces, to the parietal arachnoid; on the other surface they were perfectly smooth and polished, presenting to the naked eye all the characters of a true serous tissue; but they were easily detached, with the cysts and clots in their structure, from the serous membrane. These membranes were, throughout their whole strueture, most plentifully supplied with blood-vessels. The visceral arachnoid presented its usual polished appearance, and it was neither thickened nor discoloured. The brain was healthy, both in colour and in structure. There were no marks of violence about the external parts of the skull.

In this case every trace of injury had disappeared from the external parts of the skull, and had it not been for the erysipelas, which caused the patient's death, she would have been discharged from the Hospital. In all probability, the history of the accident would have been lost sight of in the eourse of time; and then, had the head been subsequently examined, there is no doubt that the extravasation of blood, and the membranes in the arachnoid, would have been looked upon as having occurred spontaneously.

But no case can be more decisive, as to this point, than the following one:—

A man, aged 37, was admitted into St. George's Hospital, under Mr. Cæsar Hawkins, in October, 1854, with a stricture of the urethra, of many years' standing. He was exceedingly weak, and complained of violent pain in the head; and, some few days after his admission, had an epileptic attack, accompanied by indistinct vision, in consequence of which he was transferred to the care of Dr. Wilson. The cerebral symptoms went on increasing, and he died comatose, ten days after his admission into the Hospital. Previous to his death, it was ascertained that the urine was highly albuminous. On examining the head, a bruised appearance, with some slight extravasation of blood, was observed about the right temporal muscle. Adhering firmly to the parietal arachnoid of the right side of the vault of the skull, there was a fine, delicate, hyaloid-looking membrane, which was perfectly smooth and glossy on its surface. With a little care, this membrane was easily split into two or three laminæ, between which, here and there, were some dark patches of discoloured clots of blood. The visceral arachnoid was throughout perfectly natural and transparent, and no marks of injury were detected about it. Under the mieroscope, no traces of epithelium could be discovered on the free surfaee of the false membrane, which, in strueture, was found to consist of delicate interweaving fibres, mixed with a homogeneous substance, containing some nuclear bodies, but no distinct blood vessels were visible. In the patches of blood were numberless old blood cells, many of them much shrivelled, but still very distinct, with a small amount of fibrillated matter mixed with them. On scraping the dura-mater, after the removal of the membrane, something like the débris of old epithelium was found, but it was very slight.

Had it not been for the traces of injury observed about the temporal muscle, there is not the slightest doubt that this false membrane in the arachnoid would have been set down as the result of a spontaneous effusion of blood, instead of a traumatic one. As it was, however, the external injury led to an inquiry into the previous history of the patient, and in the course of this inquiry, Dr. J. W. Ogle, to whom I am indebted for this case, elicited from the widow of this man, that, some months previously, he had fallen and struck the right side of his head, since which time he had been subject to frequent and severe head-aches.

And may not many of the so-called spontaneous effusions of blood, which have been so fully described by MM. Rilliet and Barthez, as occurring in the cavity of the araehnoid in early childhood, have originated in an injury?

The great vascularity of the membranes of the brain, the large size of the vessels, the frequent occurrence of blows on the head in early childhood, and especially the efforts made, by those around the little patient, to baffle all inquiry, render it more than probable, I think, that, in many of these cases, the extravasation of blood was dependent upon an aceident, the history of which could not be got at.

[To be continued.]

ORIGINAL COMMUNICATIONS.

A SIMPLIFIED MODE OF OPERATING FOR CONGENITAL PHIMOSIS.

By HENRY DICK, M.D., M.R.C.S.

It is stated in the writings of Langenbeck, Cullerier, Foot, Chelius, Ferrier, and others, that in congenital phimosis, the mucous membrane lining the prepuee, and the orifice of the prepuce itself, are the principal causes of this affection. Pathological Anatomy has taught us which structures are in fault, yet we have not taken advantage of this knowledge, but have continued to make use of the old mode of operating, as though still in ignorance of the cause of phimosis. In works of Surgeons of the present day, the old Jewish operation of circumcision, modified by Ricord, Velpeau, Fergusson, Vidal de Cassis, or others, is described, and this operation, or that of slitting up the prepuce, with Cloquet's modification, is, for the most part, performed.

Foot (a), Ferrier (b), Chelius (c), Langenbeek (d), have shown us that the skin of the prepuce has nothing whatever to do with the formation of congenital phimosis; that they suecceeded in relieving their patients without mutilating them. There were some difficulties to overcome, doubtless, in the operation, as it is described by these authors, which is probably the reason why they have not been generally followed.

Some years ago I operated after a plan which I have since frequently repeated; and as it is both simple and successful, I will relate it in a few words.

I operated on a ease, assisted by my friend Mr. Brodhurst, some months ago. Mr. Brodhurst was struck both with the easy execution of the operation, and also with the great and lasting success; for he had an opportunity of examining the patient a considerable time after the performance of the operation.

My operation is performed as follows:—The patient may be sitting or standing; the latter, however, is the more convenient position. An assistant fixes a fold of the prepuce as

(a) A Critical Inquiry into the Ancient and Modern Methods of Curing Diseases in the Urethra and Bladder. London; 1826.

(b) Note sur l'Opération du Phimosis Naturel, in Revue Médicale. Vol. viii. p. 305. 1822.

(c) Ueber Phimosis und Paraphimosis in den Heidelberger Klinischen Annalen. Vol. iv, part iv.

(d) Neue Bibliothek fuer die Chirurgie und Augenheilkunde.

near to the orifice as possible, between his finger and thumb, and with the other hand another fold above the corona glandis. Some Surgeons use forceps for raising the skin, but I prefer the fingers, not only as the most simple, but as the least painful instrument. A second assistant fixes the glans penis. The operator then passes a director between the glans and the prepuce, taking care to avoid the urethra as far as the reflected mucous membrane (*cul-de-sac*), behind the corona glandis. With a blunt-pointed knife, he divides the orifice of the prepuce, and, with a curved bistoury, the mucous lining. This is readily accomplished without injury to the integuments, if the prepuce and the glans penis are well held and fixed by the assistants, and, immediately after the division, the prepuce can be drawn back and the glans uncovered.

My manner of operating would not be applicable in such cases as those mentioned by Vidal de Cassis (e), where the adhesions existed between the glans and the prepuce, which had to be divided with the knife.

Usually in congenital phimosis the prepuce is long and the orifice is small. The Surgeon commences his operation by cutting away this portion. This, I believe, to be a great error, for I have found that this lengthened portion of the prepuce forms a good element for the future orifice of the prepuce.

The after-treatment is most simple, and the patient recovers without the slightest deformity or mutilation.

In conclusion, I would make the following statements :—

1. That congenital phimosis consists of retraction of the orifice of the prepuce, (integument and mucous membrane,) and also of the mucous lining of the prepuce.

2. That for the removal of phimosis incision of the orifice and subcutaneous incision of the mucous membrane is alone necessary.

3. That this operation involves no mutilation.

ON THE EMPLOYMENT OF NITRIC ACID IN PILES AND PROLAPSUS ANI.

By HENRY SMITH, F.R.C.S.

In the summer of last year I published, in the *Medical Times and Gazette*, some cases, which proved the great utility of the nitric acid, as a local application, in some forms of hæmorrhoids, which demand a surgical operation for their cure. Since that time, I have had repeated opportunities of testing the value of this mode of treatment, and have found that the nitric acid is not only a speedy and efficacious destroyer of hæmorrhoidal excrescences, but that it will cure a condition of the lower bowel, which, existing in an exaggerated degree, generally demands, even for its relief, some severe operation.

I refer to prolapsus ani, and not to those more simple forms which frequently coexist with internal piles, and which more or less depend upon them; but to the state which exists, when the tissues are so much relaxed, that a considerable portion of the lower bowel is in a continual state of prolapsus, occasioning to the patient the greatest misery, from which he has not the courage to get himself freed, under the dread of a surgical operation with the knife or the ligature.

In the following distressing case, the use of the nitric acid was followed by such speedy and good results, that I deem it right to mention it :—

A. B., aged 70, was sent to me on August 25. The aspect of this patient was very care-worn, and he looked much older than he really was.

On examination, I found that there was a swelling outside the anus, consisting externally of thickened integument, and within of the mucous membrane of the rectum, highly vascular, thickened, and relaxed, the whole forming a very large and prominent tumour.

The patient stated that he had suffered from prolapsus of the gut for twenty years, and that latterly the protrusion had increased so much that he could not return it, consequently there was constant prolapse, and he was always in pain ; but what caused him most misery, and drove him to obtain further surgical advice was, the circumstance of his not having any control whatever over his rectum. The fæces escaped quite involuntarily.

I had not before tried the nitric acid in a case of anything like the same severity, but my previous experience of its effect in slighter cases determined me to use it in this instance. Accordingly, having carefully cleansed and dried the protruded part by means of lint (a very necessary preliminary), I applied the strong nitric acid, by means of a piece of wood, freely over the whole protruded mucous membrane. Oil was abundantly smeared over the parts, which were then returned within the anus.

I am bound to admit that the patient suffered great pain for a time, but it was mainly whilst I was returning the parts,—a work of difficulty. He was ordered to keep quite quiet.

August 30.—The bowels have been moved since the application, and the patient states that he had at the time more control over his rectum ; and on examining him I found that the protrusion was already much lessened in magnitude ; that the mucous membrane, which had been touched by the acid, was corrugated and hardened ; and that the parts were altogether in a more healthy condition. I therefore applied the acid a second time, using the same precautions and means as before.

A few days after this a friend of mine saw the patient during my absence from town. He told this gentleman that he was "better than he had been for twenty years." The acid was applied a third time.

October 9.—This patient came to see me. His countenance indicated a mind at ease and renovated health. He informed me that he was well, and on examination I could not discover a trace of the protrusion.

The above is the worst case for which I have tried the nitric acid as yet, and I must confess that the result was far beyond my expectations, although I hoped for an ultimate amelioration of the distressing symptoms, from my experience of the action of the acid in less severe cases ; but more especially by the result of a case to which I had been previously called by Mr. Thomas Bennett, of Oxford-street. Here a gentleman, between 20 and 30, had had for some time such severe prolapsus, that he was compelled to wear a pessary ; at times he could not return the immense protrusion ; and on an occasion of this kind Mr. Bennett requested my assistance. In this instance I smeared the whole of the protruded mucous membrane well over with solid nitrate of silver, and then by degrees, and with great difficulty, returned the immense mass within the anus. This gentleman shortly afterwards left London ; but I was informed that he was enabled after this operation to dispense with his pessary.

Doubtless, there are many cases of prolapsus of the rectum which nitric acid will not remove ; and I would not affirm that the treatment by this remedy is superior to the use of the scissors or of the ligature ; but some patients will not submit to either of the latter operations, who will readily allow the Surgeon to apply a remedy, which, if cautiously used, is not productive of danger, nor of more than temporary pain, and which will, in numerous instances of hæmorrhoids, and in some cases even of severe prolapsus of the rectum, effect an excellent cure.

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(e) Traité de Pathologie Externe, page 635, Vol. v.

INJURIES OF THE HEAD.

By D. H. MONCKTON, M.B. Lond.

The propriety and advantage of studying cases of similar diseases side by side, is acknowledged on all hands. Special Hospitals are founded on this principle,—the Clinical Professor selects for his subject the disease of which he has the largest number of illustrative cases under treatment,—Editors of the Medical press of the present day collect from the several Hospitals examples of the same disease, and placing them side by side, enable their readers to see at a glance their points of dissimilarity and of resemblance. And indeed, Nature herself would seem to lend us her sanction and assistance in pursuing this method of investigation, by having enacted a singular law of coincidence, which constantly operates to bring before our view cases of a somewhat analogous character in close succession, or even of simultaneous occurrence. Few Practitioners but have remarked how apt obstetric and surgical cases are to "come together," "all of a heap." Epidemics provide the Physician with similar opportunities of comparative observation.

The writer's attention was drawn to this subject by the occurrence in his practice, within a few months, of two in-

teresting cases of injury to the head in patients living within a hundred yards of each other, and at a time when public attention was being specially directed to the subject by the publication, in the *Medical Times and Gazette*, of an excellent course of Lectures treating thereof. It would be almost to thwart Nature, and neglect a duty, not to register at this time the cases above referred to.

On the 9th of May last, being his fourth birth-day, Charles Marshall is sent off to his infant-school, and on his road follows the course of a narrow tramway connecting a coal-mine with a canal wharf; a train of empty "skips" (or wagons without sides) passing, he is lifted by a companion on to one, with difficulty keeping his footing until a sudden stoppage of the horse renders it a matter of impossibility, and he falls forward under the wheel; this now passes over his skull, the flange tearing the scalp completely off the frontal bone, and laying it over the face, at the same time bruising its tissue and saturating it with fine coal. Upon examination the bone was found to be, not only thoroughly bared, but scratched as if with a comb; one orbit was opened, but neither globe injured; much hæmorrhage had occurred.

All that was or had been scalp was carefully cleansed and replaced, a few sutures being requisite to retain it in position; but enough was not forthcoming to cover the whole extent of bone, about a square inch; and that the most effectually denuded, remained uncovered. Shock, hæmorrhage, fever, profuse suppuration, and collections of pus occurred in succession, and were successfully combated. Some little sloughing, and only partial adhesion, with much gaping, followed, and a fearful wound remained; however, "the general state of the patient" (*vide* Prof. Hewett's Lectures) was favourable, and triumphed; healthy granulation set in, and in two months all was healed, save the above-named square inch, which still presented bare bone. The Surgeon expected a thin film of the outer table would here exfoliate; but no! A question, just at that time raised in one of the London Medical Societies, as to the inevitable death of denuded bone, received a matter-of-fact decision in the negative; for this surface being lightly covered with soft charpie, frequently changed, and, protected from injury, soon presented small cream-like granulations, oozing as if from pores in the bone, and gradually filling up the hiatus. Latterly these granulations exhibited a great tendency to flabby, indolent exuberance, so that very free cauterization was necessary ere the surrounding scalp was allowed to encroach upon them and effect the cicatrization of the wound.

The first case having occupied so much space, it is, perhaps, fortunate that the second, being of very recent occurrence, can be now only introduced; its history being followed out, and termination given, in a subsequent paper.

August 29, 1855.—G. Y., a boy of 11 years, mounts a tree, a bough four yards high breaks, and he falls head first on a hard road, the left frontal protuberance receiving the whole shock. He is stunned, bleeds freely both from wounds in the scalp and from the nose, recovers his senses in a few minutes, and then vomits at several times about two pints of altered, blackened blood and food. He now, half-an-hour after the accident, is found by the writer in a state of collapse, conscious when roused, but cold and almost pulseless. Three wounds of the scalp are found an inch-and-a-half above the left supra-orbital arch; two of an inch and one of half-an-inch in length. From the first two cerebral substance has exuded, and now lies on the skin, in quantity sufficient to fill one-half of a walnut-shell, the bystanders affirming that more was left on the spot where he fell. The cerebral pulsation is distinctly visible in the semi-excluded brain substance, and more oozes out when he exerts himself to speak. No depression is visible or palpable. A probe gently passed into one aperture travels both into the cranial cavity and into the frontal sinuses, as the nasal hæmorrhage and cerebral hernia led one to expect. No symptoms of compression, no paralysis, no insensibility, the slight stupor being that of collapse, and easily dissipated by addressing him. Pupils act, but somewhat sluggishly; pulse slow, small, and feeble.

No interference was deemed necessary, but he was placed in bed, in a dark room, with raised pillow, external warmth, and a nurse to watch him and keep him quiet. Three hours after, moderate reaction had occurred, consciousness perfect, pain little, pulse soft and compressible—80, paralysis none, pupil active; vomited twice or thrice more; no more hæmorrhage, and but little more exudation of brain matter. Calomel, black dose, shaving, cold-water lotion.

30th.—Had a quiet night, slept a little, but little pain, skin cool; no bad symptom; pulse 84, but of no power. Calomel and jalap, black dose, cold-water lotion, and bread-sop diet.

31st.—Ditto; but soft parts œdematous; eyes closed by swelling.

September 1st.—No bad symptom; bowels relieved. 1½ grain of calomel and 1 grain of acacia gum powder every three hours.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

KING'S COLLEGE HOSPITAL.

ANEURISM OF THE COMMON FEMORAL ARTERY. LIGATURE OF THE EXTERNAL ILIAC ARTERY.

(Under the care of Mr. FERGUSSON.)

(Reported by HENRY SMITH, F.R.C.S.)

CAPTAIN S., aged 36, was brought under the notice of Mr. Fergusson in October. This gentleman was a man of large stature and exceedingly robust, but was one of an unhealthy family. About twelve months since, while on a voyage to a distant colony, he had a severe fall down the ladder of the ship, and from that time, or soon afterwards, dated the origin of his disease, which became fully developed on the termination of the voyage. He was informed of its nature, and thereupon immediately set about returning to England, for the purpose of obtaining the highest surgical assistance.

He was seen in consultation in private by Mr. Fergusson, who recognized the tumour in the left groin as an aneurism, and as, from its situation, it was deemed necessary to employ deligation of the external iliac artery; and as, from other circumstances, it was considered better for this gentleman that the operation should not be performed at his own abode,—he was admitted as a patient into the King's College Hospital.

The aneurismal tumour, which was about as large as an orange, was situated in the groin on the common femoral artery, and encroached so nearly upon Poupart's ligament, that it was quite out of the question to apply pressure; and no other surgical resource was left but the application of a ligature upon the external iliac artery. A very careful examination of the patient's general condition was made by Mr. Fergusson, Dr. Todd, and also by Mr. Hodgson, who was asked to see the case, and as there was not any ascertainable lesion of any internal organ, it was decided that the operation should be performed without any unnecessary delay. It must be stated that there was a more than ordinary fulness of the corresponding vessel on the other side, but this circumstance was not considered sufficient objection to the proceeding.

On Saturday, November 17, at two p.m., the patient was brought into the theatre, and was placed under the influence of chloroform, and Mr. Fergusson commenced the performance of an operation, which, from the great difficulties which were met with, is, perhaps, unparalleled in the history of the deligation of the external iliac artery. It was the intention of the operator to tie the vessel, not far above the ligament of Poupart, and, therefore, the external incision was made in the ordinary manner and situation, as recommended by Astley Cooper. That the vessel was lying at a great depth, was at once apparent, for thick layers of fat were met with and divided, both subcutaneously between the abdominal muscles, and particularly in the fascia transversalis, which, in fact, could scarcely be recognized. After these various textures were cut through, and the peritonæum was gently stripped up, the real difficulties of the operation were met with. The wound was of immense depth, and not only was the cavity obstructed by masses of fat, but, in the situation where Mr. Fergusson expected to see the vessel, he could find nothing like an artery; only a thick mass of indurated, cellular, and gland tissue, was to be seen. Cautious and prolonged attempts were made to get a view of the vessel which lay thus imbedded, but in vain; the operator dared not use the point of the knife with sufficient freedom, for fear of wounding the trunk of the vessel, or one of its branches; moreover, the action of the abdominal muscles was very energetic, and it

was difficult, with the best assistance, to keep the edges of the wound apart. After a prolonged attempt, Mr. Fergusson found it useless to endeavour to get at the vessel at this spot; he therefore stripped the peritonæum further up, and at last espied something like healthy arterial tissue not far below the ordinary situation of the bifurcation of the common iliac, and succeeded in carrying a ligature around it.

For the first twenty-four hours after the operation, the patient remained much in the same condition as generally obtains after a like severe proceeding; but on the evening of the 18th he complained of a severe stitch in the left side. On the 19th the pain was severe, and he was very much depressed. The pulse was very rapid; breathing short and frequent; and a symptom which denoted mischief was the extreme dryness of the tongue. There was not any particular anxiety of countenance, and no pain or inordinate distension of the abdomen. Opium and brandy were freely given, and counter-irritation was applied to the left side of the chest.

On the 20th, the patient remained much in the same condition; the wound was opened and found to be dry, and with little action in it; that evening he had hiccough, and the pulse was 136.

On the 21st he appeared somewhat better. The pulse had sunk to 120, the breathing was less frequent, and the pain was less; but the dryness of the tongue and the general depression continued. Large quantities of stimulants were given, but he continued much in the same condition, till he gradually expired on the night of the 23rd, six days after the operation.

A careful post-mortem examination was instituted on Monday, the 26th.

On examination of the thorax the left pleura was found to contain a large quantity of fluid, compressing the lung to a great extent. There were old adhesions there, the marks of an antecedent attack of pleurisy.

The parietes of the abdomen were found to be enormously increased in thickness by a large deposit of fat under the integuments, between the muscles and in the fascia transversalis. Thus the cavity of the wound was at least four inches in depth, as measured by a knot on the ligature; the intestines were healthy; there was not any general peritonitis, but that portion of the membrane which lay in connexion with the parts handled was congested and changed in colour. The cellular tissue of the upper part of the pelvis and along the left lumbar region had been inflamed, and here and there were small deposits of pus; but the morbid changes observed here were by no means sufficient to have interfered with recovery.

On endeavouring to expose the vessels in their course from the trunk of the aorta to the site of the aneurism, the greater portion of the external iliac could not be brought into view, in consequence of its being covered by a chain of indurated glandular and cellular tissue, reaching from a point an inch below the bifurcation of the common iliac to the aneurism itself. At this former spot healthy artery was first seen, and here lay the ligature securely around it. The aneurism was about the size of a large turkey's egg, and had involved the entire of the common femoral artery, and was evidently a general dilatation of the whole coats of the vessel. This extreme dilatation did not extend further than the commencement of the external iliac, but at this point that vessel itself was distended to more than double its size, and this condition was maintained the lower two-thirds of its course; and this part was, as it were, quite imbedded in the unhealthy tissue already spoken of.

On examining the right common femoral, a dilatation was found to be involving the vessel, and a smaller one the superficial femoral about an inch below.

Mr. Fergusson gave a clinical lecture on this very interesting case a few days after the patient's death, which it is to be hoped will be shortly published. The only point which may be referred to at this present time, and which most nearly interests the Surgeon, is the circumstance of the extreme difficulty experienced by the operator in getting at the vessel. To himself, and to those who were immediately assisting, the cause of difficulty was clear at the time the patient was on the operating table; but it was only after the post-mortem examination had been instituted, that a correct appreciation of the cause could be obtained by all. True it is that the immense depth at which the vessel lay, the great deposit of fat, and the incessant action of the abdominal muscles, circumstances apparent to every one, would, and did, in themselves constitute difficulties of no ordinary nature; but the real obstruction lay in the complete obscuration of the artery by diseased textures, an unexpected and unlooked-for condition; and, had it not been possible to find a healthy portion of the artery higher up, the operation either must have been abandoned, or the aneurism needle must have been thrust around the mass of indurated tissue, with the chance of including both artery and vein; but it is needless to point out how undesirable this step would have been, and probably nothing indicates more clearly the coolness and decision of the operator, than the circumstance of his not hastily resorting to this measure, but giving up the search there, and looking for and securing the artery higher up. Perhaps the only well-known case on record, where there was anything like the same difficulty, was in the instance of Captain Seton. This patient was, like the one under notice, remarkably fat, and the difficulties which the late Mr. Liston experienced during that operation were immense, although there was not any disease around the artery itself.

If one may be allowed to offer an opinion, it may be stated that two important lessons are to be learned from this case: the first, that the Surgeon should especially make himself acquainted with both the healthy and morbid anatomy of the parts he may have to explore, and be able to appreciate the different aspects at a glance; the second is, that an operation, which is usually performed with comparative facility, may, from some unlooked-for circumstance, be rendered most formidable, and will call into play, for its successful completion, those qualities which the truly skilful Surgeon does not on ordinary occasions parade, but which he always holds in reserve, as it were, for such an emergency as, in the course of a large practice, must now and then happen, and which did most eminently obtain in the case under notice.

ST. MARY'S HOSPITAL.

CASE ILLUSTRATING THE OCCURRENCE OF TUBERCLE IN THE BONE.

(Under the Care of Mr. COULSON.)

The following case is interesting, as presenting an instance of what is regarded, at all events in this country, as a comparatively rare affection,—the deposition of tubercular matter in bony tissue. The effects of this deposition are more often observed than the first appearance of it, and it is probably due to this circumstance, that the disease has been overlooked, and its existence even denied by many writers. Very recently a case of the kind was brought before the notice of the Pathological Society by Mr. Erichsen, where tubercular matter was deposited in the head of the tibia, and the leg amputated in consequence. In the present instance, the part affected was the proximal phalanx of one of the fingers; and, in consequence of the operation which was performed, an opportunity was afforded of examining the diseased portions, and ascertaining the particulars about to be stated.

T. M., aged 19, a shoemaker, was admitted into St. Mary's Hospital, May 12, under the care of Mr. Coulson. The patient has a pale, unhealthy complexion. His father and mother, he states, died of consumption, as also a sister. He has for the last three years been subject to cough; on three or four occasions there has been hæmoptysis to a slight amount, and night perspirations have also been noticed. The cough is a little better just at present, and he has not lost so much flesh of late.

For three years past there has been an enlargement of the middle finger of the right hand. It appeared without assignable cause. The finger became swollen first at the proximal phalanx. The size of the finger has gradually increased from the time of the first appearance of the swelling until now. The finger has been the seat of occasional severe pain, and he has never been free from pain for a week together. The pain is often worse at night; it has increased in severity lately, and extends upwards to the shoulder-joint. The hand has been quite useless to him for the last twelve months.

Present state.—The proximal phalanx of the middle finger is very much enlarged, the enlargement being smooth and of an oval shape. On the palmar surface the swelling is softish to the feel, but on the opposite side it is very hard and resistant. At the centre of the phalanx, where it is largest, the measurement of the circumference is $3\frac{3}{8}$ inches, being $1\frac{3}{8}$ more

than that of the corresponding part in the other hand. Pressure is productive of pain, and the movement of the finger is very limited. At the outer border of the phalanx the skin is red, and it is more tender there than elsewhere.

Amputation of the diseased finger was performed by Mr. Coulson May 20, and the head of the corresponding metacarpal bone was removed with it. The flaps were brought together in the usual way.

The following is an account of the state of the parts diseased:—The two distal phalanges are comparatively healthy, the affection being confined to the proximal one. This latter is much enlarged. A section being made longitudinally, it is seen to be pretty uniformly expanded, and not more obviously so at one point than at another. The section presents a much more vascular appearance than usual all along the dorsal aspect of the bone; the periosteum corresponding to it is separable from the bone with unusual facility, and at one or two points it is completely separated, and the bone rough and bare. On the palmar aspect and at the proximal end of the phalanx the appearances are very different from those exhibited by the remainder of the bone. The cancellous structure is more open than usual, especially near the articular surface, and is of a yellow colour, this yellow colour being due to infiltrated matter occupying the cancelli. The surface of the bone in the palmar aspect is also yellow, the periosteum is there destroyed, and the bone covered by a semiliquid material of a yellowish colour. Two or three small apertures pierce the bone at this situation, and communicate with what corresponds with the medullary canal, the latter containing also a fluid similar to that lying on the outside of the bone. The compact tissue of the bone at this situation is likewise infiltrated with yellow cheesy matter, and there is a largish cavity at the proximal end of the bone in addition to numerous other smaller ones, containing matter of a like character. The microscopic characters of the "cheesy matter" were those of tubercle, "abundant granular and oily matter, embedding numerous stunted nuclear corpuscles and some detached fragments of bone, the whole of an undoubted tuberculous nature." (Dr. Handfield Jones.) The surface of the tendons passing over the affected bone was somewhat softened and atrophied.

The patient was discharged June 9, the wound having healed, and at that time he felt quite well.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 65.—Ruptured Perinæum.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—I should be glad to know, from some of your Midwifery correspondents, whether supporting the perinæum and applyng pomatum, can or does prevent rupture of the perinæum? I should observe, that I always support the perinæum but do not myself believe that in those cases where the outer parts will lacerate, it is in the power of the attendant to prevent this accident. There are some pompous old women who pretend that they have never had these cases. To such persons I do not apply for the information; for it is clear that the folded napkin and their own infallibility prevent them perceiving when a rupture occurs. I am, etc.

West Haddon, December 4. G. Harday.

No. 66.—Dr. Leared's Stethoscope.

Sir,—Among the "Notes and Queries" in the *Medical Times and Gazette*, for November 24th, there appeared an interesting notice by Dr. Leared, of a double stethescope which he has invented.

It is made of gutta percha, and has two ear-pieces attached to curved tubes diverging from, but continuous with, a single curved tube, having the usual bell-shaped extremlty.

As I am anxious to try this instrument, any of your readers who will inform me where it is to be obtained, will confer a favour on

Guy's, December 6. Hopewell.

No. 67.—Medicinal Properties of Aluminium.

If "Iatro-Chemicus," instead of trying to perpetrate a witticism, would confine himself to the question at issue, the result would be more satisfactory. I asked whether the medicinal effects of the metal aluminium (of course the salts, for I did not expect any one would swallow a bar of it), had been tested in the same way that Dr. Simpson has tested the salts of the metals, nickel, cerium, cadmium, tellurium, etc.

I am, etc.

Clifton. Thomas Westropp.

ANSWERS.

To No. 63.—The Treatment of Pityriasis Versicolor.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—In your valuable column of "Notes and Queries," in this week's Journal, "Alpha" inquires what is the best way of treating Pityriasis Versicolor. I have had great success in the treatment of this disease by the use of the Harrogate water baths, and also by the Barèges baths; but they are entirely inert, unless the patient remains in them an hour at a time. I have ordered them to be taken twice a-week. I am inclined to prefer the Harrogate water to the Barèges. It is made artificially at any of the bath-houses. "Alpha" will find, also, that as the affection is caused by irregularity of the hepatic functions and acidity of the blood, 5 grains of bicarbonate of soda taken twice a-day in infusion of saponaria (soap-wort), will assist in the cure. The infusion should be made fresh every day; it is very alkaline, the most so of any infusion I know. The dose I prescribe is a large breakfast-cupful; but I place more faith in the baths, if they be taken for an hour each time at full heat. The Rev. W. D—— consulted me for this affection some months ago. He was affected with it for several years, and had taken no end of medicine, and had been under the care of several Medical men. Five baths of Harrogate water taken in this way completely cured him without any medicine whatever.

I am, etc.

Manchester, Dec. 1, 1855. Armstrong Todd.

P.S. I shall be glad to hear from "Alpha" how he succeeds with this treatment. I could name several other cases equally successful. Indeed, I have never failed to produce a perfect cure.

To No. 63.—(Additional.)

Sir,—In answer to a correspondent ("Alpha,") I beg to offer a remedy that I have found of great use in Pityriasis Versicolor:—

℞ Liq. potassæ arsenitis ♏iv.
Liq. potassæ ♏vj.
Vini colchici ♏v.
Mist. camphoræ ʒi.ss.

M. Ft. haust. sumend. ter in die: and the external application of the sulphurous acid lotion. I am, etc. E. P. H.

To No 63.—(Additional.)

Sir,—In answer to the Query No. 63, regarding the best mode of treating "Pityriasis Versicolor," I would beg to state that, according to Eichstedt, this disease depends upon the presence of a cryptogamic plant.

Mr. Paget, of St. Bartholomew's, applies locally once a day a solution of hydr. bichlor. (gr. j. ad ʒj.); at the Hospital for Diseases of the Skin Mr. Startin gives liquor arsenicalis, and uses a similar lotion. Both these plans of treatment are attended with very satisfactory results.

I am, etc. John Sloane.

Leicester Infirmary, December 3, 1855.

To No. 62.—The Quantitative Analysis of Urea in Urine.

Sir,—The details of the process for estimating urea, according to Liebig's process, would occupy too much space for publication in your columns. Liebig's paper is published in the "Annalen der Chemie und Pharmacie," 1852, and reprinted in a separate form, with additions, in a pamphlet, "Ueber eine neue Methode zur Bestimmung von Kochsalz und Harnstoff im Harn," Heidelberg, 1853. The process is described in the *Journal of the Chemical Society*, in the *Chemical Gazette*, in the *Medico-Chirurgical Review*, and in many other publications. The following is an outline of it:—A definite quantity of urine is mixed with half its volume of a fluid, composed of one volume of a saturated solution of nitrate of baryta to two volumes of a saturated solution of caustic baryta; about half-an-ounce of this alkaline liquid, which contains two-thirds of its volume of urine, is treated with a solution of nitrate of mercury, of

known strength, as long as any precipitate is produced. The solution must be dropped in by means of a pipette, and the mixture well stirred. If an excess of mercury has been added, the mixture will become yellow when a drop of a solution of carbonate of soda is added to a small quantity, which has been removed for the purpose into a watch-glass.

A Professor.

To No. 58.—Prurigo Pudendi.

Sir,—In reply to one of your correspondents, who asks for remedies for itching of the pudendum, let me recommend him the following lotion :—

℞ Extracti papaveris ʒij.
Aquæ ʒviij.
Boracis ʒij. M. Ft. lotio.

This is one of the most soothing local applications I know of, and I always use it with relief to the patient. Another lotion may be made of a table-spoonful of vinegar to half-a-pint of camomile-tea. But it must be remembered that these are mere palliatives ; the seat of disease is higher up.

I am, etc.

Curzon-street, November 27. R. Druitt.

Medical Times & Gazette.

SATURDAY, DECEMBER 8.

MEDICAL CANVASSING.

THE METROPOLITAN LOCAL MANAGEMENT ACT.

The new Vestries, elected for the various districts of the Metropolis under Sir B. Hall's Local Management Act, are shortly about to commence operations, and are already being subjected to a deluge of applications, testimonials, visits, letters recommendatory and supplicatory, and all the other means and appliances which render every species of canvassing an act of humiliation, but which too often make canvassing for a Medical office almost the climax of degradation.

The Act requires Vestries to select Medical Officers of *skill* and *experience* as Officers of Health. The duties these officers will have to execute are, for the most part, of a novel character in this country. The electors can have but a dim conception of the peculiar functions of such officers, nor have they any precedent before their eyes, unless they have read the Reports of the late Medical Officer for the City of London, which is to be expected but in few instances. There can be no doubt that the faculties required for the efficient discharge of these duties are of a high order, involving the knowledge of the every-day practice of Medicine, of inventions and plans for drainage, ventilation, and so forth, and of the principles, at least, of chemistry ; and above all things will be required the faculties of honesty and independence ; for we need scarcely say, that it will be difficult in a crowded district to publish a periodical report on sickness and mortality that will be agreeable to all owners of small tenements : it will be difficult to "point out," as the Act directs, "the existence of local causes likely to originate and maintain diseases and affect the health of the inhabitants," without disturbing some pet property of, possibly, the more active of the parochial authorities.

What, then, are the first steps to be taken by aspirants to an office requiring Professional skill, experience, and independence? To get together all the private, family, and business interest possible to bear upon the electors. To rake together a bundle of Testimonials from teachers and colleagues, which are but too often given as matters of course ; to apply every screw in order to influence judges, to whose qualifications for judging of skill it would, in some parishes, be ironical even to allude.

Perhaps, kind reader, you will let us show more in detail how these things are put into practice.

One candidate shall go forth on the *religious plea*. He is a very unexceptionable young man, a constant attendant on some popular preacher, and member of a dozen Branch Auxiliary Associations for pious purposes. He hawketh about a bundle of Testimonals from ministers of various denominations, vying with each other in unctuous commendation. Another tries the *popular dodge*. He is a man of the people ; he attends numberless lodges of Foresters and Odd Fellows ; he denounces, with somewhat of Hibernian accent, all oppression, priestcraft, jobbery, church-rates, oligarchy, monopoly, and centralization ; yet he belongs to a flinty-faced clique of parish jobbers, who for a whole generation have usurped all office and emolument, and who contrive to have a clear field for themselves by rendering all parish-meetings such bear-garden affairs, that the respectable part of the community are obliged to absent themselves. Another tries the *small scientific dodge*. He delivers lectures at the Mechanics' Institute ; explodes hydrogen, to the delight of the young people, and somewhat to his own peril ; offers the laughing-gas to young ladies ; writes to the *Times* on remedies for cholera ; and is quite a scientific character at suburban tea-parties. Another dodge, which promises to be well worked, may be called in theatrical language, the *heavy-father dodge*. Mr. Stuffley, senior, has been Parochial Surgeon for thirty years. As his waistcoat increases in circumference, so his love of hard work very naturally diminishes. He has a son ready to succeed him in the parish, and looks on the Officership of Health as a sort of respectable retirement for himself ; he thinks he has a strong *claim* on his fellow-parishioners from his past services. The members of the dirty party prefer King Log to King Stork ; Stuffley is an easy, good-natured fellow, and so he has a good chance of the post.

In some parishes, instead of Stuffley the paid Parish Surgeon, it is Starvely the unpaid Dispensary Physician. He can boast of having trudged hundreds of miles, and visited thousands of cases in the last twenty years, by virtue of his connexion with the North, South, East, or West Metropolitan Dispensary. His services have been commemorated by votes of thanks, and by honourable mention in the Dispensary Reports, through which his name, address, and high character, are sent periodically to every family in the district. No annual sermon is preached without a touching eulogy on the unpaid, yet skilful and indefatigable, services of Dr. Starvely. But all this puffing, upon which he founded his hopes, is of no avail ; none of the Governors call in Starvely, when they themselves are ill. He does not get a good private practice, which he had hoped would follow upon his public eleemosynary exertions ; *laudatur et alget ;* so Starvely gets up a strong claim for the Officership of Health.

Other dodges there are, too numerous to mention. And doubtless they will in many cases be rewarded by success. But we do hope that in the more influential parishes, at least, the Vestries will take high ground, and will exhibit a determination, first, to come to a clear understanding as to the position, duties, and emoluments of the future Officers of Health, and next, to adopt such means as shall ensure a reasonable chance of getting a choice of the right kind of men.

Will some of the leading Vestries—St. George's, or St. James's, or Paddington—have the courage, and claim the honour of taking some step—such as an examination—which shall absolutely exclude private interest, and proceed on the principle of taking the best man, whoever he may be ?

The present is a critical moment for the Profession, and for the science of medicine. For the Profession—because now or never, there is a chance of putting down the old testimonial and personal canvassing system, and of substituting some-

thing like an equitable mode of testing candidates by their intrinsic merits. For the science of medicine—because now there is at least a chance of combined observation of disease, and causes of disease, upon a comprehensive scale. Now preventive medicine as a science may be established, or thrust aside for a generation; and thrust aside it will be, if the Metropolitan Vestrymen come to the various elections as of old, pledged to support candidates because of their sectarian, or family, or personal, or business, or parochial claims, and without due consideration of the peculiar qualifications necessary for a new office.

THE REGISTRAR-GENERAL'S RETURNS OF MARRIAGES, BIRTHS, AND DEATHS.

The scientific value of these quarterly returns is constantly augmented by the introduction of every element which is supposed to influence the public health. Apart from the results with which the various tables are accompanied, we anticipate from the use of these materials, by various members of the Profession, a very great contribution to hygienic science. They furnish the raw material which will go to build up true and important theories; they serve to demolish fanciful and incorrect hypotheses; and, at the same time, attract the attention of Medical men to questions vitally important to themselves and the whole community.

As we have before shown, the health of the country during the last three months shows a striking improvement on the returns of the corresponding period of last year. Our labouring classes have, through the operations of the Poor-laws, notwithstanding the imperfect manner in which they are administered, been shielded from much of the suffering which has been experienced by the labouring classes in other countries; and we trust that the new Vestrymen, who have just been elected under the Metropolis Local Management Act, will watch with scrupulous care over the interests confided to them during the inclemency of winter.

In the valuable notes of the District Registrars, evidence is furnished from all parts of England on the relation between a satisfactory state of public health and proper attention to the various influences by which it is affected, and which are subject to our own control; and the clergy of every church would greatly assist the sanitary movement if they would make it a prominent part of their mission to demonstrate to the people, that they are opposing the Divine laws, natural and positive, by the neglect of personal and domestic cleanliness, and that they are conforming to the Divine mind by removing the causes of unnecessary disease and premature death from themselves and those who surround them. The important notices to which we refer, furnish further evidence (if such were wanting) of the criminal waste of infantile life in the country districts from the neglect of adequate medical assistance. The following statement calls for the most serious consideration. Thus, in *Wrexham*, the births were 139; deaths, 72. The deaths were about the average, and included 4 cases of hooping-cough without Medical attendants. Out of 37 children who had died of the age of 1 hour to 4 years, only 15 had Medical attendants. One reason assigned for this is, "the fear of the medical charges; another reason is, that many women, such as mechanics' and labourers' wives, prefer the old nurse-women to a Medical practitioner."

Facts of this kind are a disgrace to our country, reflecting as they do most seriously on the parochial authorities in whose jurisdiction they are permitted to occur, and, pointing to facts of a most alarming character, demanding a searching investigation, which we hope the Registrar-General will find some means of effecting; while the subject deeply concerns the Profession whose aid is rejected in favour of "old nurse-women."

PAYMENT OF POOR-LAW SURGEONS.

In another part of our columns we publish the Correspondence which has lately taken place between Mr. Griffin, of Weymouth, on the one hand, and the Weymouth Board of Guardians and the Poor-Law Board, on the other. The correspondence speaks for itself, and Mr. Griffin has put his case before us in such a luminous manner that very little comment is necessary. It must be recollected that he is not a very young man, who has taken the Union contract in order to see practice, but that he is a gentleman of considerable standing in the Profession, and the author of several papers of interest. When he tells us, therefore, that he has seen 481 patients at his own surgery, has paid 1507 visits at the patients' houses, has given them 902 mixtures, 277 boxes of pills, besides liniments, lotions, boxes of ointment, packets of powder, blisters, draughts, plasters, etc., for the munificent sum of Seventeen Pounds Ten Shillings!! we have, indeed, reason to deplore the degradation of our Profession. The Local Board, however, refuses to give any more, and the Poor-Law Board, after consuming a large quantity of foolscap paper and red tape, *declines to interfere further in the matter*.

Mr. Griffin has addressed a letter to the Poor-Law Surgeons of Great Britain, calling upon them to combine together and urge their case before the Imperial Parliament. We are compelled to avow, and we ought to blush at the avowal, that the ill-treatment of Poor-Law Surgeons is due to their own indifference and neglect of their mutual interests, and to that unhappy system of excessive competition which prompts a man to push himself forward at the expense of his own character, his pecuniary interests, and the honour of his Profession. Why, if Mr. Griffin were to resign his trumpery office in disgust, or which is just as likely, if he were to be dismissed for his insolence in asking for a fair remuneration for his labour, would not other candidates start up and offer to supply twice the number of mixtures and draughts, and to pay twice the number of visits, for half the money? Far different, we are rejoiced to write, was the conduct of the Profession in Cork, who refused, to a man, to offer to fill the vacancy caused by the unjust dismissal of one of their brethren.

We strongly recommend the conduct of our Irish brethren for imitation to our English Poor-Law Surgeons, and we must repeat the old adage, that "Unity is strength." As long as there are persons in our Profession mean enough to accept the wages of a footman for laborious services requiring learning and skill in their performance, so long will miserable Boards of Guardians treat us with contempt; but if we imitate the members of the Bar and the Church in uniting together and defending our Order, the Poor-Law officials will give us a fair reward for our exertions.

Mr. Griffin has addressed the Poor-Law Surgeons in very proper terms, and we hope that they will respond to the appeal.

THE WEEK.

An action was tried on Saturday last in the Court of Common Pleas, in which a member of our Profession was the plaintiff, and the Editor of a provincial newspaper was the defendant. The action was brought to recover damages for a libel upon the professional character of Dr. Black, the plaintiff. It appears from the evidence that Dr. Black was called to attend a lady in her confinement, and, when he arrived, he found her in a state of exhaustion from uterine hæmorrhage, dependent upon *placenta prævia*, according to Dr. Black's own account. He gave brandy and opium, and after some time the child was born by the efforts of nature; but when the delivery was completed, the mother sank and died. After her death, the

brother of the deceased, who was a Medical man, caused a letter to be inserted in the local newspaper, reflecting upon the treatment pursued, and insinuating that the patient might have recovered if different means had been adopted. Among other Professional witnesses, Dr. Murphy and Dr. Waller were called to give evidence, and they both exonerated the plaintiff from blame, although they differed in opinion as to the propriety of administering opium in uterine hæmorrhage. After hearing the Professional evidence, a consultation took place between the opposing counsel, and a verdict was returned for the plaintiff, with 40s. damages, his only object being to clear his Professional character. If the case were one of *placenta prævia*, the ordinary and best course would have been to arrest the hæmorrhage, by turning and delivering the child; but, in the present case, it would seem that the patient had been already so much exhausted by the bleeding, that turning was out of the question.

A crowded meeting was held last week in Willis's-rooms, to take into consideration the best means of showing the gratitude of the British public to Miss Nightingale. Representatives from all classes of politicians took part in this interesting scene; and the military and civil professions alike assembled to do honour to the distinguished lady who has done so much to alleviate the sufferings of our sick and wounded soldiers. Although so general a feeling existed to contribute to some lasting memorial, and although such ample means existed to carry the sentiment into active execution, it was not unreasonable to entertain doubts as to the wisdom or expediency of some of the proposed plans for expending the contributions; and we are undoubtedly rejoiced that the primary suggestion of building a New Hospital has not been carried out, considering the number of such establishments which already exist, many of which are unable, from want of funds, to make their resources available. The next proposition was better; namely, to distribute the funds received among the less richly endowed, or the wholly unendowed Hospitals; and in this scheme we ourselves can find little objection, although it is not difficult to foresee that in the hands of a Lay Committee it would have been attended with innumerable difficulties, from the number and the variety of the claims which would have been presented. The present proposal is to found an Hospital for the maintenance, education, and protection of Nurses; and it is hoped that not only the lower classes of society will offer themselves as willing to engage in the sacred duty of ministering to the sufferings of their fellow-creatures, but that the well-born and the highly-educated will assist in the benevolent work. All honour must be given to those noble-minded ladies who have sacrificed the comforts of home for the task of attending the sick and wounded, on distant and pestilential shores; and in recounting the horrors inseparable from a state of war, future historians will dwell with satisfaction upon the spectacle of the daughters of England braving the perils of the ocean to soothe the sick-beds of our heroic warriors. We fervently hope that the present movement may not evaporate in the ebullition of a transient enthusiasm, but may succeed in establishing a permanent memorial to the devotion of our countrywomen, whose exertions are beyond all praise.

There is no truth in a report which has appeared in one of the daily papers to the effect that the supply of water in the Renkioi Hospital had been deficient. On one day only, and then only for a few hours, owing to an accident to a valve, has there been any interruption to the supply. Not only have the patients had enough for drinking, cooking, and cleansing, but ships have been supplied, and the drains have been flushed almost daily, although the whole of the springs have not yet been connected with the reservoir, and the summer has been remarkably dry, rain having fallen on two days only between May and November. Every one who visits Renkioi speaks in the highest terms of the purity of the water, and the abundance with which it is supplied to every part of the establishment. We should not notice such misstatements, if a certain *animus* were not so evident in all the attacks upon the only really good and perfect thing in the Medical way the Government has carried out since the commencement of the war.

The hitherto peaceful *soirées* of the Pharmaceutical Society have been lately excited by a series of discussions respecting Dr. Hassall's investigations upon the alleged adulteration of articles of food and medicine. That gentleman read a paper upon Annatto, (a substance used for colouring cheese,) on Wednesday evening last, at the Society. His performance before the assembled and angry Pharmaceutists, was, of course, deemed unsatisfactory; indeed, he was like a man who has entered a den of lions, without the power possessed by Van Amburgh, or Madame Labarrère, to tame the ferocity of the animals. Instead of endeavouring to soften them by the offer of food, as is done by the Lady of the Lions, Dr. Hassall offered to eat some of his own words, but without much effect upon the excited multitude. Dr. Hassall is just now engaged in a kind of triangular duel, for he stoutly adheres to the Sanitary Commission, while he wholly repudiates the Editor of the *Lancet;* the Editor of the *Lancet* wholly repudiates Dr. Hassall, but attacks the Pharmaceutical Society, in the persons of Mr. Bell and Mr. Redwood; the Pharmaceutical Society repudiates the Editor of the *Lancet*, disbelieves in the Sanitary Commission, and doubts the competency of Dr. Hassall to decide upon chemical and manufacturing processes. Mr. Bell and Mr. Redwood, who have lately been attacked by the *Lancet*, seemed to indicate that Dr. Hassall was the author of the attacks, but Dr. O'Connor, who was present, assured them positively that Dr. Hassall and the Editor of the *Lancet* were at variance, and that the former had no hand whatever in the attacks in question.

In another part of our Journal, we have extracted a report of the proceedings which took place at the reception, by Sir Benjamin Hall, of a Deputation of Medical men, in reference to the appointment of Medical Officers of Health under the late Act for the better Local Management of the Metropolis. Having adverted to this subject in our leading article, we shall here only draw attention to Sir Benjamin's speech, which we hope will be read attentively, both by the Profession and by the Electors of the different districts. We agree with him in thinking that any direct interference on his part with the freedom of choice would be at once resented; and it is now too late to alter the wording of the Act of Parliament, which, while it enforces the election of a *duly qualified Practitioner*, admits *any qualification* as sufficient. We do not desire to draw invidious distinctions between the members of our Profession, but it must be obvious to all, that every one is not equally qualified, either by his previous education or his Professional status, to grapple with the novel and important questions with which he will have to deal under the provisions of the Act. The suggestion made, as to the institution of an *examination* for the candidates, is an excellent one, and, indeed, the only one, *cæteris paribus*, with which the Profession can be, or ought to be, satisfied; but, if this plan cannot be carried into effect, the offices should at least be conferred upon those who have studied their Profession most extensively, and who hold in it the highest ranks. If the office is to be a mere appendage to the duties of the Parish Doctor, and if the system of bestowing the place upon the humblest applicant and the lowest bidder is to be adopted, we may look

in vain for any beneficial change in the sanitary condition of the Metropolis.

It is stated that Mr. Stafford, on the meeting of Parliament, intends to move for an inquiry into the grievances of the Medical Department of the Army. We have so often commented upon the hardships to which our brethren in the Army are exposed, that we need not express our earnest hope that the inquiry will lead to beneficial results. It is a just subject of complaint that, while the other branches of the service have been warmly, and properly, eulogized, no mention whatever has been made of the Army Medical Department by General Simpson; and while the French Surgeons have been loaded with honours, our own Medical Officers have been entirely passed over. This is the more galling to our compatriots, from the fact noticed by the *Times* Correspondent, that at this very time the French Surgeons are actually visiting our Hospitals in order to study the cases of plastic and conservative surgery which they contain.

Smithfield Market was removed to Copenhagen-fields on sanitary grounds. An attempt is now, however, being made to establish a market in Smithfield of a far more injurious character—a *dead*-meat market. Under the old *régime* it was at least a lung for London on four days of the week, but if the new City "light" should ever assume the shape of a reality, that fine area will be covered with butchers' stalls, and their necessary accompaniments, at least preventing, if not contaminating, the air, every day in perpetuity. That most valuable institution, St. Bartholomew's Hospital, we are glad to observe, is fully alive to the interests involved. A deputation from that Institution, at an interview with the Chancellor of the Exchequer, stated the great injury that would accrue from any interference with this large open space; and the Medical Officers added that the adoption of the course they objected to would certainly tend to increase the mortality among the patients of the Hospital, and materially and permanently diminish its capabilities of relieving the sick poor of London. Now, in such representations St. Bartholomew's has every right to be heard. If lucre were their object, their interests would best be served by thickly covering the area in question with rentable buildings, as to a considerable extent they would be landlords; whereas they have themselves shown a most praiseworthy disinterestedness, on a late occasion, when they pulled down a number of houses producing a rental of upwards of £1000 per annum, in order to increase the free circulation of air. Add to this the fact, that no less than 6439 in-patients were discharged cured during the past year, and we think that they have made out a case for themselves, and a much stronger one for the public at large, against which neither Corporation nor Parliament ought to turn a deaf ear.

REVIEWS.

Popular Astronomy. By François Arago, Perpetual Secretary of the Academy of Sciences. Translated from the Original and Edited by Admiral W. H. Smyth, D.C.L., and Robert Grant, Esq., M.A. In two volumes. Vol. I. Pp. 707. London. 1855.

This volume is the second of a series, which is to comprise the chief scientific works of the late distinguished French mathematician and philosopher.

No man, perhaps, has done more to popularize the subject of astronomy than M. Arago; and his praiseworthy efforts to make the sublime truths of this science appreciable to common apprehensions ought certainly to be successful, if we may judge from the present contribution, which is a model of perspicuity and logical arrangement, unencumbered by mathematical formulæ. Although Arago was himself profoundly acquainted with mathematics, he nevertheless believed that he could teach Astronomy to those who had received a very moderate mathematical training; and the work before us is written with an admirable simplicity, adapted for all common understandings. The translation is excellent, and is so entirely free from foreign idioms, that the reader may conceive that he is perusing an English book. To criticize the scientific works of Arago would be like "gilding refined gold, or adding perfume to the violet;" and we can only remark, that all who are anxious to learn or to teach Astronomy should procure the present book.

General Outline of the Organization of the Animal Kingdom and Manual of Comparative Anatomy. By Thomas Rymer Jones, F.R.S., Professor of Comparative Anatomy in King's College, London. Second Edition. Pp. 842. London. 1855.

The nature and scope of this work are well described in the opening lines of the Preface:—"The object of the writer of the present work has been twofold: first, to lay before the naturalist a complete view of the organization and physiological relations of every class of living beings; and, secondly, to offer to the anatomical student a succinct account of the structure and development of the vital organs through all the modifications they present in the long series of the animal creation."

All students of natural history and comparative anatomy must be well acquainted with Mr. Rymer Jones's work; and a second edition will no doubt be eagerly sought for by many, and especially by those who are preparing for the examinations of the University of London and of the East India Board. Among the numerous works and monographs which abound in the present day upon the same subjects, the present volume holds a distinguished rank; and the admirably executed engravings, four hundred in number, materially assist the labours of the student who is pursuing his investigations into the structure of the animal kingdom. Not the least important result of the examinations at the two Boards referred to, is the diffusion of a knowledge of natural history among the rising members of our Profession; and such beautifully illustrated books as that of Mr. Rymer Jones, are well calculated to promote this beneficial movement.

Statistics and Treatment of Typhus and Typhoid Fever, from twelve years' experience gained at the Seraphim Hospital, in Stockholm. By Magnus Huss, M.D. Translated from the Swedish original by Ernst Aberg, M.D. Pp. 200. London: Longman and Co. 1855.

The manufacture of this book will, to many, be an enigma. The title-page has a British look; but, unless we are very greatly mistaken, the whole of the body of the work is of foreign production. The original is in the Swedish language, and it is translated into English by Dr. Ernst Aberg, also a Swede. That the work has been entrusted to a foreigner is obvious, from the multitude of foreign idioms in which it abounds; and, in addition to a long list of *errata* and *corrigenda*, the text overflows with bad spelling, and worse punctuation.

As far as we can gather the sentiments and views of the author through so obscure a medium, we should be inclined to bestow considerable commendation upon his labours; and at any rate, we are happy to welcome a contribution, founded upon a practice of twelve years, to the history of fever in the Swedish capital. Dr. Huss, who, we are bound to say, puts forward his views with great modesty, denies the distinction between typhus and typhoid fevers as separate diseases, and he classes them together as typhus petechialis and typhus abdominalis, the specific character being derived from the character of the rash in the one case, and the preponderance of abdominal symptoms in the other. But whether from imperfect acquaintance with the writings of the French and English Medical authors upon the subject, or from deficiency of accurate clinical observation, this part of Dr. Huss's volume is exceedingly meagre, and indeed offers no reliable evidence to affect the points at issue between those who contend for the identity of the two kinds of fever and those who adopt an opposite view. But the general statistics have

been prepared with great care, and being founded upon the history of 3186 patients, must command the attention of the reader, and proclaim the industry of the author. More than half of the book is devoted to the subject of treatment; and, without following Dr. Huss into all his details, we may remark, that his principles appear to be sound and judicious. He recommends the mineral acids in the uncomplicated forms of fever, deprecates the use of the lancet and of purgatives, and treats the various incidental symptoms and complications as they arise. He lays great stress upon the value of turpentine in congestive pneumonia, and of cold-water compresses in ulceration of the bowels; the latter application he believes will often avert the perforations which lead to fatal peritonitis.

As a contribution to the history of fever by a Swedish physician, this book possesses considerable interest, in spite of its imperfect pathology; but the inefficient manner in which it has been translated detracts most materially from its intrinsic merits, and will deter many English readers from its perusal.

Commentaries on the Surgery of the War in Portugal, Spain, France, and the Netherlands, from the Battle of Roleia, in 1808, *to that of Waterloo, in* 1815; *with Additions relating to those in the Crimea, in* 1854-55, *showing the Improvements made during and since that Period in the Great Art and Science of Surgery and all the Subjects to which they relate. Revised to October,* 1855. By G. J. Guthrie, F.R.S. 6th Edition, pp. 672. London: Renshaw. 1855.

We will not affront our readers by assuming that they are not already acquainted with Mr. Guthrie's Commentaries. It is one of the few Medical books that bears to be taken up and read again and again. It has all the charm which a book possesses which is written from the fulness of a man's heart; from the very abundance of facts which crowd upon his recollection, and from the practical inferences which he has himself drawn. It is original, racy, abounding in anecdote, and—may we say?—charming from its very egotism. Yet, if any man has a right to be egotistic, it is Mr. Guthrie, and we do not hesitate to say, that we believe he has fully established the claim of the Military Surgeons of the Peninsular War to either the origination or the establishment of principles, which at present are or ought to be imbedded, as it were, in the very foundation of modern Surgery, and of modes of practice which are, or ought to be, generally adopted.

Among these principles and modes of practice we may mention the long and deep incision in phlegmonous erysipelas and allied affections, which Mr. Guthrie claims as one of the fruits of Peninsular practice, and which he was the first Surgeon to adopt in London, in the year 1823, against the judgment of his colleagues at Westminster Hospital, who considered such a course "unusual and improper." We presume that this claim is without prejudice to the merit of Mr. Copeland Hutchinson in introducing the shorter incision. We next find a claim to the discovery of the connexion between so-called phlebitis and purulent deposit:—

"Mr. Hunter, in 1793, described the appearances and the fatal results of inflammation of the veins . . . ; but I was the first person to point out its intimate connexion with certain low, inflammatory attacks, attended by destructive purulent depositions, particularly in the chest, and their more chronic deposit in other parts."

Referring then to the labours of Arnott, Sédillot, Henry Lee, Hughes Bennett, and others, Mr. Guthrie adds—

"I am not aware that the writers referred to have added anything to the practical facts I had related so long before, which is much to be regretted. It is of little use, although it is a step in the right direction, to describe a disease, or even to show why and wherefore it destroys, unless a means of prevention or of cure can also be indicated."

We are sorry that such a querulous sentence should have slipped from our venerable author's pen, inasmuch as it is wholly a mistake. We are in possession of very many more "practical facts" relating to phlebitis than Mr. Guthrie has given us, and we know much better what to do, and what to leave undone in the way of prevention and cure. We know now that it is the blood which is the point of interest, and not the mere veins; and we do not think it necessary to bleed or to apply leeches over the veins, when it is the blood within, and not the vessel itself, that is to be blamed.

But to proceed. Mr. Guthrie claims the merit of abolishing all slavish fears of hæmorrhage in operations:—"Surgeons should learn to hold all arteries that may be taken between the finger and thumb in great contempt." So that it only requires common presence of mind to arrest the hæmorrhage from the axillary or femoral arteries. But it is just in this department that Mr. Guthrie's peculiar merits are the greatest. The rule to "tie a wounded artery at the wounded part," and not to apply the Hunterian treatment of aneurism to a wound; and "that no operation should be done on a wounded artery unless it bleeds," deserve to be inscribed over the doors of every Military Hospital.

Mr. Guthrie claims also the application of concentrated acids to hospital gangrene and other sloughing surfaces. On this point we should like fuller evidence, as a matter of historical interest, than he has yet given us.

But our pen is beguiling us onward, and we are writing a long review,—a labour of love we should delight in,—instead of a short announcement of a work that is above criticism. Let us state in conclusion, that this edition contains an appendix, containing some results of Crimean Surgery. We find that there have been six cases of amputation at the hip joint, all fatal; and six of excision of the head and neck of the thigh bone, of which five were fatal. Amputations of the thigh for gun-shot fractures high up, have been almost uniformly fatal, both in the English and in the French Hospitals, so that they have been all but abandoned. Excisions of the humerus and of the elbow joint, have turned out well. But the dreadful privations to which the army was exposed during the last winter, induced a state of depression, in which, though there might be no actual disease, the powers of reparation after injury were sadly diminished. May we express a hope that the plenty and inactivity of this winter, may not be more fatal than the privations and fatigues of the last?

Chloroform, we are glad to find, is now in legitimate use in the Crimean Army (that is, in all except the Second Division). We may be pardoned for observing, that, although Mr. Guthrie and his colleagues in 1812, may have been (as he asserts) far in advance of Civil Surgeons of the same date, yet that the absurd depreciation of chloroform shows that Military Surgeons of the present day have had a little lee way to make up. We hope that even the Second Division may be permitted the comfort of this beneficent discovery before the war is over.

Neuropathology; or, The Nervous Origin of Disease. By John Goodman, M.D. Pp. 114. London, 1854.

That the nervous system is a most important part of the animal body, and that it is affected first or last in all grave disorders, is a proposition which nobody desires to deny. But that it is the only seat of disorder, and that the attention of the Physician is to be directed to it alone, is absurd; yet this seems to be the drift of Dr. Goodman's book, so far as it has any drift at all. He dwells on the evils arising from fermented liquors, from mercury, purgatives, and the other remedies commonly employed by Medical Practitioners, and mentions Hydropathy with commendation. He tells us, also, that his whole family are subject to extraordinary nervous disorders, which fact may perhaps account for the peculiarity of some of his opinions. We must commend the diligence which he has shown in quoting from a vast variety of authors, and regret that the result is not of more value.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

TREATMENT OF CHOREA BY GYMNASTICS AND STRYCHNIA.

M. Bouvier, in a Report read to the Academy, states that since 1847 M. Blache has employed gymnastic exercises as the principal if not the sole means of treating chorea, at the Hôpital des Enfans, where two large gymnasia have been established under able superintendence. Others have been opened at the Salpétrière for the epileptics, with excellent results. According to an account published by M. See (a)

(a) See British and Foreign Medico-Chirurgical Review. Vol. IX. p. 75.

of 22 cases of chorea, treated solely by gymnastics, 18 were cured in a medium term of 29 days. In 16 other cases, in which other means were also employed, 11 were cured in from 33 to 48 days. M. Blache's account relates to 108 cases, 84 girls and 24 boys, in which gymnastics formed either a sole or a principal means of treatment. Of these, 102 were cured in a medium period of 39 days—girls recovering rather faster than boys. This result much resembles that arrived at by M. Rufz, who found, on examining the Hospital registers for 1824-33, that 189 cases, variously treated, had remained in the Hospital, on an average, 31 days; it not being known, however, whether all these cases were cured. From facts like these, many persons have come to the conclusion that it matters little what mode of treatment is employed, nature, in fact, effecting the cure. But M. See has shown that cases left to themselves do not yield like this. M. Blache believes the gymnastic treatment is contra-indicated in a smaller proportion of cases than any other. It is so in lesion of the heart or cerebral congestion; but the excitement that is here hurtful is of the highest utility in the numerous cases in which chloro-anæmia coexists with the chorea, which, indeed, it has contributed to produce. Active gymnastic exercises are not suited for the serious cases of chorea, in which the patients have lost all control over their muscular motions; but passive exercises, such as friction and shampooing, favour the return of the normal movements. A powerful adjunct to gymnastic exercises is found in sulphurous baths, but when employed as the sole means these seem to require a mean duration of treatment of 44 days, furnishing, indeed, very much the same results as the purgative treatment. Cold water applied externally is indeed a most efficacious and prompt remedy; but its application is troublesome, especially in winter. As a general rule, internal treatment is inferior to gymnastic; but it may become adjuvatory in particular indications, or employed as a substitute when gymnastics have failed or are contra-indicated.

M. Moynier has recently published an excellent thesis upon the comparative merits of gymnastics and strychnine, derived from observations of M. Trousseau's cases at the Hôpital des Enfans. The sulphate of strychnine is dissolved in syrup, in the proportion of 5 centigrammes to 100 grammes. A spoonful of this syrup, weighing 20 to 21 grammes, contains a centigramme of the strychnine. Two spoonfuls are given in distributed doses during the first twenty-four hours, and the effects are watched. An itching or slightly pricking sensation is experienced at the surface, especially on that of the head. This kind of titillation of the nervous system must be watched, as it may be succeeded by tetanic convulsions unless the medicine is suspended. M. Moynier finds the duration of treatment under its use somewhat less than that of the treatment by gymnastics and sulphurous baths. The two remedies, however, do not exclude each other's employment. At the Hospital, the treatment is commenced with a dessert-spoonful of the syrup, containing ½ centigramme of strychnine, and this is repeated every hour and a-half, unless any rigidity of the muscles (*roideurs*) occur. As long as this rigidity is not present, we may go on with the drug; but when it occurs, in however slight a degree, the medicine must be suspended, at least for that day.

It is impossible to predict beforehand how much syrup will have to be administered before this effect is produced, for not only considerable differences exist at the same age, but even in the same child. Thus, in some the rigidity occurs after two or three doses, although at a later period the same children require ten or twelve to induce it. In other cases fourteen spoonfuls have been repeated for several successive days without any effect, although at a later period three or four will suffice.

M. Trousseau regards gymnastics only as a means of completing the cure. In very bad cases, where there is fever, delirium, and incessant movement, the patient is to be quieted with opium before beginning the strychnine.—*Bulletin de l'Acad.* T. XX. p. 833, and *Gaz. Hôp.* No. LXXIII.

ON EPIDEMIC CONTRACTIONS IN TYPHOID FEVER.

By M. ARAN.

This curious phenomenon, which has been variously termed intermittent tetanus, idiopathic muscular spasm, idiopathic or essential contraction, etc., has not hitherto been described as a complication of typhoid fever. Its occurrence, however, in an epidemic form, has presented twelve such cases to M. Aran's observation. In all but two of these it came on late, not before the sixteenth day, and even as late as the thirty-ninth, when convalescence had commenced. Both the upper and lower extremities were the seat of the contraction, but especially the former. The corresponding members were always affected at the same time, and in the same manner, but the lower limbs were never exclusively affected, while the upper were. The extreme parts of the limbs were the especial seat, and, in slight cases, the hands and forearms alone were attacked, the flexors almost exclusively suffering. The patient was found unable to extend the hand (*e.g.*), and artificial extension could only be accomplished by gradual and regulated effort, the fingers offering most resistance, and contracting again when left to themselves. In four cases, in which the muscles of the trunk were affected, the extensors suffered, giving rise to an almost opisthotonic rigidity. In the lower limbs the contractions were less generalized, the muscles of the calf, as in ordinary cramp, especially suffering. During the paroxysms the pain in the contracted muscles was very violent, giving rise to agonizing cries, the face and entire body becoming covered with profuse sweats. These attacks, which lasted a few hours, without very frequent repetitions, seemed, in some, to assume an almost periodic form. As soon as the attack was over, all seemed to go on as before, the progress of the fever remaining uninfluenced for good or evil. The cause of this epidemic, which was often confined to M. Aran's wards, was quite obscure. The treatment in most cases was nowise special. Baths were employed with some success; but one patient died while in the bath. In one case, in which the opisthotonos and altered countenance gave rise to fears, free chloroform inhalation was of great use. Revulsives applied to the parts have alway given some relief, which, in some cases, has been complete. The same may be said of chloroform; but forced extension affords this with greatest, though only temporary, effect.

In a discussion that followed, M. Trousseau observed that he has long studied this class of cases, and has found them most frequently occurring in nursing or recently-confined women. He has not traced the contraction to the influence of any preceding disease, with the exception of diarrhœa, which has almost constantly preceded it. It is by no means rare to observe the contraction affecting the trunk and lower limbs as well as the arms, and, in at least a third of his cases, there has been difficulty of speaking, indicative of contraction of the muscles of the larynx. Not infrequently, the contraction has followed exposure to cold; and M. Trousseau believes that the mercurial treatment of typhoid fever, followed by M. Aran, may, by causing purging, have had something to do with its induction. It is a curious fact, that the contraction may be reproduced at will, by compressing the limb during an interval of the paroxysms; and, when bleeding has been ordered, the mere compression of the fillet or the finger has sufficed to do this.

M. Barth stated that the affection is not uncommon in children, and the cases may be ranged under two heads:—1. The contractions occur in young and feeble children with diarrhœa; no reaction takes place, and they are often fatal. 2. They occur in robust children, from 6 to 12 years of age, either spontaneously or during convalescence. There is active reaction and a strong pulse. The skin is as red as in scarlatina, and, as some of the joints may become red and swollen, this form has been sometimes regarded as rheumatic. It is not usually of long duration. Bleeding dissipates the contractions, which return in a few days, to finally disappear after another bleeding. In some cases prolonged baths are sufficient.

M. Roger observed that a little epidemic of this affection has been observed in the Hospital among children from 2 to 4 years of age; for, while usually only a few cases are met with in a year, there have been ten or twelve such this year in two or three months. In two cases, the contractions were prodromic of spasm of the glottis or thymic asthma. In fact, almost always in this disease, there is a long period prior to the spasm of the glottis occurring, in which the spasm operates upon the joints of the hands and feet, the characteristic form only showing itself some weeks or months after.

M. Hérard observed that the affection is common in children who have a tendency to convulsions, while in spasm of the glottis it is almost always present.

M. Marotte has lately observed two cases in typhoid fever,

and two without it. In the latter, the contractions were accompanied by signs of rheumatism. About fifteen years ago an epidemic prevailed, in which tumefactions of the joints and eruptions were observed. The occasional cause was cold and damp, and, in fact, everything points to the rheumatic character of the disease. In his two cases, cupping along the spine was curative.

M. Rabaud, an *interne*, has collected all the cases of this affection occurring in children that he has observed in M. Barthez' practice, 23 in number. He arranges them in four categories:—1. Contractions due to appreciable alterations of the nervous centres or their membranes. 2. Those symptomatic of disturbed function, as in dentition. 3. Those due to cachexia. 4. Essential febrile contractions of a rheumatic character. In the first form, the parts attacked are indolent, little or nowise swollen, and the skin preserves its natural appearance. The contractions are intermittent, coming on in paroxyms, and alternating with convulsions. The contractions which occur during different diseases, as measles, typhoid, etc., are less grave, and do not alternate with clonic convulsions. They cause severe, crampy pain, and the patient cries when he is only touched, while strong pressure does not increase pain. They do not affect the prognosis of the disease; and usually come on late. Cachectic contractions are not infrequent as a consequence of progressive emaciation and prolonged diarrhœa, and are also met with during dentition in feeble subjects. They are indolent and intermittent, alternating with convulsions; but differ from contractions symptomatic of nervous lesions by the absence of pyrexia, and the existence of general œdema, or at all events œdema of the extremities. The rheumatic contractions are attended with the signs of articular rheumatism. They are unaccompanied with convulsions, have a regular stage of increase and decline, and are of short duration.

Gazette des Hôp. No. CI. *and L'Union Méd.* No. LXXXV.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, December 1, 1855.

SANITARY STATE OF SCOTLAND.

The fruits of the new Act for the Registration of Births, Deaths, and Marriages, is now beginning to be experienced in Scotland. Since my last, the Registrar-General has published his return for October. In the eight principal towns in Scotland it would appear that the births have been at the rate of 1 for every 27; the deaths, 1 for every 23; and the marriages, 1 for every 126 persons. The deaths were 1625; of which 810, or 49 per cent., were under 5 years of age. The deaths from zymotic diseases constituted 28 per cent. of the total mortality. In Dundee, 12 per cent. of the total deaths were from small-pox. Scarlet fever has been very fatal in Edinburgh and Aberdeen. In each of these towns, 14 per cent. of the total mortality has been caused by scarlet fever. The epidemic, which during the present month has increased over a larger area of the town, is said by those in active practice to be one of the most severe and typhus-like in its character with which we have been afflicted for years. There is no epidemic puerperal fever either in Edinburgh or Aberdeen; but in Glasgow, where there is no scarlet fever, there have been four deaths from that disease. Croup has been unusually prevalent. In Glasgow, 17 died of it; in Dundee, 6; in Edinburgh, 4.

The following is the proportion of deaths in the different towns, in which no Medical man would appear to have been consulted during the last illness:—

Leith . . .	4 per cent.	Dundee . . .	22 per cent.
Edinburgh & Perth	12 ,,	Paisley . . .	37 ,,
Aberdeen . . .	14 ,,	Greenock . .	39 ,,
Glasgow , . .	19 ,,		

From this table are excluded all the cases of sudden death, as well as all those where the Registrars have noted that the party received casual relief at dispensaries, druggists' shops, or otherwise.

STATE OF WEATHER.

The mean reading of the barometer for the month of October, at the Observatory of the Royal Engineers, Ordnance Office, Edinburgh, was 29·517 inches; the mean of the morning readings being 29·421, and of the evening, 29·614. The range of the barometer during the month was 1·286. The mean temperature of the month was 48 deg. ·8, and the extreme range, 32 deg. ·8. The highest degree of temperature noted during the month, was 62 deg. ·5, and the lowest, 29 deg. ·7. The mean temperature of the dew point was 42·4; the mean elastic force of vapour, ·285; and the mean humidity, ·804. The quantity of rain which fell during October, amounted to 2·48 inches. West, south-west, and south winds, blew twenty-one days; north, north-east, and east winds, the greater portion of six days.

ROYAL PHYSICAL SOCIETY, SESSION LXXXV.

The first meeting was held on Wednesday last, Dr. Fleming, Teacher of Natural Science in the Free Church Training Institution, occupied the chair, and delivered the opening address. The Doctor referred, in terms of great congratulation, to the establishment of the Industrial Museum, and the foundation of the new chair of Technology, and seemed disposed to claim for himself a full share of the credit of this addition to our literary resources. As the papers read were of little interest to the Medical profession, I shall content myself with merely indicating their titles.

1. On the Leaf Insect, by Andrew Murray, Esq.
2. On a remarkable pouched condition of the Glandulæ Peyerianæ of the Giraffe, by T. Spencer Cobbold, M.D.
3. On the occurrence of Meteoric Lead in Meteoric Iron from Tarapaca, Chili, by M. Forster Heddle, M.D.

THE THOMSONIAN COLLECTION OF MINERALS.

Public attention has been drawn to this subject by several letters in the newspapers, by a reference to it in Dr. Fleming's address at the opening of the Physical Society, and by an intimation made by Mr. Bryson, to which reference will be made immediately. It would appear that the late Dr. Thomson, of Polmont, who was long resident in Italy, had made a collection of minerals, consisting of upwards of 1000 specimens, some of which are unequalled in Europe. The collection of Leucites, in particular, are known to be the finest in the world, and were so valued by their late professor, that on the invasion of Italy by the French, Dr. Thomson fled to Palermo, carrying these concealed on his person, as his most valuable possession. The remainder of the collection was considered so valuable, that the *savans* got Napoleon to remove it to Paris; and it was deemed of such value, that on the occupation of that city by the Allies, its restoration was demanded and obtained even among the stirring events of 1815. This collection, and fifteen hundred pounds to keep it up and to establish a lectureship in connexion, were bequeathed, on certain conditions, to the Dean and Chapter of Christ's Church, in Oxford; and failing their accepting them, they were to come into the possession of the University of Edinburgh.

The authorities of Christ Church confessing their inability to fulfil the conditions, refused the donation, which then came to Edinburgh University, by whom it was at once accepted; but the conditions never were fulfilled. Among other conditions in the will, was one which provided for the appointment of a Lecturer on Mineralogy, who was expected to illustrate his lectures by the specimens in the collection. The appointment of this lecturer was vested in the magistrates of Edinburgh, the president of the Royal Society, the president of the Royal College of Physicians, the principal and the professor of chemistry in the University of Edinburgh. The magistrates have made the lectureship an adjunct to the chair of Natural History, and apparently without consulting any of the parties conjoined with them by the will in the nomination. This dereliction of duty on the part of the magistrates is not to be passed over *sub silentio*, and accordingly an Action of Law against the Magistrates has been threatened, as appears from the remarks of Mr. Bryson at the meeting of the Physical Society, when that gentleman spoke to the following effect:—"Mr. Bryson begged to remark, with regard to the Thomsonian Lectureship, and the duty of the magistracy in the matter, that he had taken the advice of counsel on the subject, and that he had resolved to enter an action, as a citizen of Edinburgh, against the Town Council, for their neglect and abuse of this trust. This was no vain boast. He intended to do this, cost what

it might. And if there was no indication of an intention to take up this subject at the next meeting of the Council, the Town Councillors and magistrates would individually receive, within the next ten days, a summons to attend and answer for their conduct before the Court."

GENERAL CORRESPONDENCE.

RUPTURED PERINÆUM.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me to express my regret that Mr. Brown should have any cause to complain of the spirit of my last letter; more especially as he not only meant nothing personal, but rather intended his observations as a compliment. He says: "Before, however, I make a single observation, I must be allowed to state that my allusion to Dr. Murphy had nothing of a personal nature; for I have always, in common with the Profession generally, entertained for that gentleman the highest respect, which I evinced by writing to inform him that I should mention his name in my forthcoming paper: and my principal reason for mentioning his name at all was because he holds, and has done for so many years, the high position of Professor of Midwifery at one of the largest Medical Schools of this Metropolis; and therefore, believing as I did, that he entertained erroneous views regarding the treatment of ruptured perinæum, I was most anxious to convince him of his error by the relation of fresh facts in addition to those previously placed before the Profession, and which have been recognized by so many men of the highest standing, not only in our country, but in Europe generally."

Mr. Brown's narrative of the case, so far as it has reference to me, is as follows:—

"M. G., aged 24, December 1, 1854, was confined with her first child, fourteen weeks since, at Balham, near Clapham, and during the expulsion of the child after a speedy labour, the perinæum was lacerated. The following day she complained to the Surgeon in attendance, of the accident. He made light of it, and said it was of no consequence. However, her husband anxiously suggested that I should be sent for. This, however, was objected to by the Surgeon, who sent for Dr. Murphy instead. This gentleman objected to any operation, and advised nothing to be done, at all events, for the present; and she shortly discovered after this, that all her motions from the bowels passed through an opening in the vagina, subject to no control of her own will. As soon as she could be removed, she accordingly came up to town, and placed herself under the care of Mr. Harper, who requested my attendance.

"*Remarks.*—This case has been one of the strongest reasons for my again bringing the subject before the Profession, for it will be observed, a young married lady, with her first child, meets with an accident which might happen to any one in the hands of a practitioner of great experience as an accoucheur; and *yet, when applied to by the husband of the patient to consult me*, with a view to some remedial measure, declines to do so; and, on the contrary, does nothing."

I candidly confess that my perception was too obtuse to appreciate Mr. Brown's courtesy. His remarks appeared to me anything but complimentary. I understood them in their literal sense to mean, that the opinion I had given was a great mistake, which it was necessary to expose, and I was therefore brought before the Profession by name; and that Mr. Ward had made a much greater mistake in not calling in Mr. Brown.

It seemed to me imperative to give some explanation of the facts referred to, and to state the grounds of my opinion.

I am sure, Sir, you will admit this was necessary, inasmuch as Mr. Brown's report is totally erroneous, both as to fact and meaning. His case is quite a Comedy of Errors. The lady's husband *never manifested the least anxiety to consult Mr. Brown*, "his name was never mentioned, nor thought of by her husband, or by any one else."

Mr. Ward did not make light of the case, but, on the contrary, by the most judicious and sedulous attention, almost succeeded in the lady's perfect recovery, even under the most unfavourable circumstances. She was so far improved as to pass her motions regularly for a fortnight; but, says Mr. Ward, "At the end of October," (nearly two months after the accident,) "she, at the wish of her sister and husband, Mr. Harper, was (very indecorously to me) removed to Mr. Harper's house in Farringdon-street, to be under his treatment, in consultation with Mr. Brown, and there was operated upon with perfect success." In continuation of this history, Mr. Harper states, in his letter of last week, "It appears that no fæcal matter passed through it (the fistulous opening) for a fortnight before she came here, and for nearly *a fortnight afterwards*, but flatus never ceased to pass."

Mr. Harper admits that the fistulous opening, which had been more than the size of a sixpence, was reduced to that of a probe-point, but flatus passed through it, and with a loud report.

This was quite sufficient to cause considerable annoyance to Mr. Ward's late patient, and to justify an operation, to which, I am convinced, Mr. Ward would never have objected; but these facts are the interpretation of Mr. Brown's words, "That all her motions from the bowels passed through an opening in the vagina, subject to no control of her own will. As soon as she could be removed" (in this condition) "she accordingly came up to town, and placed herself under the care of Mr. Harper, who requested my attendance."

Such are a few of the inaccuracies of Mr. Brown's report. It only remains for me to point out some of the errors of his letter.

Mr. Brown observes that I stated in *a long speech*, which I made at the reading of his paper at the Medical Society, that I considered it best that the patient should be laid up for *some months* after the accident. I shall refer your readers to your own report of what I said, and to that of the *Lancet*, both of which agree that I stated that the operation might be performed in a fortnight after the accident. They may in this way also judge of the length of my speech. The last error to which I shall allude is contained in the following passage: "There are other material points with respect to matters of fact which, I doubt not, Mr. Harper will as easily refute as he did Dr. Murphy's statement at the Medical Society, that the patient *had been severely purged* after coming under Mr. Harper's care, which opened the wound."

Dr. Murphy stated no such thing, but observed that the mode in which our Profession was sometimes practised in this metropolis obliged one to depend upon rumours for facts. That I heard *a rumour* that the lady had been given a purgative which opened the wound, but on referring to Mr. Ward's letter, I at once corrected this by quoting Mr. Ward's words, which stated "errors of diet" as the cause. The meaning of my observations was this, that while elsewhere I had been accustomed to a rule of etiquette by which the facts of a case (if any use were intended to be made of them) were always communicated *privately* to the gentleman who had been previously in attendance, in order to give him every opportunity for explanation or correction,—here it is considered an act of courtesy to publish the case first and permit the parties concerned to give their explanations afterwards. Had Mr. Brown or Mr. Harper communicated privately their facts, all these mistakes might have been avoided, but neither of them informed me of a single unfavourable symptom in this case, nor did I know anything that had happened until Mr. Brown was good enough to give me notice that he intended to read the case, just as you have it, before the Medical Society, and, as "a mark of the highest respect," informed me that he should mention my name in his forthcoming paper.

I can truly say, I should honour this token of esteem much more in the breach than in the observance, because I think the dignity of our Profession is seriously compromised when, for the mere object of publicity, a case is brought forward that, whether intended or otherwise, reflects upon professional character, without giving those concerned any opportunity for private explanation. I shall say nothing on the question of delicacy, but I am persuaded that nothing can be more revolting to the patient herself than this discussion. It is for this reason I shall decline any allusion to Mr. Harper's letter, beyond the facts I have quoted, nor shall I discuss further Mr. Brown's operation; because, in fact, there is scarcely a question to dispute. I have expressed no opinion whatever on the merits of Mr. Brown's operation; the only difference between us is as to the time of its performance,—he says within nine days, I say, a fortnight or longer. This difference of five days need not occupy your valuable pages; if it did, the result would be that, as we commenced with the

"Comedy of Errors," we should finish with "Much Ado About Nothing." I am, etc.

EDWARD WM. MURPHY.

12, Henrietta-street, Cavendish-square, December 2, 1855.

THE POOR-LAW BOARD AND THEIR MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I beg to lay before you the following correspondence between the Weymouth Board of Guardians, the Poor-Law Board, and myself, believing it will be interesting to your readers. To this I have subjoined a letter to the Union Surgeons of Great Britain, calling upon them to unite with me in an endeavour to obtain a redress of our grievances.

I am, etc.,

12, Royal-terrace, Weymouth, December 1, 1855. RICHARD GRIFFIN.

In June last I addressed a letter to the Weymouth Board of Guardians and the Poor-Law Board, complaining of the trifling salary I was receiving, compared to the duties I had to perform, and praying for an increase of the former. This letter I omit sending you, on account of its length, and because its substance is repeated in a subsequent one of three months' later date. With the official letter I sent the following one to the Poor-Law Board:—

12, Royal-terrace, Weymouth, June 29, 1855.

My Lords and Gentlemen,—I beg to lay before your Honourable Board the accompanying copy of a letter addressed by me to the Weymouth Board of Guardians, and their reply. It may be well to premise, that I accepted the appointment under the impression that as the salary was inconsiderable, the duties to be performed would not be arduous, and was therefore greatly surprised at the extent to which my energies were taxed, and my pocket likewise. I therefore consider it a duty I owe, not only to myself, but to my Professional brethren, many of whom are overworked and wretchedly paid, and yet dare not complain, that I should bring my case before your Honourable Board, and ask for your aid, with the hope that an inquiry into the management of the Medical affairs of this Union may be followed up by a like investigation throughout the kingdom, and ultimately lead to a proper adjustment of the salaries and an elevation of Union-Surgeons to their just position. It may possibly appear to your Honourable Board, at first sight, as well as it has to the Guardians, that my application, after only three months' service, is premature; and such would be the case, were the Union only just formed; but under present circumstances to have waited longer would, I believe, have been attended with no different result. The unequal division of the salary also appears to me to demand inquiry, as nothing can justify one Medical man receiving only 1s. 4d. per case, while another, under nearly, if not precisely similar circumstances has 10s. 3½d. I respectfully submit to your Honourable Board that the salaries should be raised to a fair and equitable standard, and that the extras be restored, as it is unreasonable that I should have to perform so important an operation as amputation above the knee without any additional remuneration, or that a fraction over one halfpenny a day should be deemed sufficient pay for so formidable an operation with its necessary attendance both before and after; and that my Professional brethren, four of whom assisted me at the operation, and three of them at the consultation previously, should go entirely unrewarded.

I have the honour to be, etc., etc.

RICHARD GRIFFIN.

The Guardians, in reply to the letter I have omitted, stated, that they considered my application extremely premature, as I had held the appointment only three months, but, at the same time, they acknowledged, "that the past quarter had been heavy, but it did not follow that the current or future quarters would exceed the usual average; they, therefore, did not see any necessity for their interference in the matter."

The Poor-Law Board replied:—

Poor-Law Board, Whitehall, July 10, 1855.

Sir,—I am directed by the Poor-Law Board to acknowledge the receipt of your letter of the 29th ultimo, in reference to the application which you have made to the Guardians of the Weymouth Union for an increase in your salary as Medical officer of the Weymouth District.

The Board desire me to state, that the Midwifery and Surgical fees payable under the General Consolidated Order in the Weymouth Union, were commuted in 1850, and that, in consideration of those fees being no longer allowed, the total amount of the salaries of the Medical officers was increased from £250 to £350 per annum. The Board presume that you accepted your office with the knowledge that your fixed annual salary was to include your remuneration for performing such surgical operations as that referred to in your letter; and, under all the circumstances, the Board do not see any grounds for directing that Fees shall be again allowed on account of such services.

The Board concur with the Guardians in thinking that, although the number of cases attended by you during the period for which you have held your office may have been unusually large, it is by no means certain that the duties have permanently increased.

The Board can only now add, that if this should be the case, they will give the subject of your salary their further consideration. I am, Sir, your obedient Servant,

COURTENAY, Secretary.

Weymouth, September 29, 1855.

My Lords and Gentlemen,—Three months since I addressed a letter to your Honourable Board, praying for an increase of salary, and received a reply dated July 10, in which was the following paragraph:—"The Board concur with the Guardians in thinking that, although the number of cases attended by you during the period for which you have held your office may have been unusually large, it is by no means certain that the duties have permanently increased. The Board can only now add that, if this should be the case, they will give the subject of your salary their further consideration."

On the faith of this letter I have continued to carry on my duties for a second quarter, and regret to say that they have been more onerous than heretofore, as will be seen by a reference to the subjoined list. That they will still further increase during the winter half of the year, I fully believe, as during the past six months we have had fine weather, and, consequently, only ordinary cases of illness. My predecessor attended 642 cases last year, and received for them £110. I have attended 252 cases in the half year, and have received only £17 10s.; whereas, had I been paid in the same ratio, I should have received £43 1s., or £25 11s. more than I have been paid; he had, on an average, 3s. 5d. per case, but I have only 1s. 4¼d. It will be seen, by a reference to the books, that I return weekly, on an average, 43 cases, for which I receive 13s. 5½d., or 3¾d. each, or a ½d. per day per case, for attendance, operations, medicine, etc.,—a sum so grossly inadequate to the duties to be performed, that I must either give my services for nothing, or violate the trust reposed in me, by neglecting the poor: the latter being an effectual method to reduce the list of applicants for Medical relief, but one that I cannot adopt. I accepted the appointment under the impression that my duties would be no more than my predecessor's, and that the payment would be in proportion to his. In this I have been mistaken, and must, therefore, respectfully solicit you to reconsider my salary, which can now be done, as none of the Medical contracts are signed, and, even if they were, I should imagine, by giving a month's notice, they could be re-adjusted. I wish not to say aught against my colleagues, who, I believe, give entire satisfaction to the Guardians and the poor; but it does appear to me most unreasonable, now that the duties are ascertained, that one man should receive for 25 orders a similar sum to myself, who has had 252; or that a second, whose furthest patient resides closer to his house than my nearest one does to mine, should be paid £5 per annum more than myself, particularly when it is considered he has had one-fifth less cases. It may appear strange that the number of cases should have increased so suddenly; but those residing on the spot, particularly the Relieving officer, can readily account for it. The truth is, the poor are satisfied with the care that is now taken of them, and therefore do not in general seek aid of private charity or the public institutions. I trust I have said enough to satisfy you that I am not paid for my labour, and therefore, hope you will direct an inquiry into the subject, and give me a fair

remuneration for my services, which I believe are entitled to some consideration at your hands, as during the half year, in addition to my ordinary duties, I have amputated a leg above the knee, removed a large tumour of seven years' growth from the chest of a child, and amputated a finger near the wrist-joint of a man. I have the honour to be, etc.

The Poor Law Board. RICHARD GRIFFIN.

Summary of duties performed during the half year ending September 29.

No. of orders for patients	253
Visits at patients' houses	1507
Ditto by ditto at surgery	481
Mixtures	902
Boxes of pills	277
Liniments	44
Lotions	110
Boxes of ointment	101
Packets of powder	91
Blisters	23
Draughts	7
Plasters	7
Dressing wounds, ulcers, extracting teeth, sticking plasters, lint, and bandages, no account kept.	
Confinements	3
Amputation of thigh	1
Amputation of finger, near the wrist	1

Payment received for the foregoing only £17 10s.

12, Royal-terrace, Weymouth, Sept. 30, 1855.

Gentlemen,—I beg to lay before you the accompanying copy of a letter which I forwarded yesterday to the Poor-Law Board. They will most probably communicate with you on the subject; should they do so, I most respectfully solicit your aid in support of my views; and if they should not, I trust you will give the subject your earnest consideration; and, in conclusion, beg to quote the words of Judge Williams in a recent trial at Yeovil: "If Medical officers are screwed down too tight, they are placed in a very painful position—either they must be wanting in their duties to the poor, or they must be out of pocket, and one would not like to make a man suffer for his honesty. I am glad, therefore, for anything which promotes a liberal tendency in these matters."

I have the honour to be, Gentlemen,
Your obedient Servant,
RICHARD GRIFFIN.

The Board of Guardians, Weymouth Union.

Poor-Law Board, Whitehall, Oct. 2, 1855.

SIR,—I am directed by the Poor-Law Board to acknowledge the receipt of your letter of the 29th ultimo, and to inform you that the statements which it contains will meet with their consideration. I am, etc.

COURTENAY, Secretary.

12, Royal-terrace, Weymouth, Nov. 13, 1855.

My Lords and Gentlemen,—I have just received information that the Board of Guardians of the Weymouth Union have again refused to augment my salary, postponing its consideration until next March; this, of course, will be officially communicated to you. I need scarcely say the course pursued is so manifestly unjust to me, that I pray your Honourable Board will insist upon justice being at once rendered, as you did in the case of a Medical officer in the Guildford Union a short time since, and for which the Medical Profession thanks you. I will not now go further into details, as my letters of March and September are before you, further than to say, my numbers of fresh orders last week were fourteen, and that, in all respects, my duties are as laborious as ever; therefore, to ask me to work four months and-a-half longer, when I have already earned twice as much as my whole year's salary, is positively unjust. I have the honour to be,

My Lords and Gentlemen, your obedient Servant,
The Poor-Law Board. RICHARD GRIFFIN.

Poor-Law Board, Whitehall, Nov. 22, 1855.

Sir,—I am directed by the Poor-Law Board to acknowledge the receipt of your letter of the 13th instant, respecting your application to the Guardians of the Weymouth Union, for an increase in your salary as Medical Officer for the Weymouth district.

I am directed to inform you that the Board have communicated with the Guardians on the subject, and have received a letter from them, in which they state to the effect that, having considered your application, they see no sufficient grounds for increasing your salary at present, but that, on the expiration of twelve months from the date of your appointment, they will give the subject their further consideration.

Under these circumstances, and looking to the short period for which you have been the Medical Officer for the Weymouth district, the Board must decline to interfere further in the matter. I am, Sir, your obedient Servant,

COURTENAY, Secretary.

To the Medical Officers of the Unions of Great Britain:—

Gentlemen,—My correspondence with the Poor-Law Commissioners and the Board of Guardians of the Weymouth Union is before you; from it you will gather that I have had an immense amount of work to perform, and have been most inadequately remunerated. It is true the Board of Guardians have promised to consider the question at the end of the year, but I feel confident they will never give a sufficient compensation. My case is, I know, similar to a vast host of others; indeed I may say, *ab uno disce omnes*. As a body we are shamefully underpaid, and not treated with that consideration which is due to men of our education. In early life I was for three years one of the Honorary Surgeons to the Norwich Court of Guardians, and, therefore, well acquainted with the Medical working of the Poor-Laws, and subsequently held an appointment under the present Poor-Law system, and had to attend a Union House four miles from my residence, and several country parishes, the furthest one being nine miles off. For this I was paid after the rate of £50 per annum, and no extras. At the end of nine months I threw up the appointment with disgust, which, I am sure, will not surprise you, as the labour was immense and the pay most paltry. As individuals we are powerless, collectively we may do much; I therefore propose that we form a union among ourselves, and lay our grievances before Parliament. As some one must take the initiative I will volunteer to be your Honorary Secretary to receive communications, in order to set the thing going, until a general Committee can be formed and other arrangements made. I would advise that the Surgeons of each Union be called together by one of their body, and that they should appoint a local Secretary, to communicate with me in the first instance, and afterwards with the General Committee. It will be necessary that subscriptions should be made, say 2s. 6d. each, and forwarded to me, or be retained by the local Secretaries, until further steps be taken, as expenses will have to be incurred in printing, drawing up petitions, etc. etc. In the late case of our Naval brethren, Parliament would have been inundated with petitions had not the Naval Board yielded; we must adopt a similar plan and make ourselves heard. There are upwards of three thousand of us; therefore let us but put forth our strength, and justice will yet be rendered us. We must pray to be removed from the control of the Guardians, who are utterly incapable of appreciating our services, and are interested in keeping us underpaid, as most of them are large rate-payers; and we must request to be placed under a Medical Board with Medical Inspectors, and our salaries entirely paid out of the Consolidated Fund. A scale of payment should be laid down, by which all would receive alike, say five shillings for each order, with one shilling extra for each mile the patient resides from the Surgeon's residence, with or without extras, as may be agreed on. The amount I merely put hypothetically, in order to draw attention to it. Our salaries might be annually regulated by a calculation of the orders of the previous year, or upon an average of years, as is the case with the clergyman under the Tithe Commutation Act; this would meet a varying population. Vaccination should be placed under the same Board, and each case treated as an ordinary order. Regulations should also be framed as to who are the parties entitled to Medical relief; I must own I am inclined to great liberality under this head, as it is desirable that every facility should be given to the poor, who are not actually paupers, obtaining Medical assistance. Many other suggestions will, no doubt, arise which can be considered in Committee.

I have the honour to be, Gentlemen,
Your most obedient Servant,
RICHARD GRIFFIN.

PAY OF NAVAL SURGEONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is full time that Naval Surgeons memorialized the Admiralty, requesting an increase of pay. The sum of fourteen shillings a-day is quite inadequate for a Professional man, after he has been more than ten years engaged in that uncomfortable variety of Medical life experienced in the sea-service, and when he is 31 years of age, or upwards.

It is still worse to have to continue, at the same small rate of pay, for ten more dreary years, most of which time probably being spent in a deprivation of all that makes life agreeable.

A Surgeon's education is on a more extensive and expensive scale than a naval Paymaster's, and his duties are, by far, more important, and yet the Surgeon is paid much less!

Thirty Paymasters receive, each, 32s. 11d. a-day; 60 receive 26s.; 80 receive 19s. 2d.; and 130 receive, each, 13s. 8d. a-day. This is at the rate of 19s. 6¾d. for each of the 300.

Some Surgeons receive 12s. a-day; the majority 14s. a-day; and, perhaps, one in 40 receives 18s. a-day.

We do not think the Paymaster (late purser) is overpaid, but he learns his business in the service, and to learn how to take care of stores of provisions, is a hundred times easier than it is for the Surgeon to learn how to take care of the living stores, which the country confides to his care.

The Paymaster learns his business at the expense of the country; the Surgeon attends Medical classes or College for four or five years, and thus acquires his professional knowledge at the expense of himself or his relatives.

It need not be pretended that there is a reason for the comparatively high pay of the Paymaster from the circumstance that he has to find security, in first-rates, for £700, and in fourth-rates for £400, because a Guarantee Society provides this for one-half per cent., two pounds purchasing security for £400. The instruments which the Surgeon provides at his own expense for the public interest in their first cost, and deterioration by use and ship-damp, more than counterbalance the Paymaster's outlay as above. Neither because occasionally in a large fleet, there may be a solitary good Medical appointment, such as a Deputy-Inspector's, can it be pretended that this makes up to the Medicos for their pay being so small, because the Paymaster has open to him the post of Secretary, an official who is always to be found where there is an Admiral.

As a general rule as to what a Surgeon's pay should be, we, the Surgeons of the Navy, respectfully beg to assure the Admiralty that we decline to be satisfied with less pay than what the Admiralty grants to paymasters.

In the *Navy List* for July, 1855, there are down to ships, 209 Surgeons, including Staff-Surgeons, and Surgeons-additional; 19 are down to Hospitals and Dockyards, making 228 Surgeons now employed on full-pay; the pay of these should be so adjusted, that on an average each of them should have 19s. 7d. or say 20s. a-day; for if there is to be any difference between Surgeon's pay or Paymaster's, the difference should be in favour of the Surgeon.

One may be a Paymaster at the age of 25, and receive 13s. 8d. a-day. Usually, an Assistant-Surgeon is ten years before he is made Surgeon, when he is 31 years of age, or upwards. It is submitted that the Surgeon's daily pay should be:—

Under	6	years'	total service	11s.
Above	6	,,	,,	13s.
Above	10	,,	,,	16s.
Above	15	,,	,,	20s.
Above	20	,,	,,	24s.

By the present regulations, a Surgeon may retire after 25 years' full-pay service, and with reference to the last 15 years—and respectfully submitting that during these 15 years, he would not be overpaid at an average of 20s. a-day for the whole time—this result would be attained by allowing him 16s. a-day for the first five years; 20s. a-day for the second five years; and 24s. a-day for the last five years. This rate of pay would not exceed that of paymasters.

As to Retiring—When we consider that a Captain in the Army, after 30 years' service may retire on full-pay, the 30 years commencing at the age of 16, it would be no more than a similar privilege if the Surgeon in both Army and Navy were allowed to retire on full-pay, after 25 years, as his service begins, not at 16, but at 21. As a Naval Surgeon's service is not continuous, like an Army Surgeon's, but is interrupted every three years by the paying-off system, it follows that if an Army Surgeon is allowed to retire after 25 years, the Naval Surgeon should have the same privilege after 20 years, as it takes the latter often 35, and sometimes 45 years, to complete 25 years of full-pay Service. The Army-Surgeon may retire at the age of 46; the Naval Surgeon is often 56, and sometimes 66, before he is able to retire. The Admiralty may also be reminded that the East India Company allow Surgeons to retire after 17 years. I am, etc.

Surgeon, R.N.

MORBUS CORDIS, PURPURA, etc.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Number for October 25, 1855, of the *Medical Times*, is a case, recorded by Dr. Stocker, of "Morbus Cordis, associated with Rheumatism and Purpura Hæmorrhagia," reminding me of a case under my notice very lately. My patient was a clergyman, Rev. P. B., aged 40, who, for the last eight or ten years became gradually pale, anæmic, and very much emaciated. His more prominent symptoms first appeared about two years since in the shape of chronic bronchitis and flatulent dyspepsia, with constipated bowels (as a rule) alternating with (supposed) diarrhœa, but which, when tested by treatment, proved to be the result of irritating and retained sequelæ. About this period, too, he had had occasional night-sweats. All these symptoms had been successfully combated at the seat of his curacy, until a relapse was occasioned by too rashly resuming his duties during the severe weather of last January and February. . . . . He came to Cork: and with the opinions expressed there by Drs. O'Connor and M'Keever, and, I believe, by Townsend, I have fully concurred, viz., that he had no signs whatever of tubercular deposit. For the last six months he remained in Queenstown, where he continued under my care. Emphysema, with heart complication, caused his death on the 25th September. All through his illness, his tongue (of small size) was quite clean and moist, of natural colour; appetite excellent; pulse ranging 70 to 75, soft, equal, until the last week, when it became irregular and fluttering; kidneys acted very well; surface heat of body remarkable, particularly in the feet, which he always kept lightly covered, and sometimes thrust them outside the bed-clothes; skin dry up to the last two or three days and nights, when a cold, clammy sweat broke out. About the middle of August, œdema of the feet set in, and, early in september, patches of purpura and petechia, as in Dr. Stocker's case, mottled the feet and were thinly scattered up the legs, as far as the knees; but, unlike Dr. Stocker's case, there was slight œdema of the hands, mottled on each dorsum down to the finger-nails, but less so up the arms, as far as the elbows; none on the trunk. About the lower and outer third of the right leg was a dark-purple patch, size of a crown, the cuticle of which was raised. In this spot he complained of heat and pain for a day or two, which was relieved by warm porter fomentations. When the cuticle gave way, a small quantity of thin black blood oozed out, showing the dermis of a brownish-red colour. . . . . I must confess I expected, from these appearances, hæmorrhage from some quarter, and can only account for its absence by the administration of chlorate of potassa in inf. chiretta as an antiseptic, and sp. terebinth., in 10-drop doses, to relieve the distressing flatulence which annoyed him. . . I have curtailed my notes as much as possible. I shall detain you for a moment longer.

According to present views of the physiology of the capillary system, viz., that it is a system independent of *vis à tergo* influence, "purpura," in cases like Dr. Stocker's and mine, cannot be attributed to heart disease. This opinion acquires strength from the fact that, in sea-scurvy, there is no disease of the heart whatever. With regard to rheumatism, you have it in sea-scurvy too, and in some cases of scarlatina, and I am disposed to believe that blood-poison, disturbing the efficiency of what Dr. Carpenter calls the "capillary power," is the cause at once of these affections of the skin and joints.

I am, etc. James J. Coppinger, M.D.

Queenstown, October 30, 1855.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 1, 1855.

Dr. SNOW, President, in the Chair.

DR. RICHARDSON exhibited a preparation, showing the adhesion of the lung to the pleura, with a fibrinous concretion in one of the auricles.

Dr. Routh brought before the Society the case of a child, two years old, that came under his care three days after the appearance of measles, complicated with considerable bronchitic affection, and accompanied by a great amount of dyspnœa. The child lived in an ill-ventilated kitchen, where there was a great stench from a drain running under it. On examining the chest, there was no dulness on percussion, the respiration being crepitation, finer than is usual in bronchitis. He, therefore, put down the case as one of capillary bronchitis, complicating measles. He ordered tartar emetic and ipecacuana wine, and a warm bath. The child being no better, the next day he gave a teaspoonful of ipecacuana wine, ordering it to be repeated occasionally. Still there was no relief, and he then ordered a leech, directing the wound to be stanched as soon as it had bitten, so that there might not be much loss of blood. In his absence other advice was taken, and two leeches were allowed to bite freely. The child was no better, the dyspnœa increased, the pulse was full, and the general symptoms were worse. He then poured in stimulants, ammonia, ether, &c., but with no effect, and the child soon died. He should have thought that capillary bronchitis, complicating measles, was the cause of death, but from the extraordinary dyspnœa and the discoloration of the integuments of the skin from obstruction of the circulation, he was led to think that, if the post-mortem appearances were unequivocal, in that case, at least, death might have been caused by fibrinous concretion.

Dr. Thudichum, who made the post-mortem examination, said, that on opening the brain, a large amount of venous blood escaped. In examining the sinus longitudinalis, he found a fibrinous concretion, which he afterwards lost: it was tubular, four inches long, and branched off into the different veins coming from the brain. The left side was more congested than the right. Both ophthalmic veins contained small tubular fibrinous concretions. The chest, which was very high, gave, on percussion, a decided tympanitic sound. The two wings of the lungs were found overlapping each other, and the heart, so that no part of the heart or pericardium could be seen. Emphysema had spread over the lungs. A large amount of blood flowed from the lower cava, and some dark red blood from the aorta. A fibrinous concretion was found in the right auricle, of a considerable size, and firmly adherent, leaving the passage from the right auricle to the right ventricle only one-fourth its usual size. The clot extended to the pulmonary artery and both lungs, having ramifications in all its branches. The liver was much congested, and the intestinal canal showed ten or twelve intus-susceptions. He had examined the clot under the microscope, and found it to be composed of minute fibres of fibrin, interspersed with a great many white blood cells, which he believed proved that the clot was formed before death, those formed after death having no such white corpuscles. There was no consolidation of any part of the lung, but there was a slight amount of capillary congestion. There was a slight effusion under the arachnoid.

Dr. Routh was scarcely able to make up his mind as to whether the cause of death was capillary bronchitis or the disease of the heart. There could be no doubt, however, that it was the latter, if Dr. Thudichum was right in his theory respecting the presence or absence of white blood cells.

Dr. Richardson said the white corpuscles were very common in hyperinosis. He did not regard their presence or absence as a test of the period at which the clots were formed. The presence of the tube, and the mode in which the clot was laid down, was a physical proof to all unbiassed minds that the concretion was formed before death. Emphysema might be regarded as a diagnostic mark of the presence of fibrinous concretions.

Dr. O'Connor related the history of two cases of ichthyosis, successfully treated with the internal and external use of cod-liver oil. The subjects were two children (aged two and a quarter years and eight months), under his care, at the Royal Free Hospital. The mother, aged twenty-eight, had been married six years, and had had three children, all now living. She was tall, had a pale but puffed face, a fine texture of skin, with other marks of latent tuberculosis. She and her husband and eldest child had always been in good health, and never had any eruptive disease. In the cases he had mentioned, the disease was congenital. The children, when admitted, were covered with a very dark, fish-skin-like eruption; they were much wasted, and there was considerable derangement of the digestive organs. After the use of alterative doses of mercury with chalk and rhubarb, as well as infusion of a vegetable bitter with alkalies, for a few days, Dr. O'Connor ordered cod-liver oil three times a day (half a drachm to the younger, and one drachm to the elder child), with warm baths twice a week. In a week a decided improvement took place; he then ordered cod-liver oil to be rubbed all over the body, and the quantity taken internally to be increased. The children were now, at the expiration of four months, nearly free from the disease, and their general health was greatly improved.

Mr. De Méric read a paper on—"Bubo."

Mr. Hunt thought there were not sufficient facts to maintain the theory that secondary symptoms would not follow an inoculating bubo. He admitted that a chancrous ulceration of the inguinal region would not bear mercury. In hospital practice the patients were not often seen after they were discharged, and one could not always draw satisfactory conclusions respecting them. Besides, secondary symptoms, he believed, might occur many years after the primary sores.

Mr. Henry Lee perfectly concurred with the author as to the value of inoculation as a test in reference to the employment of mercury. It was sometimes objected that inoculation occasionally produced phagedænic sores; but he believed it would be found that where such sores occurred, they arose from some previous state of the constitution, which, but for the inoculation, would have expended itself in some other way. He did not agree with the author as to the effects of inoculation. He had lately inoculated four well-marked cases of Hunterian chancre, but with no such result as Mr. De Méric had described, and in two of the cases secondary symptoms followed. But would any one undertake to say that such chancres would not affect other persons by physical intercourse? He believed that the disease might be communicated from an Hunterian chancre, without breach of surface, of which he had had evidence in his own practice. He did not think so many acute observers would have admitted the existence of physiological absorption if it were a mere fancy.

Mr. Weedon Cook thought the author's views excluded almost all kinds of syphillis from mercurial treatment, and left it very difficult to say when mercury should be given. He believed he had seen secondary symptoms following suppurating bubo.

Mr. Potts suggested that in cases of so-called physiological absorption there might be some abrasion, in the urethra for instance, which could not be readily detected.

Dr. O'Connor had seen cases at the Royal Free Hospital, having the constitutional appearances, without the physical signs of phthisis. On inquiry, he found them to be cases of constitutional syphilis, in some form or other, some of them having secondary eruptions, others nocturnal pains, and general pains resembling rheumatism. In only one out of nearly forty cases had there existed a suppurative bubo, and in that case there were primary sores in a second attack, since the bubo twelve years ago. The cases he (Dr. O'Connor) had related were instances of so-called syphilitic phthisis mentioned by old writers, and more recently by Drs. Graves, Stokes, and Munk. One of the cases under his care was that of a man upwards of sixty years old, who said he had been frequently the subject of primary syphilis; the first attack being thirty-six, and the last twelve years ago. He was always freely salivated, and never noticed any secondary symptoms till now. On admission he had symptoms of bronchitis, but on examining the chest an extensive copper-coloured eruption was observed. He was ordered iodide of mercury, and was now doing well, and was free from bronchitis.

The author having replied the Society adjourned.

THE EPIDEMIOLOGICAL SOCIETY.

MONDAY, Dec. 3, 1855.

Dr. ADDISON, President, in the Chair.

DR. MURPHY read the following paper, on

PUERPERAL FEVER,

in which he dwelt at some length on the importance of defining more accurately the true character of this disease. He objected to the terms "puerperal peritonitis," "uterine phlebitis," "arthritis," etc., as correct expressions of what he would prefer to call a puerperal plague. The name puerperal fever is the most commonly used, and therefore the best understood. He denied that it was puerperal peritonitis, because it did not agree with that inflammation, either in the mode of the attack, in the symptoms, in its morbid appearances, or in the influence of remedial agents. He pointed out the sudden manner of the attack without any obvious cause, the cases where the symptoms of puerperal peritonitis were absent, and yet the patient died of this disease, and presented all the usual morbid appearances in the peritonæum. He compared the morbid changes observed in peritonitis from ruptured uterus with those described in puerperal fever, and pointed out the difference, and, lastly, directed attention to the great difference in the effect of the treatment most commonly pursued for peritonitis, stating that depletion has been used successfully in cases of puerperal fever to such an extent as 50 ounces of blood, in cases the parallel of which in peritonitis will not bear bleeding at all. Mercury has failed utterly in arresting this affliction, and opium is equally useless, unless in combination with the most powerful stimulants. He therefore thought it quite incorrect to call puerperal fever "puerperal peritonitis." It seemed to him equally an error to name the disease "acute uterine phlebitis," admitting the greater difficulty of distinguishing each because both were blood diseases. He thought true uterine phlebitis a rare disease; that the most eminent pathologists have agreed that the lining membranes of the veins are scarcely susceptible of inflammation; that the uterine veins consist only of a lining membrane, and do not inflame, if they did so easily, uterine phlebitis would be the result of every severe labour, especially with putrid children. He quoted some cases of true uterine phlebitis and puerperal fever with the veins chiefly engaged, in order to point out the difference. He considered the depositions of pus so frequently found as the evidence of depraved or poisoned blood, and quoted a case of Mr. M'Whinnie's, from the Transactions of the Royal Medical and Chirurgical Society, as an illustration of his argument. Assuming puerperal fever to be the result of a poison, he stated that we did not as yet know what that poison was, but the nearest approach we could make to it was its close resemblance to the poison of putrid animal matter. In illustration he mentioned the effect of the effluvia from Mont Fanen on the Maternité at Paris. He referred to a case of severe labour, in which, having to remove a putrid placenta, his arm afterwards exhibited a malignant pustule, which was very like the pustules sometimes found amongst the meat-slaughterers in the south of France from putrid meat. He mentioned a case of putrid uterus, which produced all the symptoms of so-called puerperal peritonitis, although in the Dublin Lying-in Hospital, where the patient was, there had not been a single case of this fever for a year before or for a year and a-half afterwards. He referred to Mr. Henry Lee's researches, and to Weal in support of his opinions, that the uterine veins do not easily inflame, and concluded by making a marked distinction between pus and putrid matter. He denied that healthy pus was a poison; its properties were to preserve the circulation from contamination; decomposed animal matter had the contrary effect, because it destroyed those healthy properties of the blood; it had less power of coagulation, was easily dissolved into pus, and in such cases pus, or what is called pus, is found everywhere, infiltrating the uterus in the liver, spleen, lungs, and even the heart, and all this without inflammation. He therefore objected to the term "uterine phlebitis," as used to express that form of puerperal, but did not wish to be understood to assert that a specific inflammation could not form a part of this epidemic, but it appeared to him that we might as well adopt Broussais' doctrine, and call typhus fever "gastro-enteritis," as name puerpural fever by these local inflammations. On a future occasion he would conclude this subject.

Dr. SNOW thought that the cases quoted by the author, as showing that the disease depended on decomposed animal matter, were not cases of real puerperal fever, but of phlebitis or purulent affection, which might occur without inflammation of the veins. The poison in puerperal fever he believed was frequently that of erysipelas. He knew the case of a man who attended and dressed the abscesses of an erysipelatous patient, and so communicated puerperal fever to a woman whom he subsequently saw, and who died nine days after delivery. In both pleuræ and the peritonæum was a quantity of serous purulent matter, with ill-formed lymph; the uterus being less inflamed than the other parts of the abdomen. The two Medical men who examined the body, seeing the nature of the case, washed their hands in chlorine, changed their clothes, etc., and in the course of a few days they attended, one three, and the other four, women, all of whom were attacked with puerperal disease, and died rapidly. In one case the labour was protracted, and the fever appeared before the patient was delivered. In the case of erysipelas, one nurse left with an inflamed sore throat, and in one of the others, a child who slept with the patient, was attacked with a low form of peritonitis. He had no doubt that erysipelatous poison produced all the mischief, and that the patients died of internal erysipelas. He agreed with the author in regarding puerperal fever as quite a distinct thing from ordinary peritonitis. The evidence to show that puerperal fever was due to decomposed animal matter, he regarded as insufficient.

Dr. Murphy said he only referred to putrid animal matter as the nearest approximation, and not as the absolute cause, of the disease.

Dr. Snow considered it to be something entirely opposite.

Dr. Camps thought it had been conclusively proved that putrid animal matter would produce puerperal fever. At the Lying-in Hospital at Vienna, some of the females were submitted to nurses who had nothing to do with putrid animal matter, and the others to the care of students who frequented the dissecting-room. No puerperal fever occurred among the former, while, among the latter, it prevailed to a considerable extent.

Dr. Greenhowe said that, as soon as the students were forbidden to attend women in labour and the dissecting-room at the same time, the epidemic ceased.

Dr. Routh mentioned some of the arrangements that were made at the Vienna Hospital, and said it had been abundantly shown that the disease was not communicable by contagion from one person to another, but was produced by the direct communication of the morbid poison to the female. At the Strasbourg Hospital, he said, there was a large ward adjoining the dissecting-room, with a window between them to admit the light. This was accidentally broken, so that the effluvia from the bodies went into the ward, where most of the women were attacked with puerperal fever, and died. The aperture was closed, and the disease disappeared. He believed that the disease might be produced by the poison of typhus as well as erysipelas, indeed, from any specific animal poison arising from a dead body or gangrenous sore, if admitted into the womb.

Dr. Bird related a case in which he believed a young lady was attacked with scarlet fever from nursing a patient suffering from erysipelas.

The President said he had seen well-marked cases of phlebitis, without being able to detect suppuration in any part.

Mr. Hunt thought it highly improbable that diseases so dissimilar as scarlet fever and erysipelas could be produced by the same cause.

Dr. Murphy said several cases had been recorded in which puerperal fever had been communicated by nurses who had attended erysipelatous patients, but he did not think the poison in the two cases was the same.

The Society then adjourned.

THE ANGLO-GERMAN LEGION had been decimated by the cholera, but the epidemic ceased as soon as the position of the camp was changed. Mr. M'Gregor, Director of Hospitals, who had just been appointed, had been the only victim since.

MEMOIR OF MAGENDIE.

[Concluded from p. 559.]

One of the facts before mentioned is what Magendie called recurrent sensibility, and the other is, that the posterior roots may produce local reflex movements.

Magendie discovered the recurrent sensibility in 1839, and since that time Kronenberg, Volkmann, Claude, Bernard, and Dr. Brown-Séquard have acknowledged the exactness of his experiments. When the anterior roots of one of the spinal nerves is pinched or burned in a living animal, in which the posterior roots of the same nerves are entire, pain is felt. Now, if the anterior roots are divided, and if the centric and peripheric parts of them are alternately pinched or burned, the centric part (the one in direct connexion with the nervous centres) is found completely deprived of sensibility, and on the contrary the peripheric part (which seems to have no more connexion with the sensorium) gives pain, so that this part appears to be sensitive, and it is this sensibility which Magendie called recurrent sensibility. The channel by which pain is transmitted to the sensorium, when the anterior roots are irritated, is in the corresponding posterior roots. This is well proved by an experiment of Magendie, consisting in the division of the posterior roots of a nerve, after which operation the anterior roots of the same nerve may be irritated without giving pain.

From experiments by Dr. Brown-Séquard on this subject he has arrived at this result, that there is no sensibility at all in the anterior roots; but, that when they are strongly irritated, they produce a cramp in the parts of the muscles where their fibres are distributed, and, as there is a cause of irritation of the sensitive nerve-fibres in the muscles, which have cramps or any violent contraction, pain is felt by the animal; therefore, it is because the anterior roots are motor, and able to produce a violent contraction in muscles, that they give pain when they are irritated.

In searching whether the posterior roots of the spinal nerves are only sensitive, or if they are sensitive and motor, Magendie frequently found that a local movement took place when he irritated these roots. Not knowing reflex action, he wrongly concluded that these sensitive roots were partly motor; this cause of error, and that arising from the existence of the recurrent sensibility, led him to be in contradiction with himself as regards his conclusions. As to the facts which he has related, although in appearance contradictory, they are all perfectly correct; and now that our knowledge is more advanced than when Magendie performed some of them, we may understand that the supposed contradiction is more apparent than real.

As regards the columns of the spinal cord, Magendie did not succeed in making out their functions, and we must acknowledge that this part of physiology, although of late much pursued, is still very obscure. Nevertheless, Magendie proved, first, that the posterior columns of the spinal cord appeared to be very sensitive; 2nd, that the anterior columns seemed to be much less so; 3rd, that the central grey matter is deprived of sensibility.

The researches made by Magendie on the physiology of the cerebellum, the corpora striata, and other parts of the encephalon, have not been so successful as his previous researches. His conclusions are not sufficiently well grounded; but we are indebted to him for many interesting facts, and particularly as regards those strange rotatory movements which are produced by alterations of some points of the encephalon. Magendie and Professor Flourens share the honour of having called the attention of physiologists to these mysterious phenomena.

Perhaps the most important discovery of Magendie is that relative to the influence of the section of the trigeminal nerve upon the face, and upon the organs of the senses; the alterations taking place in the eye are particularly interesting. But Magendie went too far in thinking that the trigeminal nerve might supply the place of the nerves of the superior senses. Among the latest discoveries made by Magendie, may be pointed out the fact, that sugar is found in a notable quantity in the blood of animals whose food contains much starch, and that the saliva of the parotic gland is quite different from the saliva of the submaxillary gland.

His researches on saliva were made in conjunction with Rayer and Payen.

In the year 1823 a strange attempt to save the life of a man attacked with hydrophobia, was made by Magendie. He injected nearly two pounds of water into the veins of this man, who was then almost dying. The symptoms of hydrophobia disappeared, but the patient died, nevertheless, eight days after the injection of the water, without any more symptoms of hydrophobia. Whether death was caused by the injection of the water, or by a disease of the knee-joint, with which the man had been for some time affected, we cannot tell. Although this case was not a favourable one for this mode of treatment, and although Gaspard and others have not been successful when making use of it, yet numerous experiments might be performed on mad dogs, on a larger scale than have yet been made, to ascertain the positive value of the injection of water.

The publications of Magendie consist of two parts: those contained in papers, and those in books. Mention has been made of the discoveries explained in his papers, as they are scarce and somewhat forgotten. As to his books, since they are to be easily found, it will be sufficient to give a list of them. The two most important, are his "Précis de Physiologie," 2 vols. 8vo, and his "Leçons sur les Phénomènes Physiques de la Vie," 4 vols. 8vo. The first of these works has had great success; it has been translated into many foreign languages, and has reached a fourth edition in France. The second work contains an *exposé* of the extensive researches of Magendie on the blood and on animal heat. The other books of Magendie are —1st. "Leçons sur les Fonctions et les Maladies du Système Nerveux," 2 vols. 8vo. 2nd. "Recherches sur le Liquide Céphalo-rachidien," 1 vol. 4to, with an atlas. 3rd. "Leçons sur le Choléra." 1832. 1 vol. 8vo. 4th. "Formulaire pour la préparation et l'emploi de plusieurs Médicamens nouveaux," 1 vol.

The services rendered by Magendie to science do not consist only in his discoveries and his publications; he gave also a great impulse to the progress of Physiology by his example, by his assistance and encouragement to young physiologists, and also by having contributed, with De la Place, to the foundation, by the Académie, of an annual prize for Experimental Researches in Physiology.

Not only has Magendie rendered great services to science, but also to France, and to humanity. There are many measures of public hygiene proposed by Magendie, which have been adopted by the Government. After an important report of his, the laws regulating quarantine were rendered less troublesome to travellers and merchants. The poor in two of the Paris hospitals were fed mostly on gelatine soups; but a report of Magendie's proving that this mode of diet was quite unable to nourish, a better soup has been given to them.

Although somewhat stiff in his manners, Magendie was in reality very kind and amiable. He belonged to that rare species of *savans*, who think it their duty to assist young scientific men, and the truly scientific who needed his assistance always found him ready and willing to give it. He had no faith in theories; he believed only in well-observed facts. His whole life was devoted to the establishment or discovery of facts. He was always ready to abandon any view, on any subject, if facts opposed to these views were clearly demonstrated to him by any one. He was always ready to re-examine any subject by experiments, if told that he had been mistaken about it. His nature was so singular in this respect, that it was sufficient to gain his esteem to prove to him that he had adopted a wrong view.

As a Professor, Magendie was never popular. He followed no plan, and often at the commencement of a lecture did not know where his fancy might lead him. For persons whose object was to study the principles of science, his lectures were not at all adapted; but for those anxious to find how new discoveries were made, and wishing to become discoverers themselves, there could not be a better school than the course of lectures of Magendie.

Such was this great man, whose name will rank as high as any other experimenter in Physiology. If we have to regret that he had not a faculty for generalization, we must not, nevertheless, blame him for not having tried to make generalizations. We ought not to examine whether a man has done what was best to be done; but whether if, with the faculties with which Nature has endowed him, he has done the best he could. Judging Magendie by this rule, we have only eulogy to offer.

LOCAL MANAGEMENT OF THE METROPOLIS.

A DEPUTATION of medical men, consisting of Dr. Greenhow, Dr. J. W. Ogle, Dr. W. Ogle, Mr. Wright, and Mr. Bird, had an interview with Sir B. Hall, Bart., M.P., at the Office of Works, on Monday, in reference to the appointment of Medical Officers of Health under the Act for the better Local Management of the Metropolis.

In opening the business Dr. Greenhow said that upon the selection of properly qualified medical men for officers of health would mainly depend the success of the act as a sanitary measure. It happened, however, that the local authorities have in this respect to perform an entirely new duty, without either practical experience or special information to guide them, and, although, no doubt, anxious to fulfil the requirements of the law, they might easily fall into error, even with the best intentions, and be misled as to the qualifications of candidates for these important appointments. The object of the deputation, then, was to learn what were the intentions of Sir B. Hall when he framed the clause respecting the appointment of medical practitioners, and to inquire whether he felt he could with propriety offer some suggestions to the local authorities as to the best mode of seeuring their fulfilment. In reference to the appointments, Dr. Greenhow further observed that provision is made in the act for the appointment of one or more medical officers of health for each district; but that practically the appointment of one only by each vestry or district board would be found most convenient. Besides unity of management in each district, it was most desirable to secure uniformity of plan in the mode of performing these duties throughout the metropolis. This might easily be accomplished without any fettering of the independence of the individual boards and their officers, if they were all to adopt similar by-laws for regulating the duties of the officers of health. To carry out the ideas he had submitted to Sir B. Hall two plans presented themselves—the one, the appointment of a joint committee of delegates by the several vestries and district boards, with power to take the entire question into consideration, and to procure information and suggestions from such persons as might, in their opinion, be competent to afford them; the other, the nomination of such a committee of its own members by each separate board.

Sir B. Hall said that the subject upon which the deputation had come to him was one of the most important features of the act. The deputation desired that he should offer suggestions to the local authorities as to the class of persons who should be appointed as medical officers under the act. He did not consider that he should be justified in pursuing such a course. The act was framed entirely upon a principle to which he was much attached—that of local self-government — and the appointment of their officers should be left to the local authorities. The rate-payers had done their part in electing their local representatives, and those representatives were now called upon to perform two most important duties, upon the due fulfilment of which depended mainly the efficient working of the statute —the election of the Metropolitan Board of Works and the appointment of the District Medical Officers. As to the Metropolitan Board of Works, any one who had read the act must have observed that the whole management of the metropolis, as regards improvements in drainage, thoroughfares, new parks, or open spaces for the recreation of the inhabitants, must henceforth depend upon that body; and great responsibility would rest with the local authorities as to the manner in which they exercised the powers of election they now possessed. After this election they would have to proceed to the appointment of their medical officers. He had taken office as President of the General Board of Health at a time when cholera was raging in the metropolis. His first step was to look around him for the best men who could be found to aid him at this momentous period with their advice and experience. He selected Dr. Paris, Sir James Clark, Dr. Alderson, Dr. Arnott, Dr. Babington, Dr. Tweedie, Dr. Baly, Mr. Lawrence, Mr. Simon, Professor Owen, Mr. Ward, Mr. Bacot, and Dr. Farr; and these gentlemen composed a council whose advice he always took in cases of emergency. Immediately on taking office, and when the cholera was at its height, he selected a number of medical gentlemen to inspect the different districts of the metropolis; and in the course of five days he placed the whole of London under immediate medical supervision. His object in selecting these gentlemen was to obtain the services of men of high station and character, whose judgment and opinions, when expressed, might have weight in their profession. Such was the class of men whom he desired now to see appointed by the local authorities. He desired the appointment of men of such high position and acknowledged qualification that, in case of a return of epidemic, they might meet as a general medical council for the whole metropolis, and draw out a system of sanitary regulations which, bearing the authority of their names, would be universally respected. The number of applicants for these appointments was immense, and, as the author of the bill, he had naturally become acquainted with the names of most of them; and he must say that, although amongst them there were some men of high standing and of unexceptionable character, there were many applicants whom it would be a disgrace to the local authorities to think of nominating, and whose opinion could have no weight at all with those whose sanitary welfare was to be their care. It had been suggested that an examination should take place before a candidate who had been selected should act as the medical officer of a district. If such a course was adopted, an admirable precedent was afforded by the East India Company, who were sending out large numbers of medical men every year, but who appointed no one who had not passed an examination before a competent tribunal. He found that the East India Company's examinations were conducted in natural history, physiology, pathology, medicine, and surgery, by Dr. Hooker, Dr. Parks, Mr. Busk, and Mr. Paget. In any examination which might be established for the post of officer of health, the subjects to be examined in would, indeed, be somewhat different, but the principle would be the same. It would not be difficult to name gentlemen highly qualified to examine, or otherwise to report on the qualifications of candidates in all the knowledge that relates to public health—in pathology, chemistry, forensic medicine, meteorology, vital statistics, and the like. If such gentlemen could be induced to examine the candidates for the local medical appointments, a class of officers would be secured possessed of the qualifications he was so anxious to see brought into play. These were his views upon the subject, but it was impossible for him to comply with the proposal of the deputation that he should suggest to the local boards the course to be pursued. He would refer to an appointment of this kind which had been made in the City of London. The City had appointed as their medical officer Mr. Simon,—a man of the highest attainments; and it was mainly in consequence of his exertions that, while the cholera prevailed to a frightful extent in other portions of the metropolis, the City suffered comparatively little. His opinion of Mr. Simon was so high that had he continued at the General Board of Health, he should have offered him the appointment of medical officer to that board; and he rejoiced to find that his successor, Mr. Cowper, had entertained the same views, and had secured his valuable services. The course pursued by the City of London in the selection of Mr. Simon, did great credit to the corporation, and the other districts of the metropolis would do well to follow that example. It was now very much the custom to scrutinize the appointments made by the Government; but they might depend upon it that the appointments to be made by the local authorities would be scrutinized even more severely, and that the public would attend with a watchful eye to the important nominations which the local boards had now the power of making, and to the exercise of the immense patronage which Parliament had placed at their disposal. Upon the due exercise of this patronage would greatly depend hereafter the maintenance and extension of the principle of local self-government. Parliament, by passing such an Act, had done its duty to the metropolis; it now remained for the local authorities to do theirs to their fellow-citizens; but he, as a member of the Government, could not dictate to the local authorities the course which they should adopt.

After a few further remarks, the deputation expressed their thanks to the right hon. baronet for the manner in which he had received them, and withdrew.

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, serving with the Army in the Crimea, in forwarding his Weekly Report of Sick to the 10th November, states:—

The health of the Army in general continues good. The 82nd Regiment stationed on the western heights of Balaklava, and constantly employed on fatigue duties in the village have a heavier sick list than any other corps in the Army, but a considerable number of the cases admitted into hospital are of a mild character. The mortality has as yet been small, and as the regiment gets acclimated, the sick list, it is believed, will decrease.

Some companies of Artillery, sent to occupy the huts on the eastern heights of Balaklava, formerly in possession of the 79th Highlanders, have begun to suffer from sickness, and orders have been given to move their encampment to higher and drier ground.

The Land Transport Corps continues sickly, and the ratio of mortality is higher in it than in any of the Divisions of the regular Army. Indeed, three-eighths of the deaths which have occurred in the whole force during the week have taken place in this corps alone.

The sickness and mortality in this corps are owing more to its composition than either to duty or want of care, as their labour is not severe, and their physical wants are as well attended to as those of the rest of the Army.

The ratio of admissions to strength this week has been	2·50 per cent.
The deaths to strength	0·08 ,,
Exclusive of Land Transport Corps	0·05 ,,
Sick and wounded to well	6·57 ,,
Of sick alone	5·23 ,,

Return of Admissions and Deaths.

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	256	14	258	11
Pulmonic	78	1	89	3
Diarrhœa	266	9	304	8
Cholera	19	10	18	14
Dysentery	69	2	92	1
Wounds and Injuries	7	1	7	5
Other diseases	562	5	595	4
	1257	42	1363	46

The Inspector-General of Hospitals, serving with the Army in the Crimea, in transmitting the weekly state of Sick and Wounded to the 17th November, states that:—

The health of the Army, as you will observe by the accompanying weekly state to the 17th inst., continues good, and had not the casualties occasioned by the unfortunate explosion on the 15th taken place, the admissions into Hospital and deaths would have been remarkably low indeed, and even as it is the admissions to strength have only been 2·71 per cent.

Deaths to strength	0·09 ,,
Exclusive of wounds and injury	0·05 ,,
Proportion of sick to well	6·51 ,,
Exclusive of wounded	4·98 ,,

The 82nd Regiment and Land Transport Corps continue to have a larger proportion of sick than any other part of the Army. In the 82nd the cases are mild and the mortality small; but in the Land Transport the deaths, though fewer than they were during the two preceding weeks, amount to 11, which is one-third of the mortality of the whole Army that has taken place from disease, the deaths from injuries are distinct, and of these I regret to say the list is considerable.

On the 14th, two men of the Guards lost their lives in the Redan by the accidental explosion of one of those small secret mines left in every direction by the Russians; and on the 15th, the reserve Magazines of the French and English right attacks accidentally exploded, destroyed much public property, and killed and wounded many men.

In our own Army 1 officer and 20 men were killed, and 5 officers and 135 men wounded, many of them very seriously indeed.

The explosion occasioned much destruction of camp equipage, and several of the hospital huts in the vicinity were levelled with the ground, but fortunately nearly all the sick escaped injury.

The hospital huts of the Right Siege Train which were close to the magazines, and contained 60 patients at the time of the explosion, came down like a pack of cards, and only one man was slightly injured.

The men who were able to move rushed from the buildings on the first alarm, and those who were unable to leave the Hospital, crept under the iron bed-cots, which protected them from the falling planks and timbers. Shells also passed through two Hospital marquees full of sick, without injuring any one. Considering the quantity of powder, shells, and rockets, exploded, we have reason to be thankful that our loss is so small. I believe that of the French is considerably greater than ours.

Return of Admissions and Deaths.

	This Week. Admitted.	Died.	Last Week. Admitted.	Died.
Fevers	248	16	256	14
Pulmonic	118	1	78	1
Diarrhœa	242	5	266	9
Cholera	3	6	19	10
Dysentery	66	3	69	2
Wounds and Injuries	230	20	81	2
Other Diseases	552	—	488	4
	1459	51	1257	42

UNIVERSITY OF LONDON.

M.B. SECOND EXAMINATION.—1855.

First Division.

	Medical Schools.
Carpenter, Alfred	St. Thomas's Hospital.
Evans, David Conway	King's College.
Iliff, William Tiffin	Guy's Hospital.
Mushet, William Boyd	University College.
Pardey, Charles	King's College.
Power, Henry	St. Bartholomew's Hosp.
Smith, Frederick Porter	King's College.
Thornton, James Howard, B.A.	King's College.

Second Division.

Footman, John	University College.
Mantell, Riners	London Hospital.
Pittock, George Mayris	Guy's Hospital.
Powell, Frank	St. Bartholomew's Hosp.
Scurrah, John Dewherst	University College.
Siordet, James Lewis	University College.

EXAMINATION FOR HONOURS.

Physiology and Comparative Anatomy.

Power, Henry (Scholarship and Gold Medal)	St. Bartholomew's Hosp.
Pardey, Charles (Gold Medal)	King's College.

Surgery.

Power, Henry (Scholarship and Gold Medal)	St. Bartholomew's Hosp.
Iliff, William Tiffin (Gold Medal)	Guy's Hospital.
Pardey, Charles	King's College.
Thornton, James Howard, B.A.	King's College.
Mushet, William Boyd	University College.

Medicine.

Evans, David Conway (Scholarship and Gold Medal)	King's College.
Mushet, William Boyd (Gold Medal)	University College.
Iliff, William Tiffin	Guy's Hospital.
Power, Henry	St. Bartholomew's Hosp.

Midwifery.

Pardey, Charles	King's College.
Power, Henry	St. Bartholomew's Hosp.
Mushet, William Boyd	University College.

M.D. EXAMINATION.

First Division.

Black, Cornelius	Edin. School of Medicine.
Buchanan, George, B.A. . . .	University College.
Evans, Evan	University College.
Fox, Wilson, B.A.	University College.
Headland, Frederick Wm., B.A. .	King's College.
Hewitt, William Morse Graily .	University College.
Hillier, Thomas, B.A.	University College.
Jordan, Robert Coane Roberts .	King's College.
Monckton, David Henry . . .	King's College.
Penny, James Champion . . .	St. George's Hospital.
Silvester, Henry Robert, B.A. .	King's College.
Trouncer, John Henry	University College.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise on Thursday, November 29, 1855 :—

Calvert, Francis, York.
Nottidge, Charles, Streatham.
Propert, John Lumsden, New Cavendish-street.
Rowland, Hugh Mortimer, Ironbridge.
Townsend, William, Sydwall, Shropshire.

DEATHS.

Blackburn.—November 28, in Islington, Liverpool, Thomas Blackburn, Esq., in his 71st year. Mr. Blackburn had been in practice in Liverpool for fifty years, and was as much distinguished for the active and able part he took in all matters relating to political improvement, education, and religion, as he confessedly was as a successful and universally respected Medical Practitioner. As frequently happens, however, when the public philanthropist and the sympathizing Professional adviser are united in the same individual, Mr. Blackburn might have been, if not a millionaire, at least a rich man, if his benevolence had not prompted him to forego remuneration for his services in innumerable cases of distress and embarrassment. Quoting the deserved eulogy of the *Liverpool Times* :—"As a citizen, few men equalled Mr. Blackburn in intelligence, in soundness and liberality of views, and moral honesty. He followed his own convictions with firmness, whether they led to popularity or obloquy ; and treated the honest convictions of other men with respect. He read much, and thought more, on all the questions which affect the progress of society, and the rights and duties and happiness of men ; and retained his interest in the well-being of society to the close of his life. Mr. Blackburn was one of the few men who express themselves with equal ease and equal effect in speech and in writing. He possessed a strong natural eloquence, which has been heard with delight by thousands, in the defence of truth and freedom, and which was never abused to the purposes of faction or of sophistry."

Welsby.—November 27, in his 45th year, Joseph Welsby, Esq., Surgeon, Prescot, Lancashire, M.R.C.S. Eng. and L.S.A. 1836.

The Queen's Hospital Ball, Birmingham.—It has been proposed from an influential quarter, as no public demonstration has been made by the town of Birmingham and the Midland districts, that the anniversary ball at the Town-hall on the present occasion should commemorate the glorious victories of the Alma, Inkermann, and Sebastopol.

On Monday, December 3, Monsieur Alexandre Riberi, Premier Medicin du Roi de Sardaigne, Victor Emmanuel II. et de sa famille, Sénateur du Royaume, accompanied by Sir James Clark, paid a visit to the Hunterian Museum at the Royal College of Surgeons. He was very much interested in the exquisite models of the electrical Torpedo, presented to Professor Owen by the Grand Duke of Tuscany. The Homological series of cranial vertebræ, illustrating the well-known views of that Professor, also attracted considerable attention from M. Riberi, who, it appears, is the author of a work on Osteology. He noticed immediately the bust of John Hunter, and related several particulars of the last illness of this distinguished Surgeon. In thanking Dr. Henry Silvester, the Senior Student of Anatomy, for his attentions in pointing out the various objects of interest, he expressed much astonishment at the immense number of Physiological and Pathological specimens compared with other European Museums.

Bethlem Hospital.—The Governors of this Institution, in carrying out the practice of non-restraint, combined with the promotion of amusements calculated to soothe the mind, as well as from the considerable increase of patients, have felt it necessary to make extensive additions and alterations to the Hospital. For this purpose an area of about 130 feet square, situate in the rear of the main building, has been appropriated, upon which various new offices are in course of erection, and are fast approaching completion, the most conspicuous object being the very elegant tower, which, when finished, will be nearly 135 feet high. This is designed for general ventilation, and to carry off smoke. The various offices connected comprise a large octagonal kitchen, diameter 35 feet, height nearly 28 feet. The roofs of the attached buildings—comprising scullery, pantry, larder, engine-room, and other offices—and the corridors will be rendered fire-proof, and protected from rain by the Seyssel asphalte. Other alterations are also being proceeded with, comprising iron windows on a new principle, besides the appropriation of the old offices when the new shall have been completed.

Brompton County Court (Monday.)—Before J. J. Adolphus, Esq.—Whitfield *v.* Nelson.—This action was brought by a surgeon of Queen's-buildings, Brompton, to recover the sum of £4 4s. 8d., for Medical attendance upon, and for medicines supplied to, the defendant's wife. Mr. Whitfield stated that he was a Surgeon, but not an Apothecary. That, having attended the defendant's children for some slight ailment, Mrs. Nelson spoke to him respecting her accouchement, and it was understood that he was to attend her, and he did so. Mrs. Nelson was confined on the 31st October. It was the custom for Medical men to charge for medicine during an accouchement unless a contract to the contrary be previously made, or where very large fees are paid by the patient. Mrs. Nelson had a very good time, and was going on favourably up to November 14, when he called upon her and told the nurse that he was professionally engaged that day at Norwood, and if he returned from thence in time he would call upon Mrs. Nelson in the evening. He then directed the nurse not to give Mrs. Nelson anything warm. On his return from Norwood he knocked at defendant's door, but could get no one to answer it, although it was but ten o'clock. Upon calling the next morning he saw the nurse, who said that Mrs. Nelson had been so much worse that they had been obliged to call in some one else. She did not know who it was, but Mr. Nelson had got the other Medical man. The nurse did not state what the symptoms were, and refused to let him see his patient. On the following evening he saw Mr. Nelson by appointment, who said he was very sorry that any one else had been called in ; that he had always been perfectly satisfied at the way he (witness) had attended his wife and children ; that he had had a good deal of practice in these matters, and could see how it was ; it was because he had not given the nurse anything. That the nurse came into his room in such a fright, and got him to write a note to a Medical man, who would not attend to a verbal message. Witness expressed his surprise at such treatment, and informed Mr. Nelson that he would not visit his wife again unless the nurse was first discharged. Mr. Nelson said, his wife was so partial to the nurse that she would not like her to leave ; and witness said, that in that case matters had better go on as they were. Mr. Nelson said, if witness chose he would write a note to the effect of his being perfectly satisfied. It was very unusual for a lady to be taken so suddenly ill as stated by the nurse. By Mr. Keene : Is not an Apothecary, but mixes his own medicine. Mr. Whitfield here read some extracts from his books respecting the treatment of Mrs. Nelson, and said, he found from the entries that Mrs. Nelson was confined on October 31, and again on November 7 (laughter). When Mrs. Nelson spoke to him about his terms he did not say he left it to the ladies. He prescribed some medicines for Mrs. Nelson for bronchitis. She had a slight cough, but nothing to create the slightest alarm. Could get no information as to who the other Medical man was. It is usual for Medical men

to call upon each other when they are sent for in this way. By Mr. Roberts: It is usual for Medical men to be paid their fees the first or third day. The nurse did not know his fees were unpaid. I intended giving her the odd shillings. Mr. Keene said, the plaintiff not being an Apothecary, could not recover for medicines; and, as his client had paid more than the accouchement fee into court, he submitted that there was an end to the case. The learned judge, after taking some time to search into the law authorities, said, he was of opinion that medicines supplied for an accouchement were part and parcel of the accouchement, and that a Medical man could recover for medicines so supplied, although not an Apothecary. Mr. Keene then complained of the conduct of the plaintiff, and contended that the defendant had paid amply for plaintiff's service. He called Mr. Nelson, who stated that the nurse came to him, and said Mrs. Nelson was dangerously ill, and he had no alternative but to send for a Medical man. He certainly made use of the most soothing language when he saw Mr. Whitfield; but he did not tell him he was perfectly satisfied with his attendance upon his wife. It was the plaintiff, and not himself, who spoke about the nurse's fees. By Mr. Roberts: Was naturally alarmed. When he wrote for another Medical man, he did not know who he was: the nurse said the one she should recommend was a man of talent and character, of the name of Pollard, of Brompton-square. Is certain the plaintiff did not knock at his door between ten and twelve on the night of the 14th. The nurse was the qualified person who told him £3 3s. was the proper sum to pay the plaintiff. (Laughter.) Mrs. Nelson said, after her confinement she became very ill. Received no relief from plaintiff's treatment. He said she was suffering from bronchitis, and prescribed mustard plasters to her throat. She could scarcely breathe, and wished to have another Medical man. By Mr. Roberts: Did not complain to her husband; only to the nurse. Took nothing warm; never does. Had dozens of mustard plasters on. In the course of half-an-hour had eight, according to plaintiff's order. The nurse named Mr. Pollard to her. Dr. Spilling, Mr. Reed, Dr. Dickson, of Cheltenham, Mr. Edwards, and other Medical men had previously attended her in her confinement, and she always contracted with them. Mr. Charles Pollard, M.R.C.S., of 26, Brompton-crescent, said he was called in to attend Mrs. Nelson, on November 14. He found her labouring under extreme debility and an inflammation of the womb. He did not interfere with any previous treatment. If she had been labouring under bronchitis he must have perceived it. Medicines for bronchitis were not proper to give to Mrs. Nelson in the state he saw her. Had been in the Profession seventeen years; but could not speak as to the custom of contracts. Under the circumstances, mustard plasters were improper to apply to Mrs. Nelson. By Mr. Roberts: It does seem absurd to say that eight mustard plasters were applied in thirty minutes. Is not prepared to say Mrs. Nelson has been maltreated. Knows the nurse; and believes her competent. Mrs. Montague, the nurse, was called, but nothing important was elicited from her.—The learned Judge said there was no pretence whatever to impute negligence or unskilfulness to the plaintiff, and gave judgment for the full amount, with costs.

Mortality Notabilia.—The mortality of the Metropolitan districts continues to increase. The deaths, which in the two previous weeks had been 975 and 1073, rose in the last week of November to 1124. The number of deaths last week is less by 137 than would have occurred if the rate of mortality had been as high as it was, on an average, during the corresponding weeks of the last ten years. The weekly deaths in November have been, taking the averages, 126 more than they were in the preceding month; and the mean temperature of November has been lower to the extent of about 9 degrees than that of October. Last week zymotic diseases numbered 207, while complaints of the respiratory organs were fatal in 234 cases. This effect is due chiefly to bronchitis, the deaths from which were 123: in pneumonia, which numbers 84, hardly any increase is apparent. 15 women died of fever or other illness incidental to child-bearing.

Births.—The births of 828 boys and 787 girls, 1615 children were registered; average 1415.

Meteorology.—The barometer rose to 30·20 in. on Monday. The mean reading of the week was 29·969 in. The mean temperature was 39·5°, which is 2·3° below the average of the same week in 38 years.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West.....	376,427	..	3	12	3	2	5
North	490,396	2	8	12	6	1	5
Central ..	393,256	2	3	6	5	1	3
East.....	485,522	2	10	14	4	3	7
South	616,635	4	1	18	11	2	7
Total..	2,362,236	10	25	62	29	9	27

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, December* 1, 1855.

Causes of Death.	In the Week ending Saturday, December 1, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean Temperature	Mean temp. ° 39·5						° 41·4
All Causes	1124	517	185	175	198	39	1145·8
Specified Causes	1112	517	185	173	198	39	1142·0
Diseases:—							
1. Zymotic Class	207	159	27	13	8	..	262·3
2. Dropsy, Cancer, and others of uncertain seat	47	3	7	15	20	2	49·7
3. Tubercular Class	197	72	72	44	9	..	181·7
4. Of Brain, Nerves, etc. ..	139	60	17	22	33	7	125·0
5. Of Heart, etc.	53	6	14	14	17	2	42·4
6. Of Respiratory Organs ..	234	118	20	39	51	6	248·6
7. Of Digestive Organs ..	49	20	4	10	14	1	60·5
8. Of Kidneys, etc.	18	1	6	5	6	..	13·1
9. Of Uterus; viz. — Puerperal Disease, etc. ..	12	..	9	1	2	..	9·1
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	10	2	4	2	1	1	8·4
11. Of Skin, etc.	6	1	..	2	3	..	1·9
12. Malformations	5	5	..	..	..	..	5·4
13. Debility from Premature Birth, etc.	25	25	..	..	..	..	25·2
14. Atrophy	34	25	1	1	7	..	24·8
15. Age	44	..	..	..	24	20	48·2
16. Sudden	8	5	2	..	1	..	8·1
17. Violence, Privation, etc...	24	15	2	5	2	..	27·6
Causes not specified.. ..	12	..	..	2	..	..	3·8

BOOKS RECEIVED.

Himalayan Jouruals. By Dr. J. D. Hooker. A New Edition. 2 Vol. London: Murray. 1855.
The Fern Allies. Part II. By Charles Johnson. London. 1855.
A Catechism of Chemical Philosophy. By John Horsley. London: Churchill. 1856.
The First Step in Chemistry. By Robert Galloway. Second Edition. London: Churchill. 1856.
Annual Medical Report of the Kent Lunatic Asylum. 1854-5.
Edinburgh Monthly Journal. December. 1855.
Pharmaceutical Journal. December. 1855.
The Domestic Practice of Medicine. By Kesteven. London: Longman and Co. 1856.
Digestion and its Derangements. By Dr. T. K. Chambers. London: Churchill. 1856.

TO CORRESPONDENTS.

J. B. A.—Dr. Budd on the Diseases of the Stomach; Mr. Wharton Jones's Ophthalmic Medicine and Surgery.

In consequence of the great pressure upon our space, we are compelled to postpone the publication of several papers of interest. Dr. Dick's paper has been hitherto delayed only from the circumstance just alluded to.

Mr. H. Ley.—Mr. I. B. Brown's paper on his operation for Lacerated Perinæum is published in our number of Nov. 10, at page 463. The operations on the Teeth will be described in a work shortly to be published, by Mr. Tomes.

Mr. Horsley.—We have received tho two specimens of Quiniated and Iodo-Quiniated Cod-Liver Oil. The latter contains 2 grains of Quinia and ¼ of a grain of Iodin, in each ounce of the oil.

Dr. M'Cormac's letter to a coutemporary has reached us. We have expressed our views of Dr. M'Cormac's Work on Pulmonary Consumption, which appears to be characterized by great learning and some strong reasoning; althongh, as expressed, we aro not yet so fully convinced of the force of Dr. M'Cormac's arguments as to condemn the present treatment of phthisis.

How to get up a Library.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I have just received a cool application from the Librarian of Charing Cross Hospital, telling me that the Students' Library is reorganized, and requesting me, *argal*, to send them a copy of my work. Now, as my work costs me half-a-guinea a copy, may I suggest that if one-and-twenty Students were to subscribe sixpenco a-piece, they might get it more eqnitably than by begging it of

Your humble servant,

London, Nov. 26, 1855. An Author.

The London Association for Protection of Trade *versus* The Medical Protection Society.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—I beg to inclose a prospectus of the former Society, which is the only knowledge that I possess concerning it. The terms, however, on which business is transacted are so much more liberal than those of the Medical Protection Society, as to make it worth iuqniring if the Profession would not be better off without "Protection," and with Free Trade.

You will observe, that in both Associations the subscription for London is the same. The London Association collects 20 debts, regardless of amount, without additioual charge; and above this number, 5 per cent. on the amount rccovered, or a small charge of from 1s. to 5s. for debts varying in amouut from £10 to £50, given for collectiou. The Medical Protection Society requires 10 per cent. on all sums collected, aud 15 per cent. when taken into the County Court, or when legal proceedings are commenced, cxclnsive of legal expenses. How can it expect that its advice to members of placing accounts in their hands should be attended to on such terms? Fancy, Mr. Editor, 10 per cent. off a poor doctor's retnrns, and income-tax besides! Of course, no Medical mau will place any account in the hands of the Society that can be avoided; and then, too, it expects the aid of the creditor, and refnses his withdrawing the account at any future time, if it has failed in recovering it. Last month, I had to press au account of £106 through my solicitors. It was not dispnted, bnt, from the position of the parties, I consented to take £50, and all expenses were paid by the debtor. Now, had I placed this account, with others, iu the Society's hands, instead of getting £50 clear, 15 per cent. would have been dednctcd, leaving mo only £42 10s. to receive.

The Medical Protection Society possesses no superiority over the London Association for Protection of Trade in John-street; on the contrary, it will probably uot be so well-informed, aud certainly caunot be carried on in a more business-like way.

It behoves the members of the Medical Profession to consider, before commencing another year, if a special Society, conducted as at present, is any gain to it. I am, etc. M.D.

Dr. Crisp reqnests us to state, that in a speech delivered by him at the Medical Society on the 10th November, he did not assert "that he was the first to draw attentiou to the occnrrence of dry gangrene from arteritis," but that he was the first to do so "*in this country.*" Also that he did uot say that dry gangreue was rare in old persons. We would willingly have corrected last week these omissions or misapprehensions on the part of our Reporter, had not Dr. Crisp accompanied his corrections with au imputation of intentional misrepresentation, which we feel to be entirely unfonnded.

Mr. T. Hood asks our opinion as to the locality in which a person lives being made an element in the calculation of premiums for Life Assurance, and says, "Shonld the same amount of premium be charged for a policy on a *man's life*, who vegetates on Jacob's Island, as on one who lives at Hampstead or Highgate?" The proposition could never be carried out in practice.

Dr. R. U. West will receive a private note.

A. X. Z.—It is quite *allowable* for a Medical man to advertise whatever he plcases; but we must be made acqnainted with the particnlar natnre of the institutiou to be advertised, in order to enable us to offer any opinion about the *propriety* of his doing so.

Will *R. B.* favour us with his name, in confidence?

All communications intended for this Jonrnal shonld be addressed, *post paid*, to the Editor, 11, New Burlington-street.

Juvenis.—The Navy Medical Department is localized at Somerset House, and the present head of the department is Sir John Liddell.

Peregrinus.—A Degree in Medicine cannot be obtained at Oxford or Cambridge without residence. The University of London does not require residence; but before being allowed to enter to the examinatiou in Medicine, you must possess a degree in Arts, or have passed tho Matriculation Examination, which is held every year, in the early part of July.

A Student.—The Lectures of the Royal Botanic Society are to be delivered on Fridays, May 16, 23, 30; Jnne 6, 13, 20, 27 Jnly; 4, at 3 o'clock.

Sanis.—Merely to state that a Depntation waited on a Minister at such a date, without being able to explain their object, we do not consider "intelligence." The matter will be found fnlly detailed in another colnmn.

Wo have not yet received the Report of the last Meeting of the Medico-Chirurgical Society.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—My attention has been directed to a questiou pnt to you by a correspondent, and inserted in your Journal of the week before last, viz., What was the composition of Mistura Alba prescribed by Dr. G. H. Roe?—to which I beg to reply, I never wrote such a prescription, nor do I ever prescribe medicine by auy other names thau those contained in one or the other of the British Pharmacopœias. As your Correspondent has made your Journal the medium for circulating that which, if true, would induce my Medical brethren justly to say I was acting like a quack, I hope you will be good enough to state that I never wrote snch a prescription; aud to call upon your Correspondent to seud it to you for your inspection, when you will see that my iuitials are not signed to it. I beg pardon for troubling you, but you will see that you have innocently assisted in calumniating me; and I am sure you will, in any way you please, contradict tho implied charge. I am, etc. G. H. Roe.

Allow me to say, I do not impute the slightest blame to you; for, as a journalist, I do not see what you conld do but insert a letter sent to you.

Erratum.—In the uotice which appeared in our last, announcing, on the part of the Naval Medical Reform Association, the sum of £6, the uame of "Packington" should have been "Pilkington."

COMMUNICATIONS have been received from—

Mr. W. Adams; J. B. A.; M.D.; Dr. James Arnott; Dr. Rigby; Dr. Edwards Crisp; Mr. Richard Griffin; Mr. Kesteven; Dr. M'Cormac; Mr. Horsley; Dr. Henry Dick; Dr. Richardson; E. P. H.; The Secretary of the University College Medical Society; Mr. Armstrong Todd; Dr. Morris; Mr. H. Ley; Dr. Murphy; Mr. Ure; Dr. Pretty; Dr. Ramskill; Mr. Henry Smith; The University of London; Mr. James Bird; Mr. John Sloane; Chirurgus; An Author; Dr. Druitt; Mr. Thomas Westropp; A. X. Z.; Mr. G. Chebsman; R. B.; Dr. R. U. West; Mr. G. Harday; Octoginta Quatuor; Mr. Spencer Wells; Mr. Pilkington; Dr. Coppinger; Mr. Arthur Smith; Hopewell; St. George's Hospital.

APPOINTMENTS FOR THE WEEK.

DECEMBER.	Miscellaneous Register.	Society Meetings.
8. Saturday....	Operatious at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m. Royal Botanic Society, 3¾ p.m.
10. Monday.....		
11. Tuesday	Operations at Guy's, 1 p.m.	Royal Medical and Chirurgical Society, 8½ p.m.—Subjects:—John Erichsen "On the History of a case in which a Cedar Pencil was lodged in the Abdominal Cavity for eight months."—Nathaniel Ward "On a Wound of the Abdominal Parietes, Protrusion of the Omeutum and Transverse Colon; division of the latter to the extent of four-fifths of its circnmference. Recovery. Zoological Society, 9 p.m.
12. Wednesday..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.	Hunterian Society, 8 p.m.: Mr. D. de Berdt Hovell "On some Cases of Pneumonia which proved rapidly fatal." Literary Fund, 3 p.m. Royal Society of Literature, 4½ p.m.
13. Thursday....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	University College Medical Society, 8 p.m.: Mr. E. Andrew "On Hydro-Pneumothorax." Royal Society, 8½ p.m.
14. Friday	Operatious at the London, 1½ p.m.; Moorfields' Ophthalmic, 10 a.m.; Westmiuster Ophthalmic, 1½ p.m.	Astronomical Society, 8 p.m.

ORIGINAL LECTURES.

A COURSE OF
LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.,

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-Place School, etc.

LECTURE IV.

Pathology and Principles of Treatment of non-Congenital Spasmodic and Paralytic Deformities.—Infantile and Adult Paralysis Contrasted.

Deformities with flaccid muscles.—In paralytic affections of long duration, if the state of muscular rigidity which I described to you in the last lecture, does not take place; the muscles remain flaccid, become atrophied, and pass into a state of fatty degeneration. In such conditions, in cases of hemiplegia, the leg is utterly useless; it dangles or swings to and fro, as the patient gets along with the assistance of a crutch, and the term frequently applied to it, viz., "a swinging leg," well expresses its condition. Such limbs are not only useless, but become a source of much inconvenience, in consequence of the intractable ulcerations which are apt to occur in them in cold weather from their low vitality; and on this account Surgeons have been occasionally called upon to amputate such legs. In Mr. Quekett's "Lectures on Histology," published in 1852, we find an illustrated description of "fatty degeneration of voluntary muscle" taken from "the leg of a man, aged 35 years, removed a few months since at King's College Hospital by Mr. Partridge, in which all the muscles had been replaced by adipose tissue. The limb had been rendered useless by an attack of paralysis, occurring three years after birth." This man was a musician, and preferred taking the chance of amputation, with a prospect of obtaining an artificial leg, to retaining his useless and troublesome limb, which had long been the seat of intractable ulcerations.

If these legs are not amputated, we see them disposed of in various ways. Not uncommonly the individuals thus afflicted walk with a crutch, the leg "swinging" as a useless member; in other cases, mechanical compensation is effected, by transmitting the weight of the body through a supernumerary leg attached to the pelvis, and to this support the paralytic leg is loosely fastened.

Now I shall presently explain to you how, by Orthopædic treatment, these "swinging legs" may be made very serviceable, as a general rule of practice; and if the treatment be adopted at an early period, I believe the extreme atrophy, and intractable ulcerations exhibited in the above case, will never occur, though power may not be regained. The necessity for amputation may, therefore, be prevented by timely treatment.

When both legs are in this flaccid, paralytic condition, the patient is in a most helpless, and generally considered to be in a most hopeless, condition; but I shall presently show you that such patients, even at an advanced age, can often be made to walk and enjoy many of the comforts of life to which they had previously been strangers.

In these flaccid, paralytic legs, various contractions and deformities take place in the course of time from adapted atrophy of the muscles and ligaments; but before describing these deformities and the general principles of treatment applicable to such cases, I will advert to the more prominent points in their pathology; as, upon a right comprehension of this portion of the subject will depend your power of forming a correct prognosis. If, on the one hand, you overstate the advantages likely to accrue from operative and mechanical treatment in these cases, the result will be disappointment to your patient, and discredit to yourself; but, on the other hand, if you are unable fully and correctly to prognosticate the effects of treatment, you fail to render that service, which I shall show you it is in your power to afford. The latter, I regret to say, is the common failing in reference to the class of cases we are now considering.

In the last lecture, I described to you two classes of *Deformities with rigid muscles*—the first commonly occurring in infancy and considered to be the result of tonic spasm—the second occurring after the ordinary forms of paralysis in the adult, both hemiplegia and paraplegia. The cases we are now considering, viz.:—

Deformities with flaccid muscles, most frequently occur as the result of the paralytic affections of children. Sometimes, though rarely, they are met with after adult paralysis. The muscles seldom remain in a flaccid condition after hemiplegia or paraplegia occurring in the adult. If the patient survives any length of time, partial recovery of the paralysis usually takes place, accompanied with *late rigidity*, as described by Dr. Todd, and which he tells us "results from a restorative effort of nature (a)." Or, occasionally after adult paralysis, and, as Dr. Todd observes, "least frequently, recovery may take place without any rigidity or change in the muscles other than a gradual restoration to their normal condition (b)."

The flaccid condition of the muscles is seldom persistent after adult paralysis, and appears to belong usually to the first stage, or the period of softening and disintegration of the nervous centres upon which the paralysis depends. But it is a remarkable feature in the history of that obscure form of paralysis to which children are especially liable,—and which has not been shown to depend upon destructive disease either of the nervous centres or nerve-trunks—that the muscles either remain permanently in a flaccid condition; or pass through it towards recovery, more or less perfect, without becoming rigid. These cases, usually in the late stage when consecutive deformity has taken place, are among the commonest affections seen at the Orthopædic Hospital.

I have never seen rigidity of the muscles follow the paralytic affections in children. In all the cases of deformity coexisting with rigidity of the muscles in children, which have fallen under my observation in public and private practice, where the most reliable history may be obtained, there has been an absence of any pre-existing stage of flaccidity of the muscles. In these cases I have never been told that the legs were soft and flaccid immediately after the seizure, and subsequently became rigid. Whether the attack began with a convulsive seizure, or without (as in the case of C. S., detailed in the second Lecture, page 409), the account has invariably been that the legs were inclined to be stiff, that the joints would not bend freely in voluntary efforts, and that the muscles were firmer than the muscles of other children.

In the paralytic affections of children, if recovery does not take place, the muscles appear always to remain in this flaccid condition. I have seen this as a persistent condition in a patient above the age of 40 years, whose case I shall presently relate.

Paralytic deformities with flaccid muscles may occasionally be met with as the result of traumatic lesion either of the nervous centres or nerve-trunks, of both of which I have seen several examples. These cases differ from those resulting from infantile paralysis in the fact that sensation is involved as well as motion; and that where the injury has been to the brain or spinal cord, the bladder and rectum are often paralyzed.

In the cases which result from injury to the brain, with fractures of the skull;—from injuries to the spinal cord, the result of fractures and penetrating wounds of the spine;—from wounds involving the nerve-trunks, I have seen consecutive deformities, with the muscles either in a rigid, or in a flaccid, or in a healthy condition, several years after the injuries. Your prognosis and treatment in these cases will be guided by the general rules laid down in the different classes of cases we are now considering.

By far the greater number of the paralytic deformities which you will meet with in practice, (and these are so numerous as to constitute the great majority of all the non-congenital deformities,) will be found to result from *infantile paralysis*. Orthopædic practice will frequently bring you in contact with children thus afflicted, in every stage of this peculiar form of paralysis; and, although our treatment is

(a) Op. cit. p. 212.
(b) Op. cit. p. 206.

generally directed against the removal of certain consequences and effects, I believe that all these deformities may be prevented by judicious treatment; in fact, that there never need be another example of deformity in these cases, if the liability to their occurrence, and the mode of their production, were generally understood.

The importance of this subject, in connexion with orthopædic Surgery, renders it necessary that I should lay before you a general outline of the history of infantile paralysis; but, for a complete account, I must refer you to the valuable works of Kennedy (e), West (d), Rilliet and Barthez (e), Bouchut (f), and Heine (g).

Children, between the ages of six months and two years, are especially liable to paralytic seizures, which, like the paralytic affections of the adult, may assume the form either of hemiplegia or paraplegia, or sometimes that of general paralysis, both the upper and lower extremities, speech, etc., being involved But these are its only points of resemblance.

Infantile paralysis differs from the paralytic affections of the adult in the following respects:—It has a marked tendency to involve only single muscles, or groups of muscles, in the extremities; and these are its most frequent forms. Motion only is affected; sensation remains perfect, or nearly so. This constant relation does not obtain in adult paralysis. The viscera are not implicated. Frequently it is neither preceded nor accompanied by any cerebral symptoms; and when such symptoms do occur, they are very rarely more than of a transient character. It is not attended with any danger to life, even in its most severe forms. Complete recovery very frequently occurs, and often takes place rapidly. This is extremely rare in adult paralysis. Rigidity of the muscles, neither occurs during nor after recovery; they either remain flaccid, where the paralysis is persistent, or resume their healthy condition, where recovery takes place. This is the reverse of what takes place in adult paralysis, rigidity, with partial recovery, being the rule when the patient survives. These peculiarities point to a special pathology of this affection, which, however, has not yet been determined.

Most frequently this form of paralysis occurs during the period of the first dentition, and, with the irritation attending this process, it appears to be connected; less frequently it occurs during the second dentition. But it may occur earlier and later than these processes. I shall presently advert to a case, in which both the arms and legs were suddenly paralyzed at the age of 5 years, without any cerebral symptoms or obvious febrile disturbance existing. Cases at later periods recorded, such as one by Dr. West, of paralysis of the portio-dura with ptosis, double vision with giddiness, for a week, etc.; and a case of paraplegia, following typhus fever, in a girl aged 18 years, mentioned by Rilliet and Barthez, can with less certainty be included in this category.

Whether paralysis of particular muscles or limbs, independent of traumatic lesion, is ever congenital, I consider at least doubtful. The cases related of limbs remaining flaccid and useless in infants born asphyxiated, after difficult and instrumental labours; and of facial paralysis, usually of one side,—sometimes accompanied with loss of power in the corresponding arm,—which, in some instances, have been satisfactorily traced to traumatic lesion, cannot be admitted as examples of this affection.

Infantile paralysis is often, though by no means constantly, preceded and accompanied by symptoms of transient cerebral disturbance, such as convulsions or drowsiness. It not infrequently follows marked febrile disorders, especially measles and hooping-cough; also gastric, remittent, and typhus fever. A slight febrile condition appears very constantly to exist; but the paralysis is said frequently to happen not only without any convulsions or cerebral disorder, but without any symptoms at all, and when the children are in robust health. Under these circumstances, it occasionally occurs in the day-time under the direct observation of the parents; but more frequently we are told that the child was put to bed in its usual health, and in the morning was found to have lost the use of a leg or an arm, or both. The *cause* is, therefore, often very obscure.

Infantile paralysis affects both sexes equally. I agree with Dr. West in thinking that it more frequently occurs in children of weak constitutions, though the opposite opinion is held by Kennedy. Its *duration* is extremely variable. Barthez and Rilliet relate a case of paralysis of the arm in a child, lasting only twelve hours, and other cases of seven and eight days' duration. Improvement frequently takes place in a few weeks, and is often complete in from three to six months.

A tendency to spontaneous and perfect cure is a marked characteristic of this affection. In slight and moderately severe cases affecting single muscles or groups of associated muscles, complete recovery is the rule, and great improvement almost constant; and this I have frequently seen taking place several years after the seizure. Numerous cases of this kind are seen at the Orthopædic Hospital in all stages of spontaneous recovery, without any treatment having been adopted. In very severe cases involving both the arms and legs, partial recovery is the rule; and the arms recover first and more perfectly than the legs, though they have been as completely paralyzed. This has constantly occurred in the cases I have seen, and is the reverse of what takes place in adult paralysis, according to Dr. Todd (h).

Infantile paralysis most commonly affects some of the muscles of one leg; very frequently the leg and arm of the same side are affected together; occasionally both legs; and very rarely both legs and both arms. When single muscles are affected, the most frequent to suffer are,—1st, the extensor longus digitorum of the toes; 2nd, the tibialis anticus; 3rd, the deltoid; 4th, the sterno-mastoid. When particular groups of muscles are affected, the most frequent to suffer are,—1st, those on the anterior part of the leg, forming the extensors of the toes and flexors of the foot; 2nd, the extensors and supinators of the hand, always together; 3rd, the extensors of the leg, and with them generally the muscles of the foot in the first class.

In these cases, other muscles than those specified are sometimes slightly weakened, and this may not be uncommon at the time of seizure; but if so they completely recover in a large majority of cases, as in the later stage, when they more frequently come under our notice, they present well-marked examples of paralysis of single muscles and groups of associated muscles. Sir Benjamin Brodie lately mentioned to me a case brought to him, in which the muscles of deglutition were paralyzed in a child. The attempts to swallow were very painful to witness. He did not know the result, but death from starvation probably took place.

With respect to the *morbid anatomy* of this affection, or the nature of the structural changes upon which it depends, very little is yet known. As it is seldom, if ever, a fatal disease, except, perhaps, under the circumstances mentioned in Sir B. Brodie's case, opportunities for making post-mortem examinations in recent cases must be extremely rare. Only three have been recorded. Two by Barthez and Rilliet; one of paralysis of the arm, and the other of paraplegia; an attentive examination of the brain, spinal cord, and nerves in these cases did not reveal any appreciable lesion. The other case, recorded by Dr. Fliess, and alluded to by Barthez and Rilliet (i), was also one of paralysis of the arm, and a simple congestion of the membranes of the spinal cord on a level with the brachial plexus was found; the structure of the cord, the brain, and the nerves was perfectly healthy.

These examinations confirm the opinion to which we are led by the clinical history of these cases, viz.:—that this peculiar form of paralysis generally occurs without any serious and irreparable damage to the nervous centres and nerve-trunks. Further investigations, however, are required before we can form any definite opinion as to the essential nature of this affection. It appears probable, that local congestion of the nervous centres or nerve-trunks, accompanied in some cases with effusion, which subsequently becomes absorbed; and in other cases, with some local failure of nutrition under a general, though perhaps slight febrile condition of the system, would be the ordinary phenomena; but the frequent absence of cerebral symptoms, even in the most severe cases, with extensive and persistent paralysis, is very remarkable.

M. Bouchut (k) describes this affection under the title

(c) *Dublin Medical Press*, September 29, 1841; and also, *Dublin Quarterly Journal of Medicine*, February, 1850.

(d) On some Forms of Paralysis incident to Infancy and Childhood. *London Medical Gazette*, 1845; and Lectures on the Diseases of Infancy and Childhood. Third edition. London, 1854.

(e) Traité Clinique et Pratique des Maladies des Enfants. Deuxième édition. Tome deuxième. Paris, 1853.

(f) Practical Treatise on the Diseases of Children. Translated by P. H. Bird. London, 1854.

(g) Beobachtungen über Lähmungszustände der untern Extremitäten und deren Behandlung. Suttgart, 1840.

(h) Op. cit. p. 206. (i) Op. cit. (k) Op. cit.

of "Myogenic, or Essential Paralysis," and, except in cases preceded by febrile convulsions, regards it as a local affection, "accompanied by an alteration of the elementary tissue of the substance of the muscles." He considers it to depend most frequently upon exposure to cold,—as from the children wearing low dresses, being put to bed without warm night-dresses, throwing off the bed-clothes, etc.; and observes, that children, under these circumstances, are "most usually attacked with this paralysis, the nature of which is, according to my opinion, entirely rheumatic." The evidence of the myogenic and rheumatic nature does not appear to me sufficiently conclusive; and I think that the children who, in restless nights, throw off the bed-clothes, etc., are frequently suffering from febrile or eccentric irritation, during which a local congestion—sufficient to produce the immediate effect, and in some instances followed by a failure of nutrition, rather than active inflammatory mischief — would be not unlikely to occur. Many children, apparently in good health, become heated and feverish during the night; the skin, especially of the face, being hot and burning, and the head freely perspiring. I think it probable also that in many of these cases, the children have fits which pass away unnoticed in the night. The *morbid anatomy* of this affection, and therefore its essential nature, must be considered as not yet determined.

The *diagnosis* is free from difficulty; the special symptoms above enumerated will enable you at once to recognize the case as belonging to this peculiar form of paralysis.

The *prognosis* which you will be called upon to give, will be looked for with the greatest anxiety; as the sudden, alarming, and apparently dangerous, nature of the attack when severe, will excite the worst apprehensions. You may, however, assure the parents that there is little or no danger to life, even in its worst forms, when almost all the voluntary muscles of the body are involved. And you may also assure them, that no permanent affection of the brain, or liability to a second attack, as in adult paralysis, need be apprehended.

With respect to the recovery of voluntary power in the extremities or muscles involved, your prognosis must always be very guarded. Although Kennedy supposes that the prognosis may be based upon the mode of seizure, it appears to me that no general rule with respect to this, or any other event, has yet been discovered. The extent and intensity of the paralysis will influence your opinion to a certain extent. In cases in which both arms and both legs are involved, complete recovery rarely, if ever, takes place; but great improvement generally occurs, the arms recovering more completely than the legs. In cases of less severity, complete or partial recovery is the rule; but a useful amount of improvement cannot absolutely be relied upon, as it is occasionally persistent through life, though a few muscles only are involved. Complete recovery is, however, much more frequent than generally supposed, as proved by the large number of deformities we meet with in which the muscles are found in a healthy condition, (so far, at least, as is consistent with the amount of deformity,) although the paralysis of one or more muscles during infancy laid the foundation of the mischief.

Speaking generally, however, your prognosis must be cautious and guarded with respect to the restoration of voluntary power, when the cases are seen at the time of, or soon after, the seizure; and if seen at a later period, when atrophy and deformity have occurred, your opinion must depend upon the exact state of the muscles, and any tendency that may be exhibited towards improvement. It is generally supposed that unless recovery takes place within a few months, the paralysis is persistent through life, but I have seen many cases in which improvement has commenced several years after the seizure, and proceeded to a very useful extent. Bearing in mind this fact, your prognosis must vary according to the circumstances existing at the time in each case.

The *treatment* of this affection at the time of seizure, scarcely comes within our province, and you will do well to consult the able works to which I have above referred. But I may remark that as the nature of the structural changes producing the paralysis has not yet been determined, and as the circumstances under which it occurs differ so widely, the treatment must vary according to the state of the patient at the time, and the apparent cause, when such exists. There are frequently no indications of the approach of so formidable a disease, and at the moment of seizure the mischief is already accomplished. If irritation from teething exists, the gums may be lanced, but not otherwise. Any existing febrile irritation must be allayed; and the warm bath, purgatives, and counter-irritation may be used. Alteratives may be employed, but whether mecurial treatment is useful appears very doubtful; it has failed where I have known it to be used most freely. Dr. West recommends purgatives and tonics. Dr. Fliess advises cupping in the region of the nervous centres corresponding to the part affected.

(To be continued.)

ORIGINAL COMMUNICATIONS.

DISLOCATION OF THE CRYSTALLINE LENS FROM ACCIDENT AND FROM DISEASE.

TREATMENT.

CLINICAL OBSERVATIONS MADE IN THE COURSE OF INSTRUCTION,

AT THE

Central London Ophthalmic Hospital,

By H. HAYNES WALTON, Esq., F.R.C.S.,

Surgeon to the Hospital, Lecturer on Anatomy and Assistant-Surgeon to St. Mary's Hospital.

(Reported by Dr. MAURICE DAVIS.)

GENTLEMEN,—Dislocation of the crystalline lens, an occurrence of much interest to the surgeon, may be the effect of accidental violence to the eye, or of disease within the eyeball; and as there are two patients here, whose cases display these conditions, I have selected this subject for the clinical observations of to-day.

Dislocation of the Crystalline Lens from violence.

You may remember that at my consultation this day three weeks, an elderly man presented himself with a violent contusion of the right eye, that had been received during a drunken brawl some days before. So great was the degree of swelling and ecchymosis of the palpebræ and of the conjunctiva, that I could not discover the actual state of the organ, or give any definite prognosis. I feared, however, that the eyeball was ruptured, because, from the glimpse that could be obtained of the centre of the cornea, it was evident that the chambers of the eye contained blood. There was considerable pain, but no constitutional disturbance.

Rest, the local use of colds and opiates, constituted the treatment.

At my next visit to the Hospital, I was enabled, by the reduction of the tumefaction, to discover that there was a rupture at the inner part of the eyeball, situated at the junction of the cornea and sclerotica. Blood still filled the chambers. There was nothing, however, so far remarkable, nothing but the ordinary course of events when the eye receives a certain amount of violence. The situation of the rupture was not where I have mostly seen it, namely, at the anterior part of the sclerotica, nearer the attachment of one of the recti muscles; but this is of no surgical moment.

The fact, then, to which I would specially refer, and which I did not discover till some days later, till the chemosis had greatly abated, and the redness of the eye much reduced, was the presence of the crystalline lens on the outside of the eyeball, just posterior to the rupture, between the sclerotica and the conjunctiva. I could not of course see the lens, but discerning a tumour in that position, in connexion with the pupil drawn to the side, and the other objective symptoms, I at once concluded, that in all probability, the lens was there located. Most of you saw the practice I adopted. At once I snipped the conjunctiva and removed the displaced body, but I did not remove all of it, or, at least, take it away entire, for there was but a small part of the lens there, apparently the nucleus, the rest had broken down by decomposition into a gruel-like material. The sclerotica beneath was much indented, puckered, and of an unhealthy aspect. This was just fourteen days from the accident.

After being aware of the fact, that the lens may be so displaced, it is hardly possible, I should think, that you can overlook the accident. As the eyeball is not actually laid open, the proper tunics only being broken through, and the

conjunctiva remains intact, the iris does not protrude, although it may be more or less prolapsed into the aperture by which the lens passes from the interior of the eye to its resting-place between the sclerotica and the conjunctiva, and the remembrance of which may perhaps assist you in your diagnosis. But why am I so particular about the matter? Solely because I believe it important to take away the displaced body as soon as possible. It is to all intents a foreign substance, and must always keep up irritation of some kind, if only by the very efforts of nature to get rid of it, and so interfere with reparation. Moreover, it often occasions much pain. In the present instance you see that the lens was partly decomposed. I am the more anxious to impress this on you, as it has been suggested by some Surgeons that it should not be removed for a fortnight, that an opportunity may be afforded for the healing of the sclerotica, a simple rupture not converted into a compound one, and the chances of recovery materially diminished. The slightest reflection will, however, convince you, that this is merely an ingenious theory, founded on false analogy, to say the least of it.

Without being forewarned, you may perhaps suspect that with such injury the eye must necessarily be destroyed. That it is always much damaged, there can be no doubt, but when suppuration of the eyeball does not ensue, such a degree of vision is often preserved, that with proper glasses, ordinary type can be read, and distinct bodies accurately discerned. The altered size of the pupil necessarily exerts some influence on the vision, for when very large, there must be confusion of objects, except a diaphragm with a small aperture be employed. Indeed, so wonderful are the recoveries, that unless there be in the first instance collapse of the eye, it would be imprudent to pronounce a fatal prognosis. In still severer lesions, when the eyeball has been laid open, the lens, together with a large portion of the vitreous humour, have been lost, and a large part of the iris prolapsed, the eye is not always destroyed.

As my patient thought proper to leave the Hospital the very day that the lens was removed, it is not possible to say how he will ultimately see, and I will not speculate in the matter. The blood had been absorbed from the chambers, and the retina was not paralyzed, as large bodies could be discerned.

I will venture to caution you against heroic treatment when soothing means only are required. The routine practice is, to take blood, to mercurialize, to blister, and to starve the patient. I believe all this to be systematically wrong. So far as the local injury is concerned, rest and soothing measures are the most appropriate, and after any special indication of constitutional derangement be attended to, the nearer the system is kept to what is considered the standard of health of the individual, the better. So that it may be necessary respecting diet, to withhold the accustomed amount of food and drink, or to increase it. You should act precisely as if the operation for "extraction" had been performed, and by which the best chance of recovery is afforded. Do not suppose that the effusion of blood within the eye, calls for special treatment, indeed we do not possess any means of hastening its absorption. From abundant observations I can assure you, that blood may remain in the chambers of the eye for weeks, without its presence producing any deleterious results. Because mercury checks the deposit of fibrine, and effects to a greater or lesser degree the absorption of that which is effused; it is often administered with the view of producing the absorption of the effused blood. It must be apparent to you, that the two conditions are not analogous.

Dislocation of the Crystalline Lens from Disease.

Taken altogether, I think this case possesses more interest than the other; certainly there is more of pathology about it, a delicate surgical operation was required, and a beautiful result ensued. Moreover, the occurrence is decidedly rare.

The patient was a man fifty years old, robust, and in good health. His lenses were opaque, and yet they had not the general appearance of hard cataract, inasmuch as the amber tint was not so well marked, and there was not the usual degree of difference in colour, between the centre and the circumference. After a very short examination of the eyes, I was convinced that I had before me an example of opaque and partially dislocated lenses, for upon the slightest movement of the eyes they swung backwards, becoming dislocated, and then regained their natural place. Now, bear in mind that they were not detached; I pointed this out to you. A small portion of the natural attachment yet existed, and answered the purpose of a hinge. It may be interesting and instructive to trace how this may happen, and without entering into anatomical detail, I will just remind you, that the lens not only rests in the vitreous humour as in a bed; but is, besides, kept in place by a membrane, called the "suspensory ligament of the lens."

It is quite clear that both of these parts must have undergone morbid changes, the vitreous body becoming more fluid, and the ligament getting broken down. Probably these effects were simultaneous; but it seems most likely that if there is any priority, that the vitreous should be altered first. The reason why I consider the ligament to have been affected is, because naturally, its power of retaining the lens in position is so great, as in many instances not to be overcome, even after the cornea has been lost by a slough, or a staphyloma has been cut off, and the exposed contents of the eye submitted to the pressure caused by the action of the recti muscles, even then, I repeat, the lens is often retained, and a cicatrix forms over it. Surely, therefore, if the ligament of the lens were intact, the fluidity of the vitreous humour could not alone produce the effect.

In the course of your medical career, you may meet with, or chance to hear of, some old cataractous person who has been spontaneously restored to sight, or suddenly recovered partial vision, to the astonishment of himself and his friends. After a few days, weeks, or months, of gradually returning vision, he suddenly sees very much better, and fancies that he is to recover perfect vision. The solution is this: the cataract has dropped into the fluid vitreous body, and light has reached the retina. Complete dislocation of the lens does not always ensue, and the most reasonable way to account for it, is to suppose that the vitreous humour is sometimes only partially dissolved, when the lens merely swings to the extent of the fluidity. Sometimes however, perhaps, the remaining attachment of the ligament may yet support the lens, for instance, when the hinge is in an upper position. After the pathological changes in the ligament of the lens, and in the vitreous humour, have actually begun, it is likely enough that very slight violence to the eyeball will produce the dislocation; and, hence, no doubt it is, that instances are met with of lenses being dislodged by the mere wiping of the eye, by a blow on the head, and other trivial occurrences, that could hardly have produced any effect upon a sound eye.

You are well aware that I extracted the right lens, and I proceed to show why I considered this necessary. I have often told you that the grave objection to the operation for displacing a cataract, whether by depression or reclination, (the difference being in theory rather than in practice,) is that the cataract is likely, by its presence as a foreign body in the eye, or from irritation to the retina in consequence of actual contact, to produce slow disorganization of the eyeball. Now, precisely the same thing is likely to happen in the case of a dislocated lens from disease, and the more so, as the lens is inclosed in its capsule; hence, it will not be absorbed, and the watery state of the vitreous humour will more surely allow it to gravitate. The archives of surgery are not without such examples. We know that with sufficient morbid action going on within the eye, to dissolve the ligament of the lens, and the vitreous humour, the retina may maintain its integrity; and, therefore, I was justified, not only in endeavouring to save the eye, but it was my duty to act as I did, and to have neglected which would have been culpable. It must be clear to you, that after a lens is floating free in a dissolved vitreous humour, the chances of securing it with success, if its presence should be obnoxious, are very small. But there is another contingent that may require to be met, even if the dreaded irritation do not ensue. At any time the displaced body may pass through the pupil, and locating itself in the anterior chamber be the source of much mischief unless extracted, and few are the instances in which this has been done with perfect success. I mean without the iris prolapsing, or a considerable portion of vitreous humour being lost.

I will conclude with a few comments on the operation. I executed the preliminary steps of fixing the eye, with great caution; using no more pressure on the eyeball than was absolutely requisite to keep it steady, for very slight weight is enough to force out a large portion of a disorganized vitreous humour; but the greatest care cannot always prevent the

occurrence. Directly that the cornea was punctured, the aqueous humour began to escape, and before the counter-puncture was made, the iris was on the edge of the knife. I managed, however, to make the counter-puncture, and to withdraw the knife, without wounding the iris. Then, after a sufficient pause, with the secondary knife I completed the section without wounding the iris, or loosing any fluid from the eyeball. I next proceeded to raise the upper eyelid, by laying hold of the cilia; for I dreaded to elevate it in the ordinary way, and out popped the lens, with a force that projected it to the patient's upper lip, before there was any opportunity of using the curette to rupture the capsule. Even now, there was no loss of vitreous humour. The eyelids were then retained together with plaster in the usual way, and the ordinary treatment adopted. No case ever progressed more favourably, and on the eighth day, when I opened the eye, the cornea was quite healed, there not being any prolapse of the iris. The pupil was oblong, owing to slight paralysis of some of the fibres of the iris, from the rapidity with which dilatation was produced by the sudden passage of the lens; but this is a matter of no importance. Excellent vision resulted. Mr. Taylor, my colleague, who is ever anxious to investigate physiological and pathological matters, at once examined the lens, and found it to be denuded of capsule,—a fact which he explains by supposing that the capsule itself had undergone some change—that softening, probably of the upper part, corresponding to the diseased part of the suspensory ligament, had taken place. He further found that the cortical layers were very nearly normal in appearance; it required great care to detect any morbid change. The source of opacity was almost entirely confined to the nucleus, where the histological appearances of nuclear cataract were present in a very marked degree. In the course of a few days I purpose operating on the other eye.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

SERIES ILLUSTRATING THE CONNEXION BETWEEN BRONZED SKIN AND DISEASE OF THE SUPRA-RENAL CAPSULES.

The Senior Physician of Guy's Hospital has recently added to the list of benefits which Medical science had already received at his hands, by the publication of a monograph on the "Diseases of the Supra-renal Capsules." In this work, Dr. Addison, as probably most of our readers are aware, advances the opinion, that destructive disease of these hitherto little regarded organs is attended by most serious constitutional mischief. His views, which are, indeed, the simple expression of his clinical experience, and are supported by eleven carefully narrated cases, may be concisely expressed as follows: 1. That a peculiar browning or bronzing of the skin is indicative of disease of the supra-renal capsules. 2. That it may depend on any disease which affects the disorganization of these bodies, *e.g.*, cancer, tubercle, abscess. 3. That patients suffering from this symptom fall gradually, and without obvious cause, into a peculiar form of debility, which results almost invariably in death within a limited period. 4. This form of debility is rarely attended by much emaciation, and the subject of it, although with much flabbiness of tissue, retains throughout a general bulkiness of frame which contrasts strongly with his extreme feebleness. 5. That, usually, no other important visceral complication supervenes.

Should these conclusions prove to be correct, it will be seen that we have an important and well-characterized disease added to the nosological list. Here is a train of peculiar symptoms and events originating in a morbid state of an organ of the pathology of which, hitherto, nothing has been known, and whose functions, whatever they may be, have been deemed of but little importance. Dr. Addison's facts are as yet only eleven in number, and, although they all support the conclusions indicated, yet that they are not sufficient data to set at rest so important a question, few, we suspect, would be found more willing to admit than himself. It now rests with the Profession at large to pursue the inquiry; and, should that be done with the same candour, zeal, and energy with which he has opened it, it will not be long before the requisite data are in existence. During the last few years, several cases have occurred in different Metropolitan Hospitals, having more or less similarity to those described, and these we now propose to group together. We shall pursue, in so doing, our usual method of first stating the facts, and at the end of the series endeavouring to sum up the conclusions derived from them, and to append such general comments as they may suggest(a).

ST. BARTHOLOMEW'S HOSPITAL.

BRONZED SKIN — DEATH — AUTOPSY — ABSCESS (TUBERCULAR?) IN EACH SUPRA-RENAL CAPSULE.

(Under the care of Dr. BURROWS.)

The following case may perhaps be deemed almost a typical example of the disease. Excepting, perhaps, that the man was emaciated more than would appear to have been the case in Dr. Addison's patients, the symptoms noticed, and the conditions found at the autopsy, coincide pretty exactly with the observations of that Physician. The colour of the man's skin was most marked, and led to a diagnosis as to the nature of the disease. Great interest was felt in the case, both by Dr. Burrows and the other Medical officers of St. Bartholomew's, and the observations respecting the symptoms, etc., were very carefully verified. We take the account from the notes of Mr. Beard, Dr. Burrows's clinical clerk at the time:—

E. E., aged 24, admitted April 7, 1854. He is a single man, living in London, but accustomed to travel about the country in his occupation as a hawker. His family are stated to have been healthy, excepting that his mother is now ill. His father was killed by an accident. He is himself of mixed complexion, having light eyes, and almost black hair; his brothers and sisters, with one exception, are of fair complexion. In habits of diet he appears to have been regular, excepting in the use of spirits; beer he has never liked, but he has habitually taken nearly half a-pint of gin daily. For four months past, being unable to work, he has been badly fed, but previously he was always able to procure sufficient food.

Present state.—He has the appearance of an ill-nourished man, being slightly emaciated. His skin is in all parts of a copper-bronzed tint, the head and neck being very deeply stained. On the thorax and upper part of the abdomen, the brown marks are interspersed with lighter patches, producing a mottled appearance. There are very dark patches in front of both patellæ, and the skin of the penis and scrotum is almost black. His back is the least deeply tinged of any part. On the back of the left thigh is a defined patch, an inch and a-half across, which is very dark. The conjunctivæ are a little more vascular than natural, but quite free from tinge. The gums of the upper jaw are congested, and a little tender on the left side. Tongue moist and clean, excepting a central fur; appetite bad; bowels relaxed; thirst moderate; pulse 108, small and soft. He is the subject of angular curvature of the spine, from old disease. The 6th, 7th, and 8th dorsal vertebræ project backwards, and there is the scar of an abscess opposite the 5th lumbar. He complains that exertion causes pain in the lumbar region, which extends from the spine along the crests of the iliac bones. Has great pain across the loins in walking or sitting, but none when lying down. The abdomen is in all parts tolerant of pressure.

History of symptoms.—The change in the colour of the skin has been noticed by himself and friends for four months past, and it is steadily increasing. The disease of the spine first occurred when he was three years old, but about two years ago suppuration again took place, and a sinus continued open for about four months. He was laid off work for some time, on account of this abscess, but had recovered, and returned to his employment for at least six months before his present symptoms commenced. The pain across the back, from which

(a) Any of the readers of the *Medical Times and Gazette* who may be in possession of facts (either from hospital or private practice) bearing on this subject, and may incline to forward them for publication, will confer an obligation by so doing as early as convenient, in order that they may be included in the present series..—J. H.

he now suffers, began about eight months ago. Of late he has wasted much, and during the last week he has had more or less vomiting every day. The matters vomited are described as watery, and of a yellow colour.

Treatment, etc.—Dr. Burrows prescribed for him a draught, containing five grains of the ammonio-citrate of iron in infusion of calumbo, and ordered four ounces of wine daily, with such articles of diet as he could take. During the week that he was under observation no vomiting occurred, nor did he suffer from pain. The urine was repeatedly inspected, and was always abundant in quantity, of light straw colour, and free from sediment. During the first three days he was kept to bed, but afterwards, at his own request, was allowed to get up, and usually remained dressed in the ward for several hours at a time. His debility was a marked symptom. On the whole he appeared to be improving, until the night of his death.

Mode of death.—On the 15th, in the afternoon, he had been up for some hours, and had conversed cheerfully with a brother who visited him. Towards evening he returned to bed, remarking that he felt exhausted, and not quite so well. His bowels not having acted, he obtained from the nurse a dose of house-medicine. Up to 1·30 in the night he slept well, but the dose then began to act freely, and between this and 7·30 he had a succession of seven fluid stools. At seven the nurse gave him a dose of aromatic mixture, after which no further purging occurred. At eight he was spoken to, and turned his head, but made no reply. The nurse finding him almost unconscious, at once sent for Mr. Wood, the resident Medical officer, but before that gentleman arrived he was dead.

The autopsy was conducted by Mr. Turner, two days after death. Nothing unusual was noticed in the brain. The thymus gland was large, measuring three inches in length. The heart was contracted, especially on the right side. Its structure was firm, but there was an excess of fat on its exterior. One curtain of the mitral valve was slightly thickened, and some plates of partial ossification were beneath the lining membrane of the aorta. The lungs were healthy, and showed no excess of pigment. The bronchial tubes were in a normal state. The bronchial glands were dark, from pigment. The peritonæum was healthy. The liver was of natural size, and, excepting the presence of a few small, yellowish patches of deposit beneath its peritoneal investment, which extended about a third of an inch into its substance, it showed no departure from the healthy state. The spleen, pancreas, stomach, intestines, and bladder, were healthy. The mesenteric glands were rather larger than usual. The kidneys were swollen and congested, and their capsules easily stripped off. The bodies of the fifth and sixth dorsal vertebræ had been destroyed, and a partial anchylosis, permitting of some motion, existed. The spinal cord at this part was bent, to suit the angle, but was neither flattened nor compressed. There was no active disease in the bones, but over them lay a mass of enlarged glands, in the centre of one of which softening appeared to be commencing. *The suprarenal capsules.*—The right of these bodies was rather increased in size, and on making a longitudinal section of it, a purulent-looking fluid oozed out from several distinct portions of its interior. Bathed in this fluid were some hardish yellow bodies, the size of peas, much resembling in appearance concrete tubercular matter. These bodies, together with the fluid, were enclosed in a distinct capsule, which was lined by a well-defined membrane. The left capsule was not quite so large as the right, which, however, its condition on section precisely resembled. The bodies found in it were four or five in number, and one of them was as hard as cartilage. Both capsules felt before section soft to the finger, on account of the presence of the fluid within.

THE HOSPITAL FOR DISEASES OF THE SKIN.

BRONZED SKIN—LOSS OF STRENGTH, WITH EMACIATION—DEATH.

(Case under the Care of Mr. STARTIN.)

C. G., aged 12, a well-grown and tolerably stout Irish lad, was admitted as an out-patient on April 24, 1854. His ailment consisted in a change of colour, which affected the whole skin. His face was of a deep-brown colour, not much differing from that of a Copper-Indian. The same tint extended more or less to other parts, being least marked in the lower extremities, which were of a yellowish-brown only. The staining was deepest in the face, neck, and other parts exposed to the sun, but it was of unmistakable character in all others. Pressure with the finger did not render the skin pale. The conjunctivæ were white, and free from any discoloration; the nails also were without tint, and contrasted remarkably with the dusky-brown fingers. His mother stated that she had first noticed the change in colour about Christmas last, and that it was much increasing. The boy was before of fair complexion, and white clear skin, excepting the face and hands, which were sun-burnt. Since the browning commenced, he had lost flesh somewhat, and had seemed weak, languid, and out of spirits. He lived at home at Bayswater, and had been accustomed to have good and sufficient food, and to be much out in the open air.

In aspect the boy looked heavy and oppressed, and he answered questions in a slow, half-stupid manner. He had large and regular teeth, brown hair, blue eyes, and very large pupils. The tongue was clean, flat, and pale, but superficially abraded in patches. Pulse soft, and not materially quickened. On the gums of the upper jaw were some small white patches, resembling aphthæ. The bowels were reported to act regularly, and the motions to be of natural colour. The urine, which was tested at the time, was found to be feebly acid, and not coagulable; it was pale, and without the least of bile-tinge. His mother complained most of his loss of strength, and stated also that he had become fanciful in his appetite, and did not eat so well as formerly. There was a slight hacking cough. About a year ago he had suffered from abscesses under his jaw, and in several other parts, and of these in his back, neck, etc., the scars still remained. He was quite laid up at the time for several weeks, and had not, indeed, fully recovered his strength when the present symptoms commenced.

The condition of things detailed in the above narrative at once suggested to those who saw the case the diagnosis of renal capsule disease. No deviation from proper function could be detected in other viscera, yet here was the progressive failure of strength, and the peculiar discoloration of the skin. The question of treatment was now discussed. On this but little light could be obtained from the conjecture as to the organ affected. The nature of the pathological change might be one of several different ones—tubercle, abscess, cancer, etc. Mercury being, however, a remedy likely to influence favourably all degenerating changes commencing in an inflammatory condition, a class which includes very many, it was thought that the careful trial of that drug might, perhaps, have more in its favour than could be adduced for any other. Doses of one-twentieth of the bichloride were accordingly prescribed, in combination with three minims of vinum colchici to be taken three times daily.

The lad continued to attend the Hospital pretty regularly for about four months, that is up to August 18. The mixture first given was continued for about half the time, and afterwards substituted by one containing the iodide of potassium and carbonate of ammonia, a-quarter-of-grain dose of calomel being ordered every night. No material change in the symptoms took place. At one time it was thought the skin was not so brown, and the lad appeared more lively and less languid, but the improvement was not marked. He retained a fair appetite. The urine continued copious, and never showed a bile tinge. The stools were throughout daily, and were of healthy colour. The emaciation continued to increase, but not to any very great extent. Towards the end of August the boy ceased to attend, and the following particulars as to his latest symptoms were obtained by the writer from his mother some months afterwards.

Mode of death.—For some days before September 22, he had been more feeble, and had failed in his appetite. His mother thought that the brown tint then became much deeper, and she spoke of him as having become very thin. On the morning of the day referred to he had walked out as usual, but in the afternoon had a profuse attack of diarrhœa. The purging made him very weak, but it ceased in the night. On the following day he had a succession of convulsions, during which it was necessary to put a cork between his teeth to prevent his injuring himself. In one of these he died. Unfortunately, no post-mortem examination was made.

JONATHAN HUTCHINSON.

[This series will be continued next week.]

THE SURREY DISPENSARY.

INTESTINAL OBSTRUCTION.—DEATH.—VILLOUS CANCER GROWING FROM A DYSENTERIC ULCER IN THE COLON.

(Communicated by Dr. INCE, Resident Medical Officer.)

Robert B., aged 72, became a patient at the Surrey Dispensary, under the care of Dr. Aldis, on Aug. 11, 1855, complaining of diarrhœa, tenesmus, pain in the abdomen, and other dysenteric symptoms. He said, that for the last few years he had been troubled more or less in this way, and that, at times, his bowels were so irritable, that upon taking the smallest quantity of fluid an evacuation immediately followed. He had lived in Newington the greater part of his life, and never been abroad. He also had a reducible hernia. During the three days succeeding his visit to the Dispensary, his bowels became more quiet, and then ceased to act altogether. Purgatives were administered, but with no effect. Having been called to attend him at his own house, I found him on the fifth day of the constipation, suffering great pain in the abdomen, rolling about in bed in great agony, and having almost constant vomiting. One grain of opium every six hours was then ordered. During the two following days the more urgent symptoms were relieved, but, with the exception of the passage of a few scybala, no free evacuation of the bowels had occurred. On the eighth day all the symptoms had again returned, but soon bated, as the patient went into a very low condition, taking but little nourishment, and all his powers failing him. Although he did not rally, it appeared as if the hitherto insuperable constipation had been overcome, for, on the tenth day, he had a copious evacuation from the bowels, and diarrhœa continued until his death, four days afterwards, or fourteen after the commencement of the symptoms of strangulation.

Dr. Wilks accompanied me to the post-mortem examination, and drew up the following account of its details:—

Body spare, but not much wasted. Acute recent peritonitis; intestines distended; serous coat injected, and covered with a slight exudation of lymph. The seat of stricture was at once seen to be in the very centre of the transverse colon. To this part the omentum was adherent, and a hard lump could be there felt, the intestine, both above and below it, being much distended. Although the exterior continuity of the bowel exhibited a considerable falling in at this place, its lessened calibre was not so manifest from the outside as from within; for, when the intestine was opened, its channel was found so reduced in size, that it would only admit a goose-quill, a little finger being quite inadmissible. On laying the whole of it open, the diminished passage was found due to the external peritoneal puckering, to the hypertrophy of the sub-serous cellular tissue and muscular coat, and especially to the raised, spongy-looking, mucous membrane. When spread out, the diseased surface occupied a space not much larger than that of a five-shilling piece. The cæcum, parts of the colon, and rectum, contained numerous ulcers in the various stages of healing, many being quite healed, and presenting merely cicatrices. There were large, irregular-shaped, portions of mucous membrane, of a slate colour, which have been renewed, and caused a puckering of the surface. The lower portion of the large intestine was thus much altered in shape, and was of various-sized calibre, from this contraction of different parts, and hypertrophy of muscular coat. This condition was one commonly seen as the effects of severe dysentery. Upon regarding the cause of obstruction, the first impression was that it was an ulcer, as seen in other parts, but in which the contraction had advanced to a greater extent, and thus completed the obstruction. Upon examining it, however, more closely, it was found to resemble a not uncommon form of cancer of the intestine, known as "villous cancer," and the microscope confirmed this view. The mucous membrane was red, highly vascular, and completely separated from the surrounding mucous membrane, not only by its colour, but by its highly-raised fringed margin; this being considerably raised above the level of the adjacent mucous membrane and having a soft, spongy, velvety appearance. The muscular coat beneath

was much hypertrophied, and the peritoneal and cellular tissue around thickened. The microscope showed the surface of the structure to be highly vascular, and composed of numerous branching villi, as seen in villous cancer. These were covered with columnar epithelium. The appended diagram will illustrate the condition described. For an excellent representation of an exactly similar growth, the reader may refer to a case published by Mr. Birkett in the fourth volume of the *Transactions of the Pathological Society*. There was no cancer in the liver, abdominal glands, or any other part. Besides showing the utter inutility of Amusat's operation in such a case, which had been considered during life, the autopsy is of much interest as illustrating the fact of simple disease in the intestine being connected with a cancerous one. This connexion seemed more than a coincidence; it really appearing as if during the healing and contraction of numerous and dysenteric ulcers, one had put on a cancerous form. It is only another instance proving that every organ requires a study of its own, that the subject of cancer requires much more elucidation, and that these local cancers are widely different from those ordinary forms which so rapidly diffuse themselves throughout the system.

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 68.—Oxalate of Lime and Urate of Ammonia in a Combined Deposit—the Necessity of Dissolving out the Urates.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—If you deem the following worthy of notice for the assistance of young microscopic manipulators it is at your service. Having lately been much employed in the examination of a patient's urine (the urina sanguinis), I discovered the oxalate of lime in great abundance in the semi-transparent deposit. This continued for some time. I then requested to be brought me urina chyli, which when brought had always a copious deposit of urate of ammonia, and now, by the microscope, I could only detect a few crystals of the oxalate. This passed on for a few days, but, as the crystals were very large, I was then led to suppose there were more obscured by the opaque urates. (In fact, I had hoped the enemy was retreating.) I therefore placed a drop of the urate sediment on my glass slide, and by the aid of Highley's dropping-bottle, (which, by-the-by, is very useful,) let fall a drop of liq. potassæ. My field was now quite clear, and in the place of only three or four, I found nearly as many as in my earliest examinations; in fact, they had been obscured by the opaque urates.

I am going down the hill, but if I can remove a hindrance from those who are climbing up, I would wish to do so. What I intend to convey, then, is this—that where oxalates have been found, to form a correct estimate when urates supervene, it is necessary to dissolve out the urates, as I have just shown.

There are so few communications on the microscope, that I have been led to trouble you with this trifling hint, to deal with as best seems fit to you. I am, etc. R. B.

Dec. 4, 1855.

No. 69.—Monstrous Births.

Sir,—In Geoffroy St. Hilaire's work, entitled "Anomalies de l'Organisation," Tome III., p. 50., will be found a full account of two Hungarian women, twins, joined together by the sacrum, aged 23. R. U. W.

ANSWERS.

To No. 58.—Vesical Gonorrhœa.

[*To the Editor of the Medical Times and Gazette.*]

Sir,—In answer to "A Constant Reader's" inquiry, which I have only now seen in your Number for November 4, I

refer him to a report of a case of "Vesical Gonorrhœa," in *the London Journal of Medicine*, 3rd or 4th volume. From the origin and intractability of the case *now* alluded to, I conceive it to be of the same character as the one to which I have referred—a case of "cystorrhœa," certainly, which is the most vague term that can be applied to it. Let your correspondent regard it as one of gonorrhœa, (or, as I prefer naming it *bapturethrorrhœa*, or infectious discharge from the urethra,) extended to the bladder, and treat it as such, and I think he may overcome it without difficulty. As for the *prurigo*, I doubt not this will yield to proper treatment when the principal mischief is banished, but probably not till then.

Leeds, December 7, 1855. I am, etc. R. G. Mayne.

To No. 65.—Does supporting the Perinæum ever prevent Rupture?

Sir,—Is rupture of the perinæum produced by laceration from the fourchette towards the anus, or from the perineal muscles towards the fourchette? The labia and fourchette are so elastic, that where there is equal pressure of the child's head, rupture seldom ensues; but when the sphincter ani and the posterior part of the perinæum have been fully distended, the face passing to the hollow of the sacrum, and the occiput under the arch of the pubis, there is sudden and unequal pressure on the anterior part of the perinæum, with a tendency to rupture of the mucous membrane and muscles before the fourchette is dilated.

The use of the napkins is to resist this unequal pressure till the head has acquired its proper direction, under the arch of the pubis, so as to dilate equally the resisting structures. If there is abrasion of the mucous membrane, half-an-inch from the fourchette, rupture will probably ensue, except pressure is maintained, till the mastoid processes have passed the labia. With the free use of lard or pomatum, the thighs semiflexed, a pillow between the knees, and pressure on the perinæum, the elongated occiput will curve in front of the pubis, and relieve the direct strain on the perinæum and fourchette, and allow gradual dilatation, or a vigorous pain may produce the evil we strive to prevent. With face presentation, there is more direct pressure on the perinæum, less elongation of the head, and the fourchette, in the latter stage, is pressed forcibly towards the anus. The operator must then *hope* for a safe delivery.

Ashton-under-Lyne, December 10, 1855. S. D. L.

To No. 56.—Sir Thomas Brown's Works.

Sir,—My copy of Sir T. Brown's principal works, viz., the Pseudodoxia Epidemia, and the Religio Medici, with Annotations and Notes by Sir Kenelm Digby, is the sixth and last by Julius Scaliger. The whole title of the book is "Pseudodoxia Epidemia; or, Inquiries into many received Tenets, and commonly-presumed Truths; together with the Religio Medici. By Thomas Brown Knight, M.D. The sixth and last edition, corrected and enlarged by the Author, etc. etc. Julius Scaliger. London: 1672."

This is a handsome quarto volume, well printed, and to be occasionally found in old collections.

Worcester, November 8, 1855. I am, etc. M.D.

To No. 67.—Medicinal Properties of Aluminium.

Sir,—Mr. Westrupp has made a mistake about Aluminium, and won't let it drop. Surely we know already the properties of its salts and compounds, from the pipe-clay that cleans our buckskins, to the alum which adulterates our loaf. Cerium and tantalum were altogether new—both metals and salts—and the latter needed experimentation. Not so with the salts of aluminium. I am, etc. Iatro-Chemicus.

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Medical Times & Gazette.

SATURDAY, DECEMBER 15.

ON THE POSITION AND DUTIES OF THE NEW OFFICERS OF HEALTH

UNDER THE METROPOLITAN LOCAL MANAGEMENT ACT.

The powers and functions of the new Metropolitan Vestries and District Boards of Works are, at present, subjects of the deepest interest to every ratepayer in London, and more particularly to the members of our own Profession. Whilst we are writing, these bodies are employed in electing Delegates who, when elected, will constitute the new "Metropolitan Board of Works;" a body which will supersede the old Sewers' Commission, and which will have immediately to carry out some plan for "Preventing all or any part of the sewage within the Metropolis from flowing or passing into the river Thames in or near the Metropolis," and to complete the same on or before the 31st December, 1860. So vast are the powers of this body, so stupendous the works entrusted to them, so deeply must they dip into our pockets if they carry those works to a successful issue—we do not like to think of the consequences of a failure—and, above all, so important are the sanitary and economic questions involved in these works, that we must devote a separate article to this part of the subject; meanwhile, we heartily commend a careful study of the Act to our London brethren, as those more nearly interested, and to the Provincials, since no part of the country can be quite unaffected by the example of the Metropolis. At present we must confine our observations to the more strictly Medical part of the question.

The powers of the Vestries and District Boards will come into operation in January, when they will be required "from time to time to appoint one or more legally-qualified Medical Practitioner or Practitioners of skill and experience, to inspect and report periodically upon the sanitary condition of their parish or district, to ascertain the existence of diseases, more especially epidemics, increasing the rate of mortality, and to point out the existence of any nuisance or other local cause which are likely to originate and maintain local diseases, and injuriously affect the health of the inhabitants; and to take cognizance of the fact of the existence of any contagious or epidemic diseases, and to point out the most efficacious mode of checking or preventing the spread of such diseases, and also to point out the most efficient modes for the ventilation of churches, chapels, schools, lodging-houses, and other public edifices within the parish or district, and to perform any other duties of a like nature which may be required of him or them."

Such are the words of the 132nd section of the Act, on which we proceed to offer a few commentaries, not only for our Medical readers, but for such of the laity as interest themselves in scientific matters, and see our pages regularly at their club or public library. For personal intercourse in the course of the last few days with Vestrymen from all quarters, has abundantly convinced us that very many of them have but the most indistinct idea of the duties, qualifications, positions, and requisite emoluments of the future Officers of Health.

It is, of course, possible to interpret the above section of the Act of Parliament in a wide and generous, or on the other

hand, in a narrow and niggardly spirit (a). When the latter view unfortunately prevails, and we know that it does in some quarters, there, a house-to-house visitation during epidemics, and inspection of foul drains and nuisances, will be taken as the main duties of the Officer of Health, who will be only another parish Medical drudge, ill-paid and not respected. When the larger view prevails, he will be intrusted with the study and development of some of the grandest problems, of universal interest to humanity. Let us go a little into particulars.

The first duty of the Officer of Health, as of any other person engaged in scientific researeh, is the collection of facts; and the facts referred to by the Aet are divisible into two classes:—1st, those relating to sickness and mortality; 2nd, those relating to the conditions which may fairly be considered causes of such sickness and mortality.

In order to be in possession of the state of mortality, a constant acquaintance with the registers kept by the various district registrars will be essential. It will be essential, likewise, that the original certificates of cause of death, which are given by the Medical attendants of deceased persons, and which the Registrar takes for evidence of the fact and cause of death, should be preserved, in order that the Officers of Health may be able to make proper inquiries, if needful. But, besides: the Medical certificates of the cause of death, when once registered, are at present treated as if of no further value, and are destroyed. We would venture to suggest that they should, as soon as registered, immediately be sent by the Registrar to the Officer of Health, who would, by this simple expedient, at the least possible amount of cost or trouble, and with scarcely the waste of a drop of ink, or a bit of red tape, be kept regularly informed of every case of death within his district.

But it is not mortality only that the Officer of Health must take cognizance of; he must also "ascertain the existence of diseases." This is a great step in social economy; and one which is absolutely requisite in order that disease may be studied as a whole. It is impossible to accept records of *mortality* as the only data by which we may estimate the prevalence, or even the relative fatality, of disease. This idea has been worked out, in some measure, by Dr. Druitt, in a paper in the *Journal of Public Health*, edited by Dr. Richardson; and Dr. Druitt has pointed out a very simple plan by which Medical Practitioners may keep daily records of disease, with little or no trouble. But as the communication of information of this sort is not compulsory, so it is essential that the position of the Officer of Health towards his Professional brethren should be of the most friendly nature possible; that his character should be above suspicion, not only in what are called morals, but in those lesser proprieties and amenities of life which, in the sum, constitute the character of a gentleman. It should be impossible to entertain the idea that he could ever use such information for his own benefit in competition with his brethren, otherwise this part of his duty will be performed under a cloud of difficulties. For he must obtain information not only from the parochial Medical Officers, from the functionaries attached to Hospitals and Dispensaries, from the clergy, district visitors, home missionaries, teachers of national schools, and other persons, whose public duties make them acquainted with the condition of the poorer classes, but also from the Medical Practitioner, who, before he can be induced to furnish information, must, first of all, possess very ample assurance that it will not be used to his own disadvantage.

But what is the character and amount of information which the Medical Officer is to seek, and the Practitioner to furnish First, the endeavour must be to trace out the source, and measure the prevalence of those diseases which, we believe, we have a right to call preventible. The term *preventible*, however, is almost too wide for our purpose, as it would most justly include that great phalanx of physical evils which follow upon moral delinquencies—the results of intemperance and incontinence, for example. But we must, for present purposes, limit it to diseases arising from, or fostered by, external physical conditions, which it is in the power of man to remove. Such are the great zymotic maladies—small-pox, typhus, typhoid, scarlatina, and the like; and it would be no mean result of the appointment of Officers of Health, if, for one twelvemonth, the dates and places of the prevalence of scarlet fever within a given area, and the *sore throats* and lesser maladies related to it which prevailed simultaneously, and the maladies which follow in its train, could be accurately observed and chronicled. We greatly desire a record of all illness, as furnishing curious and valuable statistical information; but for our present purpose it is not the maladies that arise from the peculiarities of individuals — not her ladyship's hysteric fits, nor his lordship's gout—but the scarlatina, measles, hooping-cough, and other maladies, which either arise from widely-spread causes, or which, having arisen, no matter how, have the power, under certain conditions, of spreading themselves among the healthy.

When we speak of preventible maladies, we beg to express our most earnest hope, in the name of Christianity itself, that due note will be taken of *infant mortality*. We have not space to develope this idea at present. But no one who has ever practised among the London poor can fail to have had his heart smitten by the sight of young children sickening and dying off in a way that sets medicine at defiance. No matter what the malady is. It may be measles, or bronchitis, or what you like. The real malady is the poisoned air of the single chamber in which the family sleep, eat, wash and dry their clothes, and, in fact, breathe the vapours of their own bodies in a constant circle. Let the infant mortality of every parish be summed up; let it be posted on the church-doors, or placarded in the market-place. We desire no closer test of the moral and physical condition of a community. Let a self-conceited and bragging generation, with its boast of nineteenth-century enlightenment and Anglo-Saxon civilization, and its powers of subjugating universal nature to the wants of man, explain why children, the most precious gifts of the Almighty, are allowed to perish unheeded, as at present.

When the officer is fully informed of the sickness and mortality in his district, he may fairly act upon the supposition, that whereas any case of illness may occur anywhere from accidental causes, yet that, if illness of any sort is unusually present in a given place; or if it is attended with unusual mortality; or if, when introduced, it spreads with great virulence, that then there is something in the place which favours the propagation, even though it may not have caused the first development, of illness.

It will be his duty, therefore, to cause every seat of unusual sickness or mortality to be inspected as to the condition of drains, and the sources of nuisance; not forgetting those of premises adjoining, which are nearly as often to blame as those of the unhealthy house itself.

In so doing, other conditions, besides mere drainage, should be looked after. Light and air should be noticed; and if the dark courts, and alleys, and *culs-de-sac* of the poorer districts cannot be abolished, at least we may hope that in the wealthy districts a stop will be put to building the absurdly narrow and crooked streets, which, under the name of *Crescents*, are found even in the new Tyburnian district. The necessity o

(a) In more than one Vestry the idea has been broached, that since the Act requires each Vestry to appoint one or more Officers of Health *from time to time*, that therefore they need not appoint regular or permanent officers, but call in their services occasionally when they themselves shall think it necessary.

bright light, and thorough draught, seems not yet to be quite understood.

In the course of his duties in ascertaining causes, we recommend the Medical Officer carefully to abstain from meddling with the proper office of the builder or architect. His opinion is to be a Medical one; and there will be a host of unpleasantnesses if he ventures on ground purely engineering. It will generally be better, too, to receive reports of such inspections made by competent persons, than to make them himself. In cases of dispute, his office should be that of judge, and not of witness on either side; and he will be in a false position, if Mr. A, the architect, or B, the builder, can stand up and impugn his opinion on grounds belonging to their own technicalities.

Out of the materials collected, the officer must frame a periodical Report of the rate of mortality and sickness, so far as ascertained in his own district, and in the several parts of it: and that most valuable adjunct to a Report, a lithographed map of the parish, with a tabular statement of the area, population, and mortality, specified under the heads of *All Causes*, *Zymotic*, and *Infant*, should be prepared once a-year. It may be hung up even in the tap-room, and distributed everywhere, so that it may strike the eye of those who would never read a Report.

In that part of his functions which relates to the pointing out the existence of local causes of disease, there will be ample scope for the exercise of observation and ingenuity, guided by a knowledge of natural science. Plenty of circumstances there are, even in the best-regulated parishes, which an acute Officer of Health may be able to report on, for the public benefit, without the imputation of crotchetiness, which should be kept clear of, or of incurring fruitless expense, which few Vestries in these hard times will sanction. We may refer, besides, to the carrying out the provisions of the Vaccination Act; the organization of measures of relief during cholera and other epidemics; the arrangement of sanitary details for schools, and other public buildings; in fact, the Officer of Health ought to be the Consulting Officer on all public questions, in which health is directly or indirectly concerned.

Now, then, a few words as to his status and emoluments; and here let us deprecate any short-sighted, or selfish, or dog-in-the-manger policy on the part of our own brethren. The universal complaint among us, when Medicine is compared with the Law or the Church, is, that we alone have no public status, no offices of rank or emolument. Now here is an opportunity of creating such offices; of placing Medicine in her legitimate position, as the Guardian of Public Health, alongside with the older-established Guardians of Public Morals, Religion, Property, and Order. She steps out of the obscurity and neglect to which she has been condemned, and claims for her Ministers their due position and rewards! Alas! how is it then that in this or that parish we hear of the parochial Medical officers meeting together, and offering to do the work themselves at a slight increase of salary? Fancy a hundred curates or attorneys offering, for ten pounds a-year a-piece, to dispense with the services of Bishops and Judges! and give what weight you please to the argument, that because every regiment has a Colonel, therefore there is no need of Generals. Yet this is just the tone alleged to have been adopted by some of our brethren!

Against any such short-sighted policy we emphatically protest in the name of the Profession. Let us have for Officer of Health, a person competent from his education, age, professional reputation, and position in society, to sit beside the nobleman, the rector, and the barrister. He should, if possible, belong to the consulting class, or if he do not at present, his education and talent should enable him to assume that dignity. His personal character and his position should constitute him the protector of his brethren, in any case in which their characters or interests are involved. He should be equally the protector of the poor, in any case in which they may justly allege themselves to have been neglected. He should be prepared to assist the Coroner in the solution of medico-legal questions, and to advise upon the expediency or not of judicial inquiries. He should be in practice, for no salary can be given which will be an adequate compensation for the loss of it. Income and position go hand in hand. His salary must be liberal. Such an officer, who did his duty to the Profession and to the public, might cause Medicine to be respected, and give us all a something that is at present hardly to be purchased for money.

THE ALLEGED SLOW POISONING CASE AT DARLINGTON.

This very remarkable case has been concluded by the acquittal of Mr. Wooler, who was the husband of the deceased and the prisoner accused of her murder. The presiding Judge was so firmly convinced of the innocence of the accused, that he summed up strongly in his favour, and almost expressed his regret that he had not stopped the case before it went to the Jury. The mystery which hangs over the affair, however, has not been at all removed by the evidence given at the trial, or by the ingenuity of the legal authorities engaged.

In a Medico-legal point of view, the trial is one of the very highest interest, and three questions may very fairly be asked upon the evidence adduced:—1st. Was arsenic introduced into the body of the deceased? 2nd. Did she die in consequence of the effects of the poison? and 3rd. Why, and how, and by whom, was it administered?

1st. Was arsenic introduced into the body of the deceased? Upon this point there is left, we think, no room for doubt, after the evidence of Dr. Christison and Dr. Taylor, together with that of Dr. Thomas Richardson, an analytical Chemist at Newcastle. Dr. Taylor, together with Dr. G. O. Rees, analyzed a portion of the viscera, including the heart, of the deceased person, and detected a grain of arsenic in the portion sent. Dr. Thomas Richardson analyzed another portion of the viscera, and detected half-a-grain of the poison. Dr. Christison detected a minute quantity of arsenic. Admitting, then, that a grain-and-a-half of the poison were discovered in the portions of the body submitted to analysis, it must be evident that a large quantity must have existed in the whole body, for the arsenic was not lying upon the surface of the membranes, but incorporated with the substance of the tissues. Hence, then, it is quite evident that a large quantity of arsenic was administered from without; and from the whole history of the case, we are led to believe that it entered the body in small successive doses during a considerable period of time.

2nd. Did she die in consequence of the effects of the poison? On this point we think there is some reason for doubt, notwithstanding the admission of the Prisoner's Counsel, and, indeed, the general concurrence of nearly all the legal authorities, that the case was one of arsenical poisoning. We do not for a moment deny that all the symptoms are *reconcilable* with such a view; but considering the state of the liver, which, as revealed by post-mortem examination, appeared to have undergone the process of fatty degeneration; considering also the state of the lungs, which are said by the Medical witnesses who saw the patient during life, to have contained tubercles; and considering the general ill-health under which she had laboured for a considerable period,—it is not at all impossible that the inflammation and ulceration of the stomach and intestines may have been caused by natural dis-

ease. They were such as *might* have been found in gastro-enteritis or dysentery, quite independent of arsenical poisoning. On the evidence as to the symptoms during life we do not lay much stress; some we think are magnified into undue importance; and we cannot helpremarking that if they were, during life, so pathognomonic of arsenical poisoning as they are now made to appear, it is somewhat extraordinary that a more decided and prompt diagnosis was not given while hope yet remained, and while remedial, and we may add, legal measures, might at once have been adopted.

3rd. Admitting that arsenic was introduced into the body of the deceased, but not wholly admitting that it was the only, or the efficient cause of death, we may next ask, why, and how, and by whom, was it administered? Here the evidence is entirely of a negative character. There is no appreciable motive which could induce any one to take away the life of the deceased. With regard to the mode of administration there is an equal absence of all evidence. If she had taken it medicinally for some of those diseases in which it is usually prescribed, the fact would, of course, have transpired; but not a shadow of evidence to that effect was offered. Was a large quantity swallowed by mistake? Upon this point there is an equal want of evidence; and we must remark, that if such had been the case, the symptoms would have been more acute, and the fatal termination more rapid than appears from the recorded facts. Was it administered by injection? This method of poisoning is quite possible, but the evidence on this point is also insufficient. We must here observe, in passing, that the statement made by one of the Medical witnesses, as to the blocking up of the pipe of the injecting syringe, turned out to be completely erroneous, as the arsenic said to be detected in the syringe was really derived from the hydrochloric acid, which was used as one of the tests. As to the party who administered the poison, the same mystery prevails as over the rest of the case; it is impossible to believe that the deceased poisoned herself, as all the evidence negatives such an assumption; the husband had no motive for poisoning her, and after her death he not only allowed a post-mortem examination, but sent up the viscera, at his own expense, to be analyzed by Dr. Taylor in London. The only other persons who were about her during her illness, were her relations, her female servant, and the Medical attendants.

In summing up the case to the jury, Mr. Baron Martin, significantly remarked that "if he were to make a surmise, there was a person on whom his fancy would rest rather than upon the prisoner." This observation only adds another enigma to this mysterious history, and we must conclude, for the present, with hoping, that as the Judge evidently thinks he has his eye upon the true culprit, no time will be lost in bringing the party to justice.

THE TENDER MERCIES OF DEATH.

In our Journal for July 21, of the present year, we recorded the case of Mr. Elliott, an Assistant-Surgeon in the Navy, who had been sentenced to be dismissed from the Service, and to be imprisoned for two years, for what was declared to be, in the official reports, neglect of duty in not attending to sick soldiers when requested, and in using harsh and improper language to them. Now, in estimating the criminality of such conduct, any tribunal but that of a Naval Court-Martial would have put into the balance the antecedents of the criminal. And what were these? He had served during the entire winter, from September, on the heights of Balaklava, in a sphere extending full two miles on the hill-side. He had sole Medical charge of 1500 men—400 of whom were ill at one time—with only one assistant; that assistant, at times, being otherwise engaged on board ship. He himself had suffered severely from dysentery, and, while so prostrate, the cave in which he was located fell in, leaving about a ton of earth upon him. He had often to crawl on all-fours through snow to visit his patients. On three several occasions, when attacked by dysentery, he refrained from getting invalided, and so sent home; preferring, if need be, to die at his post; and amid such an accumulation of "difficulties," he had to deal with a commandant who was unceasingly "taking notes," and who was never so happy as when he could get "the doctor" into hot water. When the cholera was raging on board the "Britannia" flag-ship of Admiral Dundas, that officer was an eye-witness of Mr. Elliott's conduct, and he spoke of him as a most zealous and attentive Medical officer, and an excellent man; and Dr. Rees, the Surgeon, certified as follows: "But I have especially to certify that during the outbreak of cholera in the 'Britannia' in August last, I received from Mr. Elliott the most zealous, devoted, and energetic assistance." Such was the man who, for the before-mentioned reasons, was sentenced to *dismissal from the Service, and to two years' imprisonment!*

Mr. Elliott is now *dead*. Fever came to the rescue, inflammation of the brain lent its aid, and the victim died in a common gaol, on Tuesday week. He has passed the line where human sympathy can be of any avail—wickedness will never more trouble him, and he rests from his labours. But what of the system which consigned him to a dungeon and to death, and how are those, his late compeers and his successors, to be protected for the future against the same cruelty? Such terrible severity in punishing, combined with wretched niggardliness in rewarding, is not the way to maintain a staff of gentlemen as Medical officers in the midst of the conflicts of war. Surely, this is a lesson which Courts-Martial might do well to ponder over.

Our readers will find in another column an affecting letter, from the sister of the deceased gentleman.

THE WEEK.

Another attempt was made last Saturday to suppress the Belle-Isle Nuisances, on the part of the Government. On this occasion the defendants were manufacturers of varnish, and it was sworn in evidence that the smells arising from this trade were of the most offensive description, causing illness of various kinds. The counsel for the defence argued that the smells arose from the other factories in Belle-Isle, and not from the varnish manufactory. This is a most ingenious line of argument; and if all the nuisance-mongers were prosecuted together,—the horse-knackers, the manure-makers, the bone-boilers, the varnish-manufacturers, the tallow-melters, the sausage-skin makers, would each separately allege that the effluvia proceeded from any other trade but their own, and a conviction would be almost impossible. The case was adjourned, to allow the magistrate an opportunity of a personal inspection of the factory. Verily the gentleman who is fortunate (?) enough to gain the post of Medical Officer of Health to the district in which Belle-Isle is situated, will have no easy task to cleanse this Augæan stable.

We publish in another column the reply sent by Lord Panmure to the Memorial of the Assistant-Surgeons serving before Sebastopol, and the rejoinder of the Assistant-Surgeons. It is impossible to deny that his Lordship's document is written with great care, and that some of his arguments are not destitute of weight; but upon one point, his reasonings are altogether erroneous. His Lordship asserts that in point of preparatory education, the Medical Officer and the combatant officer are exactly upon the same footing;

while it is notorious that the former is not eligible for the Service at all until he has received a Degree or Diploma in Medicine, while the latter is eligible for a Commission while he is yet a boy, and need possess no Professional education whatever. A very little inquiry would surely have set Lord Panmure right upon this point, which we take to be one of the strongest which can be urged in favour of the Medical Service of the Army.

The visit of Colonel Lefroy, the Government Commissioner to the Hospitals in the East, has led, as we anticipated, to the breaking up of Smyrna Hospital, and the enlargement of that at Renkioi. The distance of Smyrna from the seat of war, and the objections to the town itself, have no doubt had their weight in a decision which accords with an opinion we have from the first expressed, as to the ineligibility of Smyrna as a site for an Hospital for the Army. Dr. Meyer, and four of the junior Medical officers, remain for a time, in case of future emergency. Dr. Barclay, Dr. Gibbon, and Dr. Leared return at once to England. Mr. Macleod, Mr. Wordsworth, Mr. Eddowes, Mr. Hulke, Mr. Jardine, and Dr. Ranke are in the Crimea. The remainder of the staff remain at Smyrna, at the disposal of Dr. Hall. The patients have been removed to Renkioi by successive trips of the hospital ship "Melbourne." The building at Smyrna is to be used as a barrack for a portion of the German or Swiss Legion.

Perfection, while not to be looked for in private individuals, is certainly but seldom an attribute of public officers. Yet it might have been expected, after all the experience obtained, and all the time employed in the getting up of the Metropolitan Local Management Act, that no very essential point would have been omitted. But so it is. Under the old Metropolitan Sewers' Act, the Commissioners were expressly empowered to provide water for sewerage and drainage purposes; but, under Sir B. Hall's Act, there is an utter absence of any provision for the supply of water for cleansing. It remains to be seen whether, under the "continuing" clause of that Act, such an omission can be remedied; if not, it must be one of the first duties on the meeting of Parliament to amend the Act in this particular.

A curious illustration has occurred of the inconsistency of the authorities in not instituting some Order of Merit for Military and Naval Medical Officers, analogous to that of other countries. As will be seen in another column, the Sultan has conferred such an honour on Dr. Sandwith; but, before that gentleman can wear the decoration, he must have the consent of Her Majesty—which consent, of course, it would be an indignity to our Ally to refuse. Will Her Majesty, or, rather, the authorities, longer perpetuate the farce of granting leave to wear foreign orders of merit, at the same time that they never confer native ones? If British Medical Officers are not worthy of them, why acknowledge them when conferred by others? If a foreign Ally can appreciate a British officer's services, is it not to the scandal of England, that, in his own country a man has no honour?

In a case tried at Exeter last Saturday, a man was indicted for the murder of his wife by beating her head with a hammer, while she was in bed, and afterwards severing her throat with a razor. It was shown that this man, although quite sane upon most points, entertained unfounded suspicions of a jealous nature towards his wife. The defence which was set up was insanity, and abundant evidence was adduced to prove the morbid tendency of the man's mind. Dr. Bucknill gave a strong opinion in favour of the plea of insanity, and another Medical witness proved that he had examined the accused previous to the murder, in order to ascertain the state of his mind. It is very much to be regretted that the insanity is not satisfactorily proved, in cases like the present, *before* the perpetration of a horrible deed which leads to judicial investigation; and that the conclusive proof of diseased intellect is only obtained by the commission of murderous acts, which psychological science ought, if possible, to prevent. In the case now before us, it appears that the man's jealousy was wholly unreasonable and unfounded, and that he constantly uttered homicidal and suicidal threats, as the concomitants or the effects of the insane delusion. If the unfortunate man had been placed under timely treatment, the solemnity of trying a lunatic for murder might have been dispensed with.

It appears that a Deputation from the Parochial Surgeons of the Parish of St. Marylebone has lately waited upon the newly-elected Vestrymen of that district, to point out the propriety of electing the District Medical Officers as Medical Officers of Health under the new Act. As we have expressed our own views on this subject in our leading article, we need scarcely observe that we do not agree in the views entertained by the Deputation; and with great deference to the District Medical Officers, whose labours we highly appreciate, and whose interests we shall always be ready to uphold, we cannot but express our conviction that, although they may co-operate most beneficially with the Officers of Health, they are not likely to add to their own comfort by accepting posts, which their present multifarious avocations will hardly allow them satisfactorily to fill.

A Deputation of City officials had an interview with the Chancellor of the Exchequer on Monday at Downing-street, respecting the site of Smithfield-market. We should have been glad had the newly-appointed City Officer of Health been of the number; and we do trust that he will "magnify his office," by watching very narrowly the course of events, and pronouncing his dictum in the interests of the public.

REVIEWS.

A Dictionary of Practical Medicine. By James Copland, M.D., F.R.S. Part XVII.

We hail with pleasure every advance made by Dr. Copland towards the completion of this elaborate work. The Part before us contains the conclusion of the article "Symptomatology," and the articles "Tabes," "Tetanus and Trismus," "Therapeutics," "Therapeutical Agents," "Throat," "Thrush," "Tinea Capitis," "Tongue," "Tremor," and "Tubercular Consumption." The most interesting of these are decidedly those on "Therapeutics" and "Therapeutical Agents," to which, indeed, everybody who took up the part would naturally first look, in order to see how the learned author would approach what is confessedly the most difficult of all the topics that can engage the pen of a Medical writer. The author's views on the principles of therapeutics may appear from the following selection from his principal paragraphs:—"*Fundamental Principles of Therapeutics.—The Essential Basis of Therapeutics.*" "A. To endeavour to interpret aright the operations of nature, and not to interfere with them when their procession is conducive to the removal of morbid states, or to a return to health, but to aid and to develope them where aid is required." "B. We should next endeavour to ascertain the causes, the mode of accession, the duration, and the extrinsic and intrinsic circumstances influencing the progress of the disease." "C. To determine the pathogeny of disease, to ascertain existing pathological condition, and the morbid tendencies characterizing them, is the chief basis on which indications of cure should be founded." "D. To remove all predisposing, exciting, and concurring or accessory causes, as far as may be in our power." "*General Therapeutical Principles and Precepts.*" "A. Of indications and contra-indications in the treatment of disease."

"Indications of cure are to be accomplished or fulfilled appropriately and successively, by a careful and accurate deduction from existing morbid conditions and tendencies, and with a strict reference to the fundamental principles noticed above, to facts, and to the considerations and reasonings which accurately observed facts suggest." "B. To employ agents or means,—remedies or medicines,—for the fulfilment of those indications or intentions that are best calculated to this end." "C. To closely observe the states of vital power and resistance, and the grades and character of vascular action, in connexion with the condition of the circulating fluids, and of the several secreting and excreting functions." "D. To take into consideration not merely the states of vital power, of vascular action, and of the excreting and depurating functions, but also the diathesis, the general aspect, the complexion, the posture, the nutrition, and the physical power of the patient." "E. To select the means of cure with strict reference to what is known of their modes of action, and conformably with this knowledge to employ them appropriately to inferred pathological conditions." Dr. Copland's leaning, then, is to rational therapeutics, and we think that the erection of a system of rational therapeutics is the great end to which all our observations of disease should tend. But what we doubt is, that the science of physiology has yet attained the perfection which will enable us to unravel the intricacies of disease in such a manner as always to afford a guide that we can confidently rely upon in our treatment. So far as we can "interpret aright the operations of nature," we are doubtless bound to use the knowledge we acquire as the basis of our therapeutical efforts, and we do this daily in relation to some of the more intelligible processes of disease; but how often are we baffled at the very outset of our inquiry, and driven, in spite of ourselves, just to follow out that system of cure which experience has shown, irrespective of all physiological reasoning, to have been most successful in cases of a similar nature! And here is the difficulty in laying down the principles on which disease is to be treated—if experience, guarded by *positive* physiology, be not accepted as the foundation.

There is nothing very novel in our author's classification of therapeutical agents which need detain us. To our mind, the extreme subdivision to which the several classes of medicinal agents are subjected by some writers on materia medica and therapeutics destroys their practical usefulness; and Dr. Copland's, though very carefully drawn up, is not free from this fault.

The remaining articles bear evidence of the same deep research which has characterized their predecessors, and which will render this work, when complete, a monument of literary labour and patient perseverance such as few men have succeeded in rearing in a lifetime.

Practical Remarks on State Vaccination. By Edward T. Hughes, M.D., L.R.C.S. Edinb., etc. Pamphlet. 8vo. Pp. 32. London: 1855.

We did not think, until we read the pamphlet before us, that a single Medical man in the country could be found to say one word in favour of Boards of Guardians. Their behaviour to the Profession has been so uniformly bad, that it would seem to be desirable to embrace every opportunity of shaking off further dealings with them. The present occasion of legislating for public Vaccination appears to offer a favourable opportunity for, in some measure, casting off their chains. Dr. Hughes, however, thinks otherwise; and we are bound to confess that he has a plausible, but not unanswerable, show of reason for his advocacy of the Poor-Law administration of the extension of Vaccination.

The pamphlet under consideration constitutes a letter to the Small-pox and Vaccination Committee of the Epidemiological Society, pointing out certain difficulties that the author considers will be encountered in the working of their new Vaccination Bill.

The most important of these, and, indeed, the only objections which we think we need here undertake to deal with, are to be met with in the transfer of the supreme control of the Vaccinators from the Poor-Law Board, to the Board of Health, and the appointment of a Medical Superintendent.

The Poor-Law Board, Dr. Hughes urges, has, in its local Boards of Guardians, a machinery ready prepared to carry out all its suggestions in the most efficient manner. Boards of Guardians are, by the author, assumed to be better qualified to make the appointments, on account of their local acquaintance with Medical men—a knowledge wanting to the Board of Health. This, it may be observed, is but a special pleading for the maintenance of an order of things which has been protested against by so many members of the Profession. It is, after all, but the expression of one opinion against many.

Dr. Hughes objects to the duties of the Medical Superintendent as being too multifarious and onerous. If such an objection be advanced against the appointment of a Superintendent, whose duties, confined to this one end, could be lightened and perfected by the aid of District Inspectors, who would have local acquaintance with Medical men, how much more forcibly must it hold against the continuance of such important functions in the hands of a Board already having more than enough to occupy its time and attention.

Dr. Hughes asserts, that the public service does not suffer by the present arrangements; the character and capabilities of the present Public Vaccinators, he adds, being admitted by the Committee of the Epidemiological Society. The courtesy of the members of the Committee may have led them to speak thus respectfully of their Professional brethren—but facts are not so polite. The plain truth is, that there are more deaths from the Small-pox, after Vaccination, among the rural population of England and *Wales*, than among the population of the Metropolis—and still more than among the rural population of Denmark. We do not, therefore, hesitate to affirm that very great improvement might be effected in the manner in which Vaccination is performed in England and Wales, were a Medical Superintendent, and an efficient staff of Inspectors under him, appointed.

There exists, we believe, no difficulty in the way of the working of the new Bill that may not easily be overcome, while the gravest defects of the present law are not of a character to be very readily remedied. We say this, with one proviso, viz., that those who have to carry either into execution should be as able, energetic, and honest in their determination, as Dr. Hughes. The District of Mold, where this gentleman resides, has reason to be grateful to him—not to the present Act of Parliament—that he is able to affirm, that out of a population of between ten and twenty thousand persons, *not fifty individuals are now to be found unvaccinated?* Any legislation would be efficient were such Vaccinators numerous.

This, however, as we have above asserted, not being the case, further legislation is most undoubtedly called for, and to make more experiments with the present machinery is mere waste of life. It is much to be wished, whatever enactments may be determined upon, that the measures by which the entire rural population of Denmark is kept completely vaccinated, should form the basis of the measures to be adopted for the same very desirable purpose in this country. The statistics published in the Parliamentary Report, on Vaccination, drawn up by the Small-pox and Vaccination Committee of the Epidemiological Society, and the experience of the Small-pox Hospital, as stated by Mr. Marson, have placed Denmark at the head of the list of nations, as far as regards the extension of Vaccination. Why, then, should not the country of the great Jenner take its proper position beside Denmark?

Dr. Hughes will not have written in vain if he succeeds in drawing attention to the importance of careful Vaccination, and in proving how completely the population of a whole country may be defended from the ravages of Small-pox.

Annual Report of the Grant Medical College, Bombay. Ninth Year, Session 1854-55. Pp. 128. Bombay: 1855.

Perhaps our readers would like a little more information about this Institution, to which we have already called attention in our Journal. It was established in 1845, and is under the control of the Board of Education and Government of Bombay. The course of instruction extends over four or five years, and resembles, in most respects, that given in the Medical Schools here. The means of clinical instruction are ample. There are the Jamsetjee Jejeebhoy Hospital, containing 300 beds, a Lying-in-Hospital of 25 beds, and a well-attended dispensary. The diploma granted is that of "Graduate of the Grant Medical College," and for the attainment of it, two examinations are undergone; that in the Elementary subjects being conducted by the Professors of the College, and that in Medicine, Surgery, Midwifery and Medical Jurisprudence, by an Examiner and Assessor appointed by the Government of Bombay. We are happy to observe that a good example

is set to our Boards at home in the method of conducting the Examinations. We are told that those in Medicine and Surgery are conducted in part in the Clinical Wards of the Hospital, and are continued for about a month; those in Operative Surgery and Anatomy take place, in part, in the dissecting-room. When shall we hear of any approach to this in the Examinations of the Royal Colleges of England? There are some other hints that might well be taken from the regulations of the Grant College, if the Examining Boards here would condescend to accept them. One of these regulations, at least, if adopted in our English Schools, would save much loss of time and temper to the Examiners, and prevent the admission of unfit men into the Profession. Rule XI. provides that the students shall be examined at the close of each session; and those of them who, at the end of the second session, from idleness, want of ability, or other cause, evince want of aptitude for learning, are required to withdraw from the College. Native students who require the assistance of Government receive a monthly allowance during the period of their attendance at the College.

We have read the Examination Papers, and have no hesitation in pronouncing that they are equal in standard to those issued by the Examiners of the University of London—and this is saying a great deal. Both the theoretical and practical parts of the Examination are thoroughly searching;—and after all this, what does the Indian Government bestow upon its graduates? The highest rank that is to be conferred in the service of the Company, except after a long and expensive journey to England, and an additional competitive Examination in Leadenhall-street, is a Sub-Assistant Surgeoncy. The time is rapidly approaching when all this will be amended. The Court of Directors has taken the first step, and it cannot be the last.

De la Rue's Medical Memorandum-Book and Indelible Diary. 1856. Edited by a Physician.

This is a neat Pocket-book, containing an Almanack, and a great number of particulars which are interesting to the Practitioner. There are astronomical, meteorological, and statistical tables, with chemical and pharmaceutical formulæ, which will be found useful in refreshing the memory during the routine of Medical duty.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, December 8, 1855.

DEATH OF SIR GEORGE BALLINGALL.

The news of this sad and sudden event reached Edinburgh on Thursday morning. It took place at the country residence of the distinguished Professor, Altamont, near Blairgowrie, in Perthshire, on the evening of the previous Tuesday.

Though still holding the chair of Military Surgery, to which he was appointed in 1823, Sir George had some years ago retired from practice, and, lecturing only during the summer session of three months, resided at Altamont during the greater part of the year. His health had been declining for some years, but his death was sudden at the last. The appointment to the vacant chair lies with the Crown.

The deceased Professor also held the dignity of Surgeon to the Queen and to the Duchess of Kent, and Consulting-Surgeon to the Royal Infirmary. He was a Fellow, and former President, of the College of Surgeons, a Fellow of the Royal Society, and a Member of the Medical Societies of Paris, Vienna, St. Petersburgh, and Berlin.

Sir George began his career in the army, and was for some years Surgeon to the 33rd Regiment of Foot, from which he was afterwards transferred to the 1st Royals. He was the author of several valuable contributions to the literature of the Profession, chiefly in his own department, of which the "Outlines of Military Surgery" is the chief.

THE MEDICO-CHIRURGICAL SOCIETY

met on Wednesday, Dr. Seller, President, in the chair.

Dr. Skae of the Royal Lunatic Asylum, exhibited an interesting specimen of "Disease of the Meninges," and Dr. David Wilson, a case in which there was a communication between the two ventricles of the heart, without any of the symptoms of cyanosis.

Thereafter the first paper of the evening was read by its author; it was entitled "A Few Remarks on Dilution as a Principle in Therapeutics," by Benjamin Bell, Esq., F.R.C.S. The remarks were chiefly confined to the metallic salts. Mr. Bell showed, in regard to iron, how very small a portion existed in the blood, and how preposterous, therefore, were the large doses attempted to be forced in, much of which must be carried out, in all probability causing irritation. He also showed how much more likely a substance largely diluted was to be absorbed by the capillaries than one presented in the rough state of nature. Similar remarks were then made in regard to other metallic substances, and even extended to external applications. The whole paper was eminently suggestive, and given by the author with a remarkable absence of all dogmatic assertion.

A discussion followed, in which the chief part was borne by Drs. Alexander Wood and W. T. Gairdner, both of whom complimented the paper highly, although the former assailed some of the positions of the author, more as if they had been theories dogmatically propounded than what they really were, mere hints for consideration.

Dr. John R. Miller, of the H.E.I.C.S., then read a singularly clear and elegantly-composed essay on a "Case of Hæmorrhagic Diathesis," which he had attended conjointly with Drs. Begbie, of Edinburgh, and Brown, of Melrose, and Mr. Nasmyth, of Edinburgh:—There was for several days a discharge of blood from the gum surrounding the first molar tooth, which was loose in the socket. The discharge intermitted from time to time, but all the more powerful astringents failed to arrest it, until, on the suggestion of Mr. Nasmyth, the tooth was extracted, and firm pressure applied.

The discussion which followed does not merit record.

The following gentlemen were elected office-bearers for the ensuing year:—*President*—William Seller, M.D., F.R.S.E. *Vice-Presidents*—Samuel A. Pagan, M.D.; Robert Omond, M.D.; Professor Miller. *Council*—Archibald W. Dickson, Esq.; David Gordon, M.D.; D. Rutherford Haldane, M.D.; Alexander Wood, M.D.; H. D. Littlejohn, M.D.; John Coldstream, M.D.; Patrick S. K. Newbigging, M.D.; Alexander Keiller, M.D. *Treasurer*—John Struthers, M.D. *Secretaries*—William T. Gairdner, M.D., 52, Northumberland-street; J. Warburton Begbie, M.D., 21, Alva-street.

THE THOMSONIAN COLLECTION OF MINERALS.

Since I last wrote, the discussion on this subject has been renewed. On Tuesday last the College Baillie (Mr. Brown Douglas) made a lengthened statement on the subject, intended as a defence of the manner in which the Civic Magistracy had discharged their trust. The following were the points on which he chiefly insisted:—

1. That the value of the collection was diminished, and the difficulty of arranging it increased, by there being no catalogue of its contents.

2. That the articles which composed the collection were in good preservation, some of them mixed up with other specimens in the Museum, and others in the Library, in two large boxes, very carefully packed, each separate article in paper.

3. That the sum of £1490 was paid to the University, in which the sister of the testator was life-rented, and that, as this lady lived till 1848, the money was not available till then.

4. That the bankruptcy of the city diminished the interest of the sum, so that the amount actually received annually was only £44. 14s.

5. That from 1848 until his death in 1854 this sum was annually paid to Professor Jameson, who was nominated the Thomsonian Lecturer.

6. That whether Professor Jameson had spent this sum in extending the Museum was not very clear, "as all the Council knew that, although they had tried to get some statement from Professor Jameson of how he kept the accounts, and had repeated the suggestion every year, he never did so."

7. That the magistrates and their co-trustees had elected in three separate instances the Regius Professor of Natural History to be their "Thomsonian Lecturer."

To this statement Mr. Bryson has replied, alleging,

1. That Dr. Thomson's object being, in his own words, "the promotion of mineralogy," that science is not promoted by the choice of a Regius Professor as Thomsonian Lecturer.

2. That the magistrates never consulted their co-trustees on the appointment.

3. That the magistrates have not annually inspected the collection, as the will required them to do.

4. That the minerals wrapped in paper were of no use in promoting the study of mineralogy.

5. That the magistrates ought to have insisted on Professor Jameson's giving an account of his intromissions, or, failing this, they should have stopped the supplies.

The following notice, extracted from the *London Record*, appears in the *Witness* newspaper of to-day: —

"Young Men's Christian Association—Lecture by Professor Miller.—The fourth of the Exeter-Hall lectures was delivered on Tuesday evening by Professor James Miller, of Edinburgh, on 'Labour Lightened, not Lost.' The argument of the lecturer was the great benefit derivable alike by masters and men from the half-holiday and other cognate movements. This was supported by a variety of striking illustrations."

The following amusing article on the subject I extract from the *Scotsman* newspaper of to-day:—

"A Professor Lightening his Labour.—Some curiosity, if not great anxiety, has existed for some days regarding the absence from his class, at this busy season, of our versatile and volatile Professor of Surgery. Was it some case or cases occurring in private practice, of such an interesting and vital character that to attend and study them might, in a large and liberal interpretation, be as much a part of his Professorial duty as even attendance in the lecture-room at the appointed hour? That was not it—for the learned Professor was ascertained to be as much lost to his patients as to his students. Was it that exigency so suddenly sprung into fashion, 'Urgent private affairs?' No—for, unlike the ex-heroes of the Crimea, the Professor's private affairs are obviously located in the same region as his public. Had he broken out in a more than ordinarily exhausting flood of oratory in some more than ordinarily obscure 'close' of this many-meetinged city? The palings on the Mound, the columns of the *Witness*, and like places, commonly used for announcements of a certain class, and which are ordinarily stuck over with the intimation in endless varieties of type, 'A Meeting will be held,' etc., which will be addressed by Professor Miller;' as if that were not mere tautology, knowing as we do that Professor Miller addresses all meetings—the palings on the Mound, we say, were confidently applied to—but in vain. For the first time in recollection, those popular mediums of communication had ceased to speak that once familiar word. By a lucky chance, we have got at the bottom of the mystery, or of part of it. On the cover, almost always an unwholesome yellow, of one of that numerous though obscure class of periodicals professing to promote the causes of Temperance, or Sabbath Observance, or Peace, or Protestantism, or some other of those causes which seem so strangely doomed to suffer grievous wounds in the house of their friends, a searching eye was gladdened by alighting on the following:—'The Eleventh Course of Lectures to Young Men under the auspices of the Young Men's Christian Association, will be delivered (D. V.) in Exeter Hall, on Tuesday evenings;—December 4th, James Miller, Esq., Professor of Surgery in the University of Edinburgh—Subject, Labour Lightened, not Lost.' This, though not quite satisfactory, was at least one step in the inquiry—we shall not call it the pursuit. Another step was, however, accomplished, by a discovery made in a Liverpool newspaper, the tenor whereof followeth:—'Liverpool Young Men's Christian Association—Wednesday, Professor Miller, of Edinburgh—Subject, Labour Lightened, not Lost.' Here we had him again, and we dare say, by keeping a sharp look-out in the papers of other places, we should have found our missing townsman turning up in various other towns. But there were reasons to dissuade. In the first place, it is almost enough to know that he is well and enjoying himself, without panting after him in vain to learn the names and number of the places which he is illuminating. In the second place, it was but an unsatisfactory piece of information to know his whereabouts, without being able to guess his *what*-about. 'Labour Lightened, not Lost!' What Labour? how Lightened? why not Lost? For an instant we thought we had it. The subject must be professional; but no—the learned Professor is not connected with the obstetric branch, and, moreover, our often-expressed confidence in his unfailing good taste and sense of fitness made it clear that he would not on that topic choose 'Young Men' for his audiences. All, therefore, that can be said to be positively ascertained about this mysterious lecture is that its place of delivery was not Edinburgh College, nor its subject Surgery—moreover that, while it was going on in London and Liverpool, doubtless amid 'great applause' and 'much laughter,' Surgery in Edinburgh College had to come to a stand. It is pleasant to see Professors able and inclined to go beyond the limits of their Profession, and none but a churl would grudge them an almost unlimited allowance of entering on any hobby they fancy, political or ecclesiastical. For instance, no sensible man would grumble at a Professor of Surgery, even to the interruption of his class, devoting a morning to making a speech in the Free Assembly, not even though he should be detained a little longer than he expected by having then and there to *un*-speak it. But there is an 'almost' in the case—which, perhaps, is pretty nearly reached when arrangements are made months beforehand to proceed, in mid-session, to all the ends of the earth reciting a lecture apparently on things in general and nothing in particular. Really—and this brings us to reveal the real motive of this present writing—we *must* know what that lecture was about. Let it be *encored* one time more for the benefit of an Edinburgh audience, so that we may be taught, by precept as well as example, how we may all, without loss, lighten our labours."

ROYAL COLLEGE OF PHYSICIANS.

At the annual election meeting of the Royal College of Physicians, held on December 6, 1855, the following office-bearers were elected for the ensuing year:—

President.—Dr. James Begbie. *Vice-President.*—Dr. Thomas Stewart Traill. *Council.*—Dr. Robert Christison, Dr. William Seller, Dr. Alexander Wood, Dr. John G. M. Burt, Dr. John Taylor. *Censors.*—Dr. Patrick Fairbairn, Dr. James Young Simpson. *Examiners of Foreign Graduates.*—The President, Dr. Robert Christison, Dr. William Seller, Dr. John Moir, Dr. Alexander Wood, Dr. John Coldstream, Dr. David Maclagan. *Treasurer.*—Dr. John Taylor. *Secretary.*—Dr. Alexander Wood. *Librarian.*—Dr. John Brown. *Fiscal.*—Dr. James Andrew. *Keeper of Museum.*—Dr. James Stark. *Clerk.*—Mr. James D. Haig. *Under-Librarian.*—Mr. John Small. *Officer.*—Thomas Marshall.

IRELAND.

Dublin, December 10, 1855.

One or two subjects interesting to the Physician were brought forward at the evening meeting which opened the Hundred-and-twenty-sixth Session of the Royal Dublin Society, held in the Board-Room of the Society's House, in Kildare-street, on Friday, the 30th November, at 8 p.m., Mr. Baily in the chair. I may observe, in passing, that the "chair," which has been newly re-decorated, is that formerly occupied by the Speaker of the Irish House of Commons, and that the Board-Room of the Society was, in days gone by, the saloon in the princely town residence of the Dukes of Leinster. Professor Davy read a paper on the comparative deodorizing properties of peat charcoal and uncharred peat, a subject important in a sanitary point of view, as, if the latter article should be found at all equal to the former, it is evident that we should in it possess a much cheaper and more easily obtainable disinfecting agent than it would be if it required previously to undergo the process of being converted into charcoal. The Professor used in his experiments some peat obtained from the Bog of Allan, ascertained to contain 14 per cent. of water, and compared it with three several specimens of peat charcoal, the first made in the Society's laboratory, the second procured at a store in Dublin, and the third taken from a stock kept in the Society's House for the use of Mr. Jasper W. Rogers. The results of his experiments were that 74 grains of the first specimen of charcoal were found to be equivalent to 81 of the undried peat; that 51 parts of the peat charcoal purchased in Dublin were equal to 74 of the peat containing 14 per cent. of water; and that 56 parts of Mr. Rogers' peat charcoal were equivalent to 66 of the undried peat. He also found that 37 parts of the peat, when carefully dried, were equal to 74 parts of the peat containing 14 per cent. of water. The simply dried peat, short of charring,

would, therefore, appear to be the most efficient deodorizing agent among the substances experimented on.

Dr. Steele, Assistant Secretary to the Society, next read a paper on the efficacy of the use of a solution of chloride of lime as a wheat-steep, in preventing the disease of the seed known as the "bunt fungus," after which the proceedings were agreeably terminated by the exhibition, by Professor Barker, of some beautiful experiments with Rumkoff's electrical coil.

On the same evening the Royal Irish Academy held one of its half-yearly stated meetings, at which the matters discussed chiefly referred to some points connected with the internal management of the Council. Nothing of any interest to the Medical Profession was brought forward.

The twenty-fourth annual session of the Surgical Society of Ireland was opened on Saturday, December 4, in the examination hall of the Royal College of Surgeons, with an address from the President of the College, who is also, *ex officio*, President of the Society. The address was excellent, and the fact of the chair being this year filled by Sir Philip Crampton, gave *éclat* to the proceedings of the evening. The matters which were subsequently brought forward were, however, considering that some non-professional gentlemen were present, unfortunately, singularly ill-chosen. An enormous tumour, weighing, as Dr. Geoghegan informed the meeting, 24½ pounds, was not a dish to lay before a privy councillor; and the treatment of dysmenorrhœa by incision of the cervix uteri was about the last subject which should have been introduced in a mixed assembly. No discussion took place on this evening, or doubtless many present would have expressed their dissent from so very questionable a practice as the latter; but, whatever some may feel as to the admissibility of the operation, it is scarcely possible that any could be found to approve of the introduction of its consideration at a meeting so constituted as that under the notice of which it was on this occasion brought. One, at least, of the gentlemen who made these communications was ignorant that externs were to be present, so that the circumstance I have animadverted on was evidently the result of the want of an understanding between the persons issuing cards and those who were to take part in the proceedings. It is to be hoped that more care will be taken in future in this respect; either laymen ought not to be invited to such meetings, or their expected presence should be borne in mind, in drawing up the programme. I may observe, that all the meetings of this Society are open to Medical students of every grade, even the youngest being admitted.

I observe, in your last week's publication, an interesting communication from your Edinburgh correspondent, in reference to the operation of the new Act for the Registration of Births, Deaths, and Marriages in Scotland. Is it not strange that, notwithstanding many urgent representations on the subject have been made to the Government during the last few years, they still persist in withholding from Ireland so beneficial a measure, the advantages of which have been rendered evident by the working of the system in England and Scotland? But it is not Ireland alone that would benefit by her participation in the plan; the value of the results obtained in the sister kingdoms would be enhanced by an extension of the field of observation, and by collation with the effects of further varieties of soil and climate and disease, as well as of additional and greater differences in the habits and occupations of the people.

On the first Wednesday of December, one of the usual monthly meetings of the Association of the College of Physicians took place. This was what is termed an open-night, members being permitted to introduce Professional friends as visitors, and consequently the meeting was very well attended, Dr. Mollan, President of the College, in the Chair. Dr. Aquila Smith exhibited several specimens of medicines, prepared according to the directions of the last edition of the Dublin Pharmacopœia. He stated that they had been made at the time the Pharmacopœia was in preparation, now more than five years ago, and that his chief reason for exhibiting them was to show that, although no special means had been taken for their preservation, they retained their properties and appearances unchanged. Some of those which he exhibited, he remarked, were not uncommonly referred to in the shops as being very difficult of preservation; but this, he said, it was evident, must arise from some fault in their manufacture.

Dr. Henry Kennedy exhibited a recent specimen of stricture of the colon, just where it terminates in the rectum, of a cancerous nature. The case from which it was obtained recently died in Sir Patrick Dun's Hospital, and presented some peculiar points of interest, especially the recent origin of the symptoms, the fact of the disease having been undetected during life, and the fatal result being caused by obstipation, of which the patient had suffered two severe attacks, an interval of three weeks existing between them.

Dr. John Hughes presented a specimen of tubercular abscess existing in an unusual site, namely, the base of the lower lobe of the left lung.

Dr. Neligan made some remarks on the treatment of true porrigo, by the local application of iodide of lead, in the form of ointment, with alkaline lotions, and the internal administration of the iodide of arsenic. He said that he was induced to bring forward this subject at present, because the additional experience he had gained since he published his work on Skin Diseases, enabled him to state that he never found this mode of practice fail to cure the disease permanently; and in illustration he referred to several cases that had now, for many years, remained free from relapse. He also remarked on the singular idea still existing among nearly all the French and German Dermatologists, that the disease is not curable without the complete avulsion of the hair, and, in conclusion, referred to the peculiarity of this affection of the scalp being altogether confined to the poorer classes, at least in Ireland.

In my next I hope to give you an account of some of the recent meetings of the Pathological Society; those of the obstetrical have not yet commenced.

GENERAL CORRESPONDENCE.

SCIRRHUS (?) OF THE TONGUE.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was not a little amused with the remarks (a) you made on the case of so-called scirrhus of the tongue, or *schirrous* tumour, as Dr. Hilbers, the Homœopathist, styles it; and, having recently met with a case of chronic glossitis, attended with the formation of two hard masses in the substance of the organ, I think it not unlikely that it may have been such a one as this, which, dignified with the title of scirrhus, was about to be exhibited as a proof of the marvels effected by Homœopathy, and the more readily, perhaps, from the circumstance of the patient having previously consulted several members of the Profession without obtaining relief. As my case is not without interest, I will mention the particulars, if you think it worth the perusal of your numerous readers. The patient, a married woman, aged 35 years, consulted me, on the 14th of last August, on account of a disease of the tongue, which had been going on for the last eighteen months. Her complexion is sallow and dusky; but she considers herself to be in pretty good health; says she has had three children, all still-born, between the eighth and ninth month of pregnancy; she attributes the disease in the tongue to fatigue and cold during her attendance on a young woman who had been severely salivated, and says it commenced with a little pimple on the left side of the tongue; she also added, on being questioned, that pain in the jaws and swollen face were present at the same time, also that she had three times lost her voice from cold during the previous winter; the tongue became gradually much swollen, stiff, and painful, with burning sensations and darting pains coming on occasionally, especially when the air was cold, and when she has been talking long, or after swallowing food. She now applied for Medical relief, and was benefited so far that for two months, during the summer, she thought she was getting quite well; but, on the return of cold weather, all the symptoms were renewed. She has consulted three Surgeons, and says, that though relieved for a time, the complaint invariably returns very quickly. She has also remarked that it becomes better spontaneously, but only for short periods, and the tongue never leses its unhealthy appearance.

On inspecting the organ it appeared broad and thick at the centre, and bulging unequally at the sides—owing to a hard mass which occupied the left side of its substance, and pro-

(a) In No. 271, September 8, 1855.

jected upward and outward—this was rough and covered with white fissures, and very painful. There was another hard mass, but smaller than the first, situated on the right side, quite at the edge of the tongue; it was fissured also, but flatter than the former swelling. The entire organ felt hot to the touch, and she says that both the edges and the tip are very sore, although the latter part is healthy in appearance. The tongue is not more painful at night, nor is there any discharge from it. The teeth are decayed, but she insists that they have nothing to do with the state of the tongue, as she does not feel the pain increased by their contact with that organ. A dirty white fur covers the tongue; the glands of the neck are not swollen; and the appetite and digestion are good, though she has a bad taste about the mouth every morning. The alvine and urinary secretions are natural, and she considers her general health to be pretty good; but she is now worn out by the pain of the tongue. No syphilitic taint appeared to exist in the patient, and she denied ever having been salivated. I regarded the case as one of chronic glossitis, caused by cold and fatigue at the period she referred to, and ordered three leeches to be applied to the larger of the two hard masses in the tongue, and recommended the bleeding to be encouraged by means of hot water held in the mouth, and the patient to take a mixture consisting of sulphate and carbonate of magnesia every morning and evening.

20th.—The tongue less hot and painful; no shooting pain in it since the leeches were applied. Two more leeches were ordered to be applied to the same spot, and pil. hydrarg. gr. v. to be taken alternis noctibus.

She took cold the next day, and had pain in the limbs, etc., but when seen on the 26th, stated that the tongue still continued to improve; its size is also diminished, and the cold air at night does not now cause it to ache as it formerly did. To omit the pill and use a lotion of borax.

Sept. 10.—The tongue rather more painful on account of a fresh cold which she took. One leech was directed to be placed on the remains of the hard mass, which could still be felt, on the dorsum; the pill to be resumed every other night.

19th.—The surface of the tongue still sore, but its size not increased. I recommended a lotion, consisting of a strong decoction of poppy-heads, to be used frequently, and very hot. From this period all the soreness and stiffness gradually disappeared; the tongue feels soft; and she can talk and use the organ in swallowing, etc., without any pain being excited. It still appears larger on the left than on the right side. The last time I saw her was in the middle of November, and I have since heard that she is quite well.

I am, etc. Thos. A. Henderson, M.D. Edin.,
Ramsgate, Dec. 5, 1855. L.R.C.P. Extra-Urbem.

MEDICAL FEES FROM INSURANCE OFFICES.

[To the Editor of the Medical Times and Gazette.]

Sir,—The fraudulent attempts which are still being made by some of the less scrupulous Insurance Offices, to evade the payment of Medical fees, by requiring the candidate to sign the application to the Medical attendant, surely could not succeed in any case but for the pusillanimity of the Profession. My own practice is never to give any information till the fee is paid; and, if it is not forthcoming, I advise my patient to insure his life in some office honest enough to pay the fee for information obtained for its own benefit. The following is a copy of a reply I have just forwarded to the Secretary of the "National Provident Institution," who has been employed by the Directors of this Institution to defraud me, or my patient, of a guinea:—

"23, Alfred-place, Bedford-square,
"December 7, 1855.

"Sir,—I have received from you a printed letter, purporting and pretending to come from a Mr. Henry Smith, the object of which is to extort from me certain Medical information and opinions relative to the value of his life. This new method of attempting to cozen the Profession out of their fees has been, I am well aware, adopted by one or two Insurance Offices; but it will not succeed in this case. Be so obliging as to send me a fee of one guinea, and I will reply to your letter.

"Of course, I do not intend any personal offence to yourself; but I hold a very strong opinion of the dishonesty of the Directors of an Insurance Office which attempts such frauds. "I am, Sir, yours obediently,

(Signed) "Thomas Hunt.

"P.S.—I have advised my patient to insure in some other office.

"Joseph Marsh, Esq."

A few years ago, Sir, I resisted an attempt of a similar nature, made by the Directors of the "Medical and Clerical Office," one-half of whom are Medical men. I told them I was surprised they were not ashamed of themselves at becoming parties to these frauds on their brethren. Soon afterwards one of the Directors (not a Medical Director) told me frankly, "You have beaten us." They now pay the guinea fee; and it is our own fault if we are cheated at all in this matter. Any Medical man of spirit may beat any office single-handed. In fact, the public are becoming aware of their own interest in the matter; and, if the Profession is faithful to itself, the honest offices will soon have all the business. I am, etc.

23, Alfred-place, Bedford-square, Thomas Hunt.
December 7, 1855.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—As I consider the interests of the Provincial Medical and Surgical Association have been betrayed, I have withdrawn my name from the list of Council, Reform Committee, and Members, and I will thank you to send me the *Medical Times and Gazette* from the beginning of the next year. Perhaps you will, however, permit me to take this opportunity to express to my many friends in the Association the regret which I feel in separating from them, after an intercourse of now twenty years, and to express a hope that there may still be found in the Provinces sufficient material out of which a purely Scientific, Social, and Provincial Association may be formed, and sufficient spirit and gentlemanly feeling to repudiate the course which has been lately adopted in their name.

I need not state my reasons at greater length. If they are not obvious I cannot help it. I am, etc.

Stricklands, Stowmarket, Dec. 11, 1855. C. R. Bree.

THE CASE OF ASSISTANT-SURGEON ELLIOTT.

[To the Editor of the Medical Times and Gazette.]

Sir,—From your former kindness in giving insertion in your valuable periodical to a statement of the case of my brother, Mr. J. W. Elliott, Surgeon R.N., I trust to your kindness, and for the sake of the Profession, to your giving publicity to his case now that he is dead.

I may as well give a summary of the case to facilitate your statement.

He was promoted for meritorious conduct on board the Britannia, when the dreadful outbreak of cholera occurred last August, and for service at Balaklava.

Over-work and exposure in a tent in the horrid winter in the Crimea brought on dysentery and shattered nerves—the latter, no doubt, as we now know from evidence, the result of incipient disease of the brain.

Under these circumstances, he was accused of neglect of duty; for this he was reprimanded, and returned to duty. In a week or two afterwards he was placed under close arrest, instead of being sent to an hospital; kept so for three long months, then tried by court-martial, when his friends had left the station, and with all his honourable testimonials in England; sentenced to dismissal, and two years' imprisonment in a gaol!

Great stress has been laid on my unfortunate brother having made no defence, when it was obvious he could easily have made a triumphant one; but he was paralyzed by long confinement, the horrid sufferings he had gone through, and, above all, by the incipient disease of the brain.

On his arrival, a prisoner, in England, my brother was forthwith consigned to a thief's punishment and a thief's cell in Exeter gaol, although the Admiralty were informed that, in his state of health, they were dooming him to inevitable death.

Heart-rending supplications were made by his widowed mother to Sir Chas. Wood again and again; but in vain.

The disease of the brain, incipient in the Crimea, now began to show itself in low nervous fever. This was instantly communicated, on the 29th October, to the First Lord of the Admiralty, who was again implored to release him. The First Lord was still inexorable. A higher power than the First Lord—the Almighty Disposer—now stepped in and took him to Himself, on the 1st of the present month, after five or six weeks' serious illness.

This is a hideous narration; but it is a true one. A more cruel and iniquitous case has not occurred since the days of Judge Jefferies. Let us hope that the members of the Court-Martial erred unintentionally; but what an error! That an officer should be punished literally to death for an infliction of the Almighty—softening of the brain—and that infliction brought on by overwork and hardships in the execution of his duty, is such a case of iniquity, that it cries aloud to Heaven for retribution.

Such, Sir, is a statement of this case, to which, I am sure, you will give publicity. I am, etc.

Louisa Elliott.

Haslar Hospital, Gosport, Dec. 11, 1855.

[We understand that a petition, setting forth this heart-rending case, has been sent to Her Majesty, and that the whole subject will be brought before Parliament when it assembles.—Ed. *Medical Times and Gazette.*]

METROPOLIS LOCAL MANAGEMENT ACT.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you allow me to occupy a part of the space in your ensuing Number of the *Medical Times and Gazette*, with a few observations, elicited by your editorial articles, on the new appointments under Sir Benjamin Hall's Local Management Act. Three modes are open or proposed for the selection of a Medical Officer of Health in the different Metropolitan parishes. First of all, we have the opinion of the Vestrymen, formed, as best it may be, from the evidence before them. It seems scarcely likely that these persons will be disposed, when newly in power, to waive their privilege of selection; and under this impression, the several candidates for office are actively canvassing them, and inundating them with testimonials of ability. There must be, as you observe, in the instance of gentlemen of education and fine feeling, some sense of humiliation in this process. There is a large number of persons, too, who judge of testimonials rather by their quantity than their quality, and more by the great names attached to them, than by the internal evidence they furnish of the claim of the candidate to possess them. Well would it be for the Vestrymen, were some kind individual to enlighten them as to the careless mode in which such certificates are too often granted. If a gentleman has had the good luck to receive his Medical education at a Hospital to which any "great gun" is attached, it is too often only "Ask and have," when a testimonial of ability is wanted. It is true that all testimonials are not to be thrown into this category. Some are, doubtless, *bonâ fide* statements of real facts, and bear upon their face the grounds of the writer's opinion. Neither are we to expect from select Vestrymen any great powers of discrimination in the matter of diplomas. An Apothecary who has purchased his M.D. at Erlangen for £20, is very likely to be regarded as on the same footing with the man who has earned his title, step by step, in the Universities of Cambridge or London; and but few, even among the most intelligent, are probably aware of the really vast difference which the Profession recognizes in the value of the M.D. as granted by the several British Universities.

The next proposal is, the application of the examination test. I regret to see that in your editorial article of last week, you advocate this suggestion, evidently thoughtlessly made by Sir B. Hall. Suppose it adopted, is it probable that established Practitioners would risk their reputation in a competition of this kind, when young gentlemen, fresh from the schools, would be most likely to outshine them in the book knowledge which examinations, as conducted at present, can alone elicit? Besides, it appears to me, that, in some instances, it would be considered by the best qualified candidates, as unfair to submit them to an additional examination, when those which they have already passed for their diplomas, embraced the very subjects which would be made the chief points of inquiry. Again, let it be considered whether a graduate of a University would be fairly treated by being required to undergo an examination at all. I will take an extreme case, but it is one that might happen: I will suppose a Physician applying for any of these appointments, and who holds, therefore, the Licence of the London College of Physicians, and who is at the same time a graduate of the University of London. Such a person will have already undergone for his mere degree no less than forty-two hours of written examination on Professional subjects, independently of numerous *vivâ voce* examinations, and a severe classical examination at starting; and for the Licence of the College, eighteen hours more of written, and an hour of *vivâ voce* examination. If he have taken honours in addition, this amount of examination might be nearly doubled. To subject such an individual to examination again, and this in company, perhaps, with gentlemen, who, as members of the College of Surgeons, have obtained a diploma after one hour of *vivâ voce* examination, or who have acquired the Licence of the Society of Apothecaries, after a similar examination of little longer duration, would be simply preposterous; nor could it be submitted to without degradation. Such men already have given proof of their acquirements, and surely they should not be required to repeat it.

Lastly, it has been proposed that the Vestrymen should waive their own right of selection from among the candidates for office, and delegate their powers in this respect to a committee of the most distinguished men in the Profession. Such an arrangement can, by no means, be objected to. There is every reason to believe that the choice then made would be such as would conduce most to the benefit of the Metropolis. But it is a plan too good for us to hope, in the most distant manner, for its adoption. I quite believe, as I said before, that the Vestrymen will everywhere keep the elections in their own hands. And if they do, let the Profession at large combine to impress them with the deep responsibility which rests upon them in the selection of the man who is to fill this most important post. In addition to extensive experience of disease, great sagacity and extensive and varied information, he should hold such a Professional status as would command respect from those whom it will be his duty to advise. Such men are to be had—plenty of them are in the field; I could name them, but refrain, for obvious reasons. Let the Vestrymen do their duty conscientiously, and remunerate their Medical Officers of Health as gentlemen, and men of education and talent should be remunerated, and these new appointments will not fail to operate most beneficially on the sanitary and moral condition of all classes of our population.

I am, etc.

An Enemy to the Examination Test.

Dec. 10, 1855.

MEDICINAL PROPERTIES OF CHARCOAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Under the impression that vegetable charcoal possesses many valuable medicinal properties, and that its use as a remedial agent is in this country still very limited, I beg to direct attention to a few facts connected with it, trusting that a more extended use and careful attention to results will soon obtain for it its proper therapeutic position.

Pure charcoal is known to possess two singular properties, first, the power of absorbing gases to an almost incredible extent, and secondly, the capability of rapidly oxydizing any dead animal or vegetable substance placed in contact with it, as explained by the experiments of Dr. Stenhouse and others. As charcoal is not chemically affected by either acids or alkalies, and is quite insoluble, its admixture with other substances is not incompatible, so that it may be combined with any other kind of medicine, *ad libitum*.

It is a powerful absorbent of fluids, whether aqueous or aeriform; and as it undergoes no change in the human stomach, it may with great truth be described as the only pure absorbent we possess, for the same cannot be said of æther, lime, magnesia, bismuth, or any other mineral absorbent, all of which form salts with the acids they meet with, sometimes to the complete subversion of all their original properties, while the vegetable or farinaceous absorbents,

such as flour, starch, gum, etc., are changed by digestion, giving off frequently offensive gaseous emanations as the results of mal-assimilation.

Charcoal is, therefore, recommended as a pure and effective absorbent, applicable either alone, or in combination with other remedies, to the cure of a large number of the acute disorders of the mucous surfaces of the alimentary canal, and also of those of the uterine passages, and particularly in those instances where the secretions are inordinate in quantity, or offensive in condition.

It may, perhaps, induce a more extended trial of charcoal powder, if a few instances were named in which the remedy has proved eminently serviceable. In the exquisitely-painful small ulcers within the mouth, on the inner surface of the lips or cheeks, which, at irregular intervals prevail to some extent, and are extremely troublesome, the following wash will be found an excellent remedy:—℞ Pulv. carb. ligni pur. ʒij., mel. rosæ ʒi., decoct. cydoniæ ʒiij., aq. dest. ʒiv. M. Ft. lotio sæpe adhibenda.

This lotion is also useful in excessive ptyalism; it speedily moderates the discharge, and instantly corrects its fetor, and its application is extremely soothing and agreeable. The same may be said of it when used as a gargle in ulcerated sore-throat, the sloughs separating rapidly and easily, leaving a healthy surface underneath.

In the earlier stages of diarrhœa, a mixture composed somewhat as follows speedily gives relief:—℞ Pulv. carb. ligni pur. ʒj. ad ℥iv.; mucil. acaciæ ʒij.; syr. aurantii, tr. cardam. co., āā. ʒiv., aq. dest. ʒiij. M. Sumat 4 drachmas 3tiâ vel 4tâ q.q. horâ.

In the bowel affections of children, accompanied with worms, powdered charcoal, in doses of 10 to 15 grains, with one grain of ipecacuanha powder, and from 3 to 5 grains of rhubarb, taken at bed-time, acts like a charm, correcting disordered secretions with certainty and comfort, and promoting a healthy tone and action. In gastralgia and gastrodynia, charcoal powder, in doses of 30 or 40 grains, three times a-day, in water, seldom fails to give relief; and, in cases of severe tenesmus, accompanied by bloody or mucous stools, an injection into the lower bowel of one drachm of charcoal powder in a small quantity of thin arrow-root or gruel has been found to give almost instant relief.

I shall be happy to find that my own experience of the efficacy of charcoal in the disorders specified is fully confirmed and corroborated by the general experience of the Profession. I am, etc. JAMES BIRD.

8, Seymour-street West, Connaught-square.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 8, 1855.

Dr. SNOW, President, in the Chair.

Mr. I. Baker Brown briefly related the particulars of a case of complete prolapsus uteri, with rupture of the perinæum of seven years' standing, up to the sphincter, but not through it, which he had successfully treated by operation. The uterus hung between the legs in the form of a large tumour, and not only had it remained up since the operation, but it had diminished in size under the influence of bichloride of mercury, bark, and tonic treatment, and the patient's general health had improved. His object, in bringing the case under the notice of the Society, was to show the value of the operation, since his first performance of which, some years ago, many gentlemen had successfully repeated it.

Dr. Gibb said he had the pleasure of witnessing the operation in the case related, and was much struck with the success which followed it. What he particularly noticed in all of Mr. Brown's operations was, the firm bridge or cushion formed at the posterior part of the outlet of the vagina, which strengthened the perinæum, and, as Mr. Brown said, elongated the vagina. He had seen many of these operations performed in France, but they were by no means as successful as Mr. Brown's; the special point in his operation depending upon the deep quilled sutures, while those of the French were quite superficial.

Mr. Dendy said he must give his meed of praise in favour of Mr. Brown's operation, the success of which, he said, depended not merely upon the manner in which it was performed, but upon the great care bestowed by Mr. Brown upon the after-treatment. Mr. Brown, he considered, deserved the thanks of the Profession for bringing his cases before them.

Dr. Mackenzie then read a paper "Upon Uterine Derangements, and their connexion with Functional Diseases of the Liver."

Dr. Rogers asked the author, if he actually meant 20 or 30 grains of phosphorus for a dose.

The Author replied, that he had been in the habit of using it for fifteen months in the doses mentioned, but it was the amorphous phosphorus,—a remedy not yet known to the Profession.

Dr. Routh said, he always considered the liver was generally at fault in many of these cases of uterine disease. In cases of menorrhagia, where the use of astringent remedies was adopted, he found that it invariably retarded it. He wondered how patients could lose so much blood at the monthly periods, until he was led to think of the congestion of the liver, with varicose veins of the leg, piles, &c.; and on treating that condition of the liver more actively, he found that his patients were more quickly cured. He had been astonished at the rapidity of the cure of many diseases of the cervix uteri under the use of bichloride of mercury. He had used phosphorus for females suffering from excesses of various kinds, and where he had suspected a deficiency of it in the brain.

Mr. I. Baker Brown had listened to the author's paper, especially the practical part of it, with much interest. Had he said that uterine diseases were dependent upon derangements of the chylo-poietic viscera, instead of the liver solely, he would have been much nearer the mark. Looking at a case of induration of the uterus, with the peculiar sallow complexion and other symptoms, the observer was at once struck with the bilious derangement. In such a case the affection would be cured by bichloride of mercury, which, however, he (Mr. Brown) did not use until the bowels had been well cleared out.

Dr. Greenhalgh said, that some years ago he read a paper before the Society, in which he gave the results of a large number of speculum examinations, and he stated that these were rarely found to be necessary. We should rather look to the chylo-poietic viscera than to any single organ at fault. He had been more than rewarded by the omission of local treatment in cases of uterine disease, and for the last five years, he had rarely used the speculum, believing it to be against the *morale* of the patient. He would even go so far as to say that the instrument should not be used unless the patient's life was actually in danger.

Dr. Rogers did not approve of the extensive use of the speculum, but he did not think it could be entirely dispensed with.

Mr. F. G. Clarke observed, that Mr. Brown's method was of great value, but thought constitutional treatment should have equal attention with local.

Mr. Hird said, the author had omitted to state what class of uterine disease should be treated by hepatic remedies. When the cervix uteri was affected, constitutional treatment was valuable, but local measures were also required. He could not see how mercurial remedies could act on the uterus solely through the liver.

Mr. Hunt thought the cream of the author's paper was the successful constitutional treatment of functional disorders of the uterus. He believed that many of the symptoms of uterine disease depend upon the inaction of the liver.

Dr. Griffith related some instances of uterine affection, which were quickly relieved when the speculum was used to diagnose their true nature; one of them being associated with menorrhagia, which depended upon a mass of hydatids within the uterus.

Mr. Charles Clark referred to the case of vaginal leucorrhœa of some years' duration, which he said could not have been ascertained without the speculum.

The Society then adjourned.

MEDICO-CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 13, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

ON A CASE OF TETANUS.

By BENJAMIN TRAVERS, Jun., Esq.

THIS case, which proved fatal, and which Mr. Travers was requested to see by the ordinary attendant, supervened to an operation for hydrocele. The chief object of Mr. Travers in giving publicity to the case, however, was to place on record what he considered to be the true pathology of the disease—viz. that it was in no way influenced by any implication of the nervous system, but that it depended upon an abnormal condition of the blood, and that the proper solution of the disease was to be found when pathologists directed their labours to that source for investigation.

Mr. Curling regarded the case as one of the curiosities of Medical experience. Any injury in which the skin was broken might give rise to tetanus. He knew, however, of but one instance in which tapping and injection of hydrocele had produced tetanus, and in that instance it proved fatal. The author had brought forward no new fact, and had illustrated no new point in the treatment of the disease.

Mr. Ure remarked that Dupuytren mentions M. Pelletan as having once seen tetanus follow the operation for hydrocele by injection. He believed acute traumatic tetanus to be almost invariably mortal, whatever remedial means were employed; but cases of subacute or chronic tetanus had recovered. As a general rule, absolute quiescence, nourishing diet, and due regulation of the secretions, were indicated. A suggestion had been started as to whether chloroform might possess any preventive power. In an instance where a man's hand was extensively crushed, and sloughing, and where risk of danger from tetanus might be apprehended, he had removed the crushed portion, the patient being under the influence of chloroform. Here, however, tetanus supervened in the course of a week, and proved fatal in less than four days from its invasion, notwitstanding the use of chloroform.

Dr. Webster mentioned the case of a lunatic in France, in whom tetanus was brought on by the effects of a chill, from lying naked several hours under a bed on a cold night. He did not know whether the patient recovered. Tetanus occurred most frequently in warm climates; and medicines were rarely of any use. Opium and mercury appeared to hold the highest rank among the remedies for that disease.

Mr. Fergusson said it was most unusual for tetanus to follow the operation in question, and its occurrence in the case related was simply a coincidence. It might follow from the most trivial causes. He had known it follow epistaxis, and from the ordinary means of treating that disorder; from tumour; from the application of ligature for piles; from the removal of diseased mammæ, etc. The most severe compound fracture might not produce it, while it might follow from the needful amputation in such a case, though the wound was less than the original injury. He had never before heard of amputations being recommended to avert tetanus. It was generally believed that tetanus very frequently followed a wound between the thumb and fore-finger; but he had never seen the disease produced by a wound in that locality, and he knew of no reason for regarding it as a more dangerous part, in that respect, than any other. In the treatment of tetanus no agent had been left untried. In some instances many drachms of solid opium, given in the form of pills, had been found in the stomach of a patient who had died of tetanus, thus showing that it could not cure the disease. In some recorded cases aconite appeared to have had a powerful effect.

Mr. Curling mentioned a case in which tetanus occurred in a Jewish child after the operation of circumcision. It occurred on the third day, and proved fatal in about forty-eight hours. Indian hemp had been extolled as an important remedy, but it had a fair trial in a case at the London Hospital, and utterly failed.

The President said there was no disease in which remedies had been so extensively tried as tetanus, and none in which there was so little opportunity for knowing how much they had to do with the cure. He should not easily forget a case, published in the "Transactions of the Society," in which a patient with tetanus, had, in nine days, 40 grains of calomel, and in three weeks, 40 grains of gamboge, 50 grains of colocynth, an ounce of laudanum, 6 pints of porter, two bottles of wine, and occasional doses of jalap. The patient got well, but his recovery could scarcely be attributed to the remedies. Acute cases were always fatal. He had had four cases of traumatic tetanus (chronic) that recovered. In one case, (compound fracture of the arm,) the remedies produced an alleviation of the disease, and on their discontinuance for a short period, the symptoms became aggravated; they were then given again, when the disease was checked, and the patient recovered. The remedies in this, as in the other cases that recovered, were turpentine injections daily, or every other day, taking care to keep the lower bowels empty, with doses of calomel and opium to relieve the spasm.

Dr. King had heard of the cure of tetanus by plaister of opium; but that remedy had failed in a case in which he had tried it.

Mr. Erichsen could not agree with the author in referring more to the constitutional condition of the patient than to the action of the nerves. In several minute dissections which he had seen in fatal cases of tetanus, the nerves leading to the spot injured had been found in a state of inflammation, or containing foreign matters, the result of the wound. This had an important bearing on practice; and in some recorded cases of tetanus, good results had followed the division of the nerve above the wound. A remarkable case was mentioned in the *Medical Gazette*, in which a surgeon, named Murray, divided the posterior tibial nerve behind the ankle-joint for a wound of the sole of the foot, and the patient recovered; and the late Mr. Liston was in the habit of recommending a deep V-shaped incision above the wound, if the situation would admit of it, so as to pass through all the nerves leading from the part.

Mr. Moore had also observed that the nerves were affected in cases of tetanus, presenting indications of previous vascularity, sometimes to the extent of ecchymosis.

Mr. Travers said, that such injuries to the nerves were often seen where no tetanic symptoms followed. Opium appeared to be the favorite remedy for the disease. He had seen Indian hemp used, so that the patient's mouth was excoriated, but not the slightest effect was produced upon the progress of the disease. Up to the present time, in regard to tetanus, Medical men had not pretended to do more than prescribe for a symptom, and he believed that most of the recoveries had been in spite of the remedies given.

REMARKS ON A CASE OF BLACK CATARACT.

By HAYNES WALTON, Esq., F.R.C.S. etc.

The subject of this very rare form of cataract was a man aged 75 years, who had lost the sight of both eyes for several years, and whose symptoms, objective and subjective, were—The cornea and sclerotica were healthy; the irides bright and in their natural planes. The pupils were of ordinary size, and acted but slightly, even when submitted to a bright light. The anterior chambers were large. In the left eye there was the ordinary coloured cataract of advanced life, not, however, very opaque. With this eye he could see the outline of his hand or any large body. The first symptoms developed themselves in 1849, when the late Mr. Dalrymple was consulted, and gave it as his opinion that incipient cataract existed. In October last Mr. Walton was consulted, when the remarkable blackness of the right pupil attracted his attention. By the aid of a strong solution of atropine to both eyes, and the use of the opthalmoscope, he saw in the right eye a cataract of a very deep-brown colour, uniform over its entire surface, being without striæ or markings of any kind. By the aid of the sun's rays, concentrated by a powerful lens, it was more discernible. Mr. Walton considers this mode of examination superior to the ophthalmoscope. The opinions of Mr. Lawrence, Dr. Mackenzie, and Mr. Tyrrell were quoted by the author in support of the rarity of this peculiar form of cataract.

Mr. Taylor, who saw the case with Mr. Walton, confirmed the description given in the paper, adding, that the opacity was chiefly confined to the nucleus of the lens, the superficial layers appearing to be unaffected.

Mr. Dixon said, he had some time since expressed a doubt about the existence of black cataract, but he had since then seen a well-marked case. Several cases had been recorded, all presenting somewhat similar appearances—multitudes of black granules being interspersed between the fibres of the lens, and in the substance of the fibres.

Mr. Pollock mentioned the case of an officer whose vision

became impaired without any appreciable alteration in the condition of the eye. The symptoms of cataract were afterwards detected, independently of the discoloration of the lens. Extraction not being considered advisable, Mr. Dalrymple, who saw the case, depressed the lens, and the vision returned.

A paper was read

ON THE ACTION OF DIGITALIS UFON THE UTERUS.

By W. HOWSHIP DICKENSON, Esq., Late Obstetric Assistant at St. George's Hospital.

(Communicated by Dr. BENCE JONES.)

The writer commenced his paper by stating that during the month of October, 1854, a patient in St. George's Hospital, labouring under most severe menorrhagia, was cured by the infusion of digitalis, exhibited for the relief of cardiac affection, from which she also suffered. In consequence of this, he had been induced to try the remedy, by the permission of Dr. Lee, in a series of cases of uterine hæmorrhage which had occurred in the Hospital. These cases, of which a table was given were seventeen in number, and the general results of heir treatment was as follows:—In every case of uterinet hæmorrhage, unconnected with organic disease, requiring the employment of active remedies, admitted into the Hospital after October, 1854, the administration of digitalis was had recourse to as the sole treatment, and the discharge was invariably arrested by it. The time which elapsed before the hæmorrhage subsided varied with the dose in which the digitalis was exhibited. When large doses were given, as an ounce to an ounce and a-half of the infusion, the discharge never appeared after the second day; when smaller doses, it never continued beyond the fourth day. In uterine hæmorrhage connected with organic disease, the remedy acted with less certainty; its exhibition was required for a longer time, and the effect was sometimes transient. The author then spoke of the mode in which the digitalis operated in controlling uterine hæmorrhage; and after concluding that its effect could not depend on the sedative influence of the drug in the heart and arteries, he showed, by various experiments and observations, that the arrest of the hæmorrhage was due to the action of the digitalis on the ganglia of the uterus, by which the organ was stimulated, and muscular substance powerfully contracted.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY.

TUESDAY, Dec. 4, 1855.

Dr. ARNOTT, President, in the Chair.

THE President opened the meeting by some remarks on the necessity for the members being as concise as possible in their communications. Complaints had been made, he said, respecting the rapid way in which the specimens were allowed to follow each other. This hurry he regretted as much as any one, but did not see how it could be avoided, considering the large amount of important matter which the Society had to get through each evening. Much gain would, however, accrue if the members would study brevity and conciseness of description. The object kept in view should be to connect the morbid appearances shown in the specimen with the symptoms observed during life, and this must be clearly done. No necessity existed, however, in respect to this end for the introduction of lengthy detail or the narration of daily changes.

Dr. Ogle showed a specimen of

CARCINOMA AFFECTING THE CRANIUM AND OTHER PARTS.

The patient was a woman who had died of paraplegia in St. George's Hospital. The presence of cancerous deposit both within and without the skull was found. The veins of the diploë also contained the same. Many other organs were also affected, and it was a circumstance worthy of note that the cancer cell structure was very different in different places, its character in the liver differing remarkably from those of the cranial growths.

Dr. Ogle also brought forward a specimen showing

RUPTURE OF A POUCH IN THE AORTA.

A stout healthy labourer, aged 46, while lifting a weight fell down insensible. Death followed in about twenty minutes. At the post-mortem the pericardium was found filled with blood. At the root of the aorta was a thinned pouch-like dilatation, in one part of which a minute aperture existed, through which the blood had apparently been drained.

Mr. Fergusson showed a specimen of

OSTEO-SARCOMA OF THE TIBIA.

The patient, from whom the parts had been removed by amputation through the thigh, was a woman, aged 22. The disease was only known to have existed a year and nine months. Its increase had at first been gradual, more recently rapid. A section of the tibia after removal showed a hard tumour surrounding the bone in all parts, and having a depth of from six to seven inches. In many parts the new growth was dense and bone-like, in others it had mixed a deposit resembling soft cartilage. None of the elements of cancer had been found in it, and Mr. Fergusson was inclined to believe that notwithstanding its rapidity of growth that the disease would prove to be of innocent nature.

Dr. Ogle and Mr. Salter were appointed a committee, to make a microscopic examination of the different parts of the specimen, and report thereon.

Mr. Fergusson also showed a preparation exhibiting

THREE ANEURISMS INVOLVING THE FEMORAL ARTERIES.

The patient (whose case was detailed in last week's *Medical Times and Gazette*) had submitted to ligature of the left external iliac artery, on account of aneurism of the common femoral. Death from pleurisy followed on the seventh day. The specimen showed an aneurism involving all the coats of the common artery, and about the size of a turkey's egg. The lower two-thirds of the external iliac were also dilated to twice the natural size. The right common femoral was also involved in a dilatation, as also the superficial femoral of the same side.

Dr. Quain showed, for Dr. Ormerod, of Brighton, the parts taken from a case of

ABSENCE OF THE UTERUS AND ITS APPENDAGES.

A woman, aged 33, had died of anæmia, being at the time single, but on the point of marriage. At the autopsy the external genitals were found perfect in form, but the vagina was represented solely by a small cul-de-sac, and no trace of the uterus or ovaries could be discovered. The vagina itself was capable of admitting little more than the last joint of the forefinger. It was supplied with folds as usually seen, but everything was on the minutest scale, and the most prominent object seen on opening the vulva was the orifice of the urethra, which was situate exactly one inch from the opening of the cul-de-sac. The woman had always had but poor health. At the time of puberty the usual changes occurred, and her frame, breast, pelvis, etc., developed in due womanly proportions. She had never menstruated, but had been liable to a tolerably regular recurrence of hæmorrhage from the nose. The cerebellum appeared to the eye of smaller than average size, and it had a proportionate weight to the cerebrum of only one to thirteen.

The President mentioned an almost similar case. He had been consulted with the view to some operative measures for the opening of what was believed to be an occluded os uteri. Caustic potash had before been several times applied with that intent. He made an examination by the rectum, and discovered that no uterus was present.

Mr. Obré and Mr. Erichsen both mentioned similar cases, and agreed in the opinion that this deformity was not so extremely rare as it had been supposed.

Dr. Gibb mentioned a case in which the uterus had been wholly destroyed by ulceration.

Dr. Quain exhibited the

STOMACH AFTER POISONING BY OIL OF BITTER ALMONDS.

A gentleman, aged 37, committed suicide by swallowing the essential oil of almonds. He walked down stairs after taking the poison, and it was quite certain that life continued for at least ten minutes. On opening the stomach, a most powerful odour was perceived, and a quantity of deep brown fluid was removed, from which ʒx. of the oil was obtained. The oil had a strength per drachm of 3·42 of the anhydrous

prussic acid; and, besides much unavoidably lost in the process, no less than 35 grains of the latter were obtained in a pure form. Dr. Quain remarked upon the unusual prolongation of life after swallowing so large a dose, and observed that the acid dissolved in oil was probably not so active as when in water. The stomach, which still exhaled sufficient odour to fill the room, was of a chocolate-brown colour in all parts, from congestion. The œsophagus was not at all acted upon.

Mr. Squire mentioned a case which had formerly come under his treatment at the Marylebone Infirmary, in which a woman recovered after swallowing ʒiij. of the oil. She was very ill for some time.

Mr. Potts said that he had seen a case in which ʒij. proved fatal in half-an-hour.

Mr. Henry Thompson showed a specimen of

FIBROUS TUMOURS CONNECTED WITH THE PROSTATE.

A man, aged 75, had died of urinary disease. There had never been any difficulty in introducing the catheter. The prostate was found somewhat enlarged, and connected with its vesical surface were several small pedunculated tumours, varying in size from a pea to a horsebean. These consisted of fibrous tissue only, with one exception, in which prostatic gland tissue was also present.

Mr. Fergusson stated that there was an important circumstance connected with lithotomy which he would here mention. It was that not unfrequently, in extracting the stone, and without any undue violence having been used, a portion of prostate gland would protrude before it. Formerly he had been in the habit of attempting to avoid the removal of such portions, but finding that no inconvenience resulted from the practice, he had latterly adopted the plan of always removing them. He thought they were probably tumours connected with the prostate, and not parts of the gland itself.

Mr. Thompson showed also some preparations from a case brought before the Society last session, of

CYSTIC DISEASE OF THE TESTIS, WITH CANCER.

The man had died five months after the removal of the testis, of return of the disease in internal organs. The autopsy showed most extensive secondary deposits, almost all the abdominal viscera and some of the thoracic being affected. (*Vide* "Pathological Transactions," Vol. VI. p. 240.)

Dr. Murchison exhibited a leg affected with

TALIPES VARUS.

Its possessor, a woman, aged 76, had died in a workhouse, and no history of her life was obtainable. It was not known whether or not the disease had been congenital. The right foot was affected with varus, and the left slightly so. The left knee was also bent outwards. A careful dissection of the parts had been made, and Dr. M. read a long and detailed account of the condition and relative position of the bones, tendons, etc.

Mr. W. Adams considered the present specimen to be an example of talipes equino-varus of non-congenital origin, and probably consecutive to infantile paralysis. The kind of deformity, and the coexistence of the bent knee and curvature of the spine so strongly supported this view, that Mr. Adams thought it scarcely admitted of a doubt in the absence of any positive history. The specimen resembled three examples of the same deformity which he had exhibited to the Society three years ago (see "Transactions," Vol. III.). The anatomical arrangement of the parts was precisely similar to the above-mentioned specimens; and as the present case was not an example of talipes varus, it did not in any way bear upon the recently-vexed question of the abnormal relations of the posterior tibial tendon in that deformity.

Mr. Flower showed the cast of a knee, in which had occurred a

RUPTURE OF THE LIGAMENTUM PATELLÆ.

Rather more than a year ago the man had sustained a transverse fracture of the patella from direct violence. Ligamentous union with about an inch of separation had followed. He had now fallen down again, and ruptured the ligament of the patella in the same knee. Mr. Flower adverted to the proof thus afforded of the strength of the ligamentous union between the fractured portions, which had resisted a force sufficient to rupture the ligament itself.

Dr. Gibb exhibited an

ENORMOUS OVARIAN TUMOUR,

weighing 106 lbs., which he had removed from the body of a female, aged 31 years, the subject of ovarian disease for seven years, but becoming enlarged within the last two years, and latterly assuming truly enormous dimensions. She was unmarried, and went about to within a fortnight of her death, when she had general anasarca. The tumour measured externally from the ensiform cartilage to the pubis, 35½ inches, and the girth of the tumour round the loins was 54 inches. At the autopsy, twenty-seven hours after death, the tumour was found adherent laterally and anteriorly to the peritonæum; inferiorly, these adhesions partook of the character of strong bands of cellular tissue, which acted as supports at the margins of the pelvis. The stomach and greater part of the bowels occupied a portion of the left side of the chest; the liver was dislocated towards the left side, and occupied a central position beneath the heart; it was small, and contained no sugar. The cœcum was adherent to the tumour superiorly; the kidneys were quite loose and movable, and the ureters very much dilated; they crossed the tumour laterally. The spleen was double the natural size. The left side of the chest contained two pints of serum; the lung was carnified, and the size of a spleen. The tumour involved the left ovary, which had become expanded into an enormous cyst, or series of cysts, with much solid substance; a report of which, together with the state of the uterus, will be given on another occasion.

Dr. Hare was appointed to make a further examination of the specimen.

THE ASSISTANT-SURGEONS' PETITION.

The following letter appears in the columns of a contemporary:—

Camp before Sebastopol, Nov. 26.

Sir,—I beg to forward you Lord Panmure's reply to the petition from the Army Assistant-Surgeons in the Crimea, a copy of which appeared in the *Times* of October 3 last, and at the same time would humbly submit the following comments on it to your consideration:—

One hundred and eighteen Assistant-Surgeons voluntarily placed their signatures to a paper in which certain grievances that they severely felt were respectfully recommended for alteration to the Minister of War. A refusal was given by less than a dozen to whom it was shown, principally on the account that such an act might endanger their promotion, but also because they thought the petition would be unattended to by Lord Panmure. Unfortunately, these 100 gentlemen only averaged each 25 years of age, and their length of service measured less than three years, which was a great offence in His Lordship's eyes, who could not really understand how such young persons could tell whether they were well or badly treated. Does a baby know whether a pinch hurts? Besides this, the petitioners thought that a month's active service gave them a greater knowledge of military service than a twelvemonth spent at home. Many of the Assistant-Surgeons were promoted, and consequently did not sign this petition, but they did sign that of the Surgeons, which was equivalent to it, and has lately been so unsatisfactorily answered by Lord Panmure that Dr. Hall will not allow a copy of it to be made.

We think our rank and pay ought to be increased. Our promotion is extremely slow; and, although we enter a grade above an ensign, we there stand for many years, while executive officers, much our juniors, overtake us, becoming lieutenants and captains when we are still Assistant-Surgeons, and finish by obtaining their colonelcies before we rank higher than Surgeons. As to being a first-lieutenant of seven years' standing, now-a-days there is hardly such a person existing; and the rank of second-lieutenant is fast escaping into oblivion. A paymaster ranks as a captain, for taking care of the money—surely we deserve as much for taking care of the sick. We wish to obtain that rank on completing five years' service.

Our pay is, however, a much greater grievance, for its smallness prevents our fully associating with our brother officers upon terms of equality—a fact equally known and felt by every Assistant-Surgeon. Every Army man is aware

of instances in which Medical men have had to leave their regiments in consequence of being unable to comply with those many regimental expenses and subscriptions, which, although not in the Queen's Regulations, every officer is expected or obliged to join in.

The expense of uniform is the same; and, although the wear and tear may not be so great, its expense is quite compensated for in the fact, that every promotion places the Medical officer in a different regiment, when a new suit is required.

Lord Panmure makes a great point of the advantage of half-pay; so we have been at some trouble in estimating its pecuniary value, which we place at half-a-crown per day. But it is even less than this, for it is not optional, and therefore less valuable. You cannot use the argument, that this will increase an Assistant-Surgeon's pay to 10s., because he may not wish to remain in the service the twenty-five years it is necessary for him to serve before he is entitled to it. And, again, suppose Government have no wish for his services when an Assistant-Surgeon, he retires upon the paltry allowance of 4s. per diem. The claim to pension his widow and give compassionate allowances to his children if he be killed in action, might be a slight consideration—if he could afford to marry.

In comparing him with private practitioners, Lord Panmure is again wrong, and, in spite of his fine writing, he does not understand his text. An Assistant-Surgeon enters the Army with advantages that a private Practitioner does not possess; but as years grow over him, he finds himself but little bettered, while the Civil Surgeon has completed his troubles and is rising in reputation and wealth. And, again, the Army man is taken from a class that generally succeeds in Civil practice.

His Lordship finds three fair subjects for consideration in our grievances:—The having to wait ten years before we receive the increase to 10s. a-day; the complaints of the inferior character of some of our duties; and retirement being only after twenty-five years' service. Instead of being considered, they ought to be altered at once, so flagrantly unjust are they; but as his present answer is the product of the favourable consideration of our petition, we are not inclined to be very sanguine of His Lordship's further consideration. With the view of lucrative practices before them, we stated that many eminent men preferred not to enter the Army, and we know that many have left the service to enter private practice. Lord Panmure doubts this; but, clearly, the better the pay the more superior the candidates. If his Lordship knew how many Assistant-Surgeons were waiting for those improvements of their department which he does not seem inclined to grant, but which they feel must be granted sooner or later, he would be surprised at the numbers who withhold their resignations in the hope of a "good time coming."

It takes about three months to prepare an executive officer for examination by the Army authorities, and about five years for an Assistant-Surgeon who has previously received a classical education as expensive as the military officers'. This we thought a good ground for asking for a slight increase of pay and rank, while our seniority of age confirmed us in the opinion. Lord Panmure does not answer the question, but denies the juvenility of the junior executive officers, although it is a world-known fact. It is rather significant of the superior position of the combatant officer when several Medical officers exchange their commission for those of ensigns and cornets, as has been the case lately, and it also shows the little education required for the executive duty. How many years of study would an ensign have to go through before he could accept an Assistant-Surgeon's commission?

From the small number of Medical men hitherto in the Army, it has been nearly next to impossible for Surgeons or Assistant-Surgeons to obtain leave of absence, and when it has been granted, the recipient had in most cases to pay a Civil Practitioner in the neighbourhood to do his duty. With this interpretation read Lord Panmure's sentence upon the subject, and it will give you a fair idea of the diplomatic style of the whole composition.

The complaint of the introduction of Civil Practitioners is "entirely uncalled-for!" Would Lord Panmure complain if Lord Ellenborough were placed over him as Minister of War, with five times His Lordship's salary? They stopped our promotion; that is our only objection to them, for there were plenty of Surgeons to do their duty, and plenty of Senior Assistant-Surgeons to have taken the places of the Surgeons, while Acting Assistant-Surgeons might have done the minor work. This would have been cheaper than the present arrangement, and not unjust to us. The difference of pay is quite remarkable; contrast these two pictures—Army Assistant-Surgeons and Surgeons, 7s. 6d. and 13s. per diem; Civil Assistant-Surgeons and Surgeons, 25s. per diem, and £1000 and £2000 per annum, with a twelvemonth's pay on leaving the service.

We feel that our services out here are totally overlooked; and while others are receiving rewards and promotions, Medical men, instead of feeling their profession an honour to them, are reminded that it is a stumbling-block in their way; and the Minister of War, caring little for the advancement of science or attempting to elevate the Surgeon among his brother officers as a man of science, does all in his power to keep him in an unworthy position. One of our own Profession, we are sorry to add, assists His Lordship in these endeavours,—a man who, if disliked by the public at large, is without the suffrages of a single Assistant-Surgeon in the Army—Dr. Andrew Smith.

Your obedient Servant,
Y. Z. (for the Assistant-Surgeons.)

(Copy.)
War Department, Oct. 30.

Sir,—I am desired by Lord Panmure to convey to you his Lordship's views on the Memorial recently submitted by the Assistant-Surgeons of the Army in the Crimea, and to request that you will adopt such measures as you may see fit to cause these views to be made known to the Memorialists.

Lord Panmure cannot but remark that very few of the signatures attached to the Memorial represent individuals who have had more than two and a-quarter years' experience in the service—a large proportion a much less time—when they thus combined to criticize its alleged defects, and suggest improvements in its organization. Fully admitting, however, that any Memorial, emanating from officers, and respectfully worded, has a claim to be received and answered with courtesy, his Lordship will only remark, that it would have carried more weight with him if signed by officers of more experience; but this opinion has not impeded Lord Panmure's careful examination of the complaint. The Memorialists represent the insufficiency of the present emoluments and relative rank of Assistant-Surgeons. The pay of an Assistant-Surgeon on first appointment is that of a first-lieutenant after seven years' service. The rank is also that of a first-lieutenant. Lord Panmure cannot admit that the above rate of military pay is too low, accompanied as it is by proportionate retirement to half-pay, with a claim to pension to widows and compassionate allowances for children in case of death. His Lordship is quite prepared to admit that it will not bear comparison with the emoluments of many of the Profession whose practice is in populous neighbourhoods; but these are rarely men just entering the Profession; nor must it be forgotten that thousands of the Medical Profession of high abilities and acquirements, less fortunately circumstanced, wear out their best energies in gaining a smaller and more precarious income than the pay and advantages of an Assistant-Surgeon, and no provision from the public in case of their superannuation or death. With regard to time of service, before the higher rate of 10s. is attained, Lord Panmure is of opinion that the present regulation, requiring 10 years, may be a fair subject for reconsideration hereafter; but his Lordship is not aware that this or any of the present considerations of service have been the means of keeping Medical men of talent and proficiency out of the Army, as stated by the Memorialists. The allegation that the smallness of the Medical Officers' pay prevents his association with his brother officers, Lord Panmure cannot but regard as unfounded, the more so as the Medical Officer is confessedly at less expense than the combatant officer for uniforms and some other charges; and with reference to the Memorialists' remark, that they receive their appointments only after a long and expensive term of Professional study, and not until they have first arrived at the age of 21, whereas the executive officer may, without any preliminary education, joining the Army at a very early age, Lord Panmure observes, that all officers are subjected to examination to ascertain their preliminary education, which, in the case of a large number, is also an expensive one, nor will the examina-

tion be confined to the first commission when circumstances permit a general application of the existing regulations on the subject. First appointments at very early age are the exception, not the rule; and the limit of age for commissions has been advanced since the commencement of the war. Lord Panmure cannot draw from the more rapid promotion of the executive than of the Medical Officers any grounds for the conclusion that it implies an undeservedly low estimate of the exertions of the latter. It implies only that the casualties of war affect the combatant more than the non-combatant class of officers; the promotion that does take place appears to Lord Panmure to be distributed with fairness; that it is slow only proves that the danger of battle, privation, and climate, are not so fatal as the Memorialists would infer. Lord Panmure has received but few complaints from those whose length of service gives them a better right to expect promotion than can be pleaded by gentlemen of from six months to two years' service only. With reference to the complaint of the inferior character of some of the duties that now fall to the Junior Medical Officers, the Memorialists should be informed that this ground of complaint is under consideration. Lord Panmure cannot, however, relax the principle which requires that the Assistant-Surgeons in Military Hospitals be prepared to do any duties, even those of dispenser, dresser, or clerk, which may be required of them by their Professional superiors.

With reference to leave for Professional improvement and other purposes, Lord Panmure can only remark that, when leave can be properly granted it is not withheld. Leave of absence must always depend upon the calls of duty, to which pleasure or study must equally yield.

Lord Panmure will not be indisposed to consider the case of the Medical officers in respect of the length of service which gives a claim for retirement; but upon this point, as well as the general propositions following, His Lordship can give at present no other reply than that they shall receive fair consideration in any change of the Medical department that may take place.

The complaint of the Memorialists on the introduction of Civil Practitioners to posts of authority and emolument created by the necessities of the war, is, in the opinion of Lord Panmure, entirely uncalled for. The ranks of the Military Medical Department were totally unable to supply the extensive hospitals created in the East. These establishments were only temporary. It would have been unwise and improvident to have based on them an increase of permanent establishments, to become a burden to the country in after years. The comparatively high pay of the Civil Practitioners appointed to these hospitals, many of whom give up valuable private practices at the call of humanity, is based entirely upon the temporary nature of their services, and can furnish no ground for complaint that the regular department has been overlooked. "I am, &c., G. C. Mundy.

"Dr. Andrew Smith, Director-General of Hospitals."

MEDICAL NEWS.

DEATHS.

Copeland.—December 5, Mrs. Copeland, relict of Thomas Copeland, Esq., of Cavendish-square, sixteen days after the loss of her husband.

Ballingall.—December 4, at his country-seat, Altamount, near Blairgowrie, George Ballingall, Knt., having been in a state of health which had caused much anxiety to his friends for some time. The service which Sir George rendered to his country, if not in active service, at least as a pioneer, will not be forgotten by those who have long looked up to him as their instructor and exemplar in practical Surgery, in their peculiar walks in life; while Majesty itself will not fail to regret the loss of one who had, in that department, filled the honourable office of Surgeon, and who had also sustained the same relation towards our beloved Queen's mother. Sir George took his degree of M.D. at Edinburgh, in 1819, having previously passed his examination for the Fellowship of the Royal College of Surgeons of Edinburgh in 1806. He was Regius Professor of Military Surgery in the University of Edinburgh, and Consulting Surgeon to the Royal Infirmary; Fellow of the Royal Society of Edinburgh; Fellow and late President of the Royal College of Surgeons of Edinburgh; Honorary Member of the Royal College of Surgeons of Ireland; Member of the Medical Societies of Paris, Vienna, St. Petersburgh, and Berlin; Author of "Observations on the Diseases of the European troops in India," 2nd edition, 1823; "Introductory Letters to a course of Military Surgery," 1830; "Outlines of Military Surgery," 1844, 4th edition. Contributor of several papers on subjects connected with Military and Naval Surgery and occasional lectures to the Medical Press.

Elliott.—Recently, in the Devon County Gaol, at Exeter, J. Elliott, Esq., Surgeon R.N., of inflammation of the brain, succeeding fever. (See pp. 599, and 605.)

Heath.—December 6, aged 33, at Westoe, after a long illness, Henry Heath, Esq., formerly of Newcastle-on-Tyne, and for many years one of the Surgeons to the Infirmary of that town.

BEQUESTS.

The Late Mr. Copeland, of Cavendish-square, has left the munificent sum of £5000 to the Society for the Relief of Widows and Orphans of Medical Men. The personal property of the deceased was sworn under £180,000, the greater part of which was amassed by him in the practice of his Profession.

APPOINTMENTS.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity, 53, Berners-street.—Dr. Merriman, of 3, Charles-street, Westbourne-terrace, has accepted the office of Secretary to this valuable Society, at the request of the Directors, in the room of the late Mr. Walsh. He will attend at the Society's Office every Wednesday and Friday, from 4 to 5 o'clock, p.m.

John Topham, Esq, M.D. (Lond.), of Wolverhampton, has recently been placed upon the Commission of the Peace for the County of Stafford.

The following Gentlemen have been elected the office bearers of the Royal Medical Society of Edinburgh, for the Session 1855-56:—*Presidents*—Alexander Groves Duff; John Sibbald, M.D.; Samuel Pierce Spasshatt; Alexander R. Simpson. *Treasurer*—John F. M'Farlane. *Secretaries*—Frederick Gourlay and Robert Dun. *Curator of the Library*—William Robinson Hill. *Sub-Librarian*—William Thomson.

The late Dr. Ely, of Rochester.—We beg to call the attention of the benevolent to the distressing case which appears in our advertising columns of this day. The late Dr. Ely, of Rochester, was struck down in the prime of life, leaving a widow and eleven children totally unprovided for. After many arduous struggles to obtain a competent Professional income, he was only beginning to succeed in his object, when the hand of Death removed him from the sphere of his exertions. Efforts are being made to provide for the children in various ways, and a subscription has been commenced for this unfortunate family.

A Deputation of the Guardians of the Greenwich Union, and Mr. Saw, the clerk, had an interview with the Right Hon. E. P. Bouverie, the President of the Poor-Law Board, at the office of the Board, in Whitehall, on Wednesday, on the subject of Medical relief in the Woolwich district of the Union.

Small-Pox among the Military.—Some cases of small-pox having manifested themselves during the past week in the garrison at Woolwich, occasioned by the extremely crowded state of the barracks there, the whole of the troops have undergone a special Medical examination, and, where necessary, have been vaccinated.

Scotch Universities.—It rests now with the Town Council of Aberdeen and the Professors of King's and Marischal Colleges to determine whether or not we are to have, during next session of Parliament, a measure introduced for the union of the two Universities. If they are as much in earnest as they have all pretended to be, they will no longer have any difficulty in getting their wishes carried out; if, on the contrary, they have been merely shamming, they will, we doubt not, find ways and means to postpone the matter for another year.—*Aberdeen Herald.*

CHOLERA IN AUSTRIA.—From the 1st of May up to the 15th of November 549,099 persons had the cholera in the Austrian empire, 288,030 recovered, 230,861 died, and 30,208 were still under Medical treatment.

FOREIGN HONOURS.—The Sultan has conferred the third class of the Imperial Order of Medjidieh on Dr. Sandwith, with honourable mention.

FOUR CHILDREN SUFFOCATED.—Yesterday forenoon the Coroner for East Middlesex received notice of the deaths of four children, who had died from suffocation. The deceased had been closely pressed to their parents while in bed for warmth. A great number of children, it is said, are killed annually in this way during the inclement weather.

MEDICAL PRACTITIONERS' BILL, SYDNEY.—In the Legislative Council, on Aug. 7, Dr. Douglass moved, That the Medical Practitioners' Registration Bill be referred for consideration and report of a select committee. The hon. gentleman explained the objects of the bill. Its main object was to place the British Practitioner on a fair and sound footing, and to open widely the door to Foreign Medical Practitioners, who had been educated at proper Universities recognized at home and in these colonies, always premising that in every case no one should be allowed to assume the title of Medical Practitioner, Doctor, Physician, Surgeon, or Apothecary, unless he was properly qualified. The standard of the Profession would be raised; whatever might be the status of a minister of religion, it was nothing when compared with the confidence which it was necessary to repose in a Medical Practitioner, who was entrusted with family secrets. He did not think Frenchmen would have any right to complain under this bill, for in France a legally qualified Englishman was not allowed to practise according to law: he might obtain permission from the Prefect to practise among Englishmen. If complaint was made, however, he was fined for the first offence, imprisoned for the second, and sent out of the country for the third. He also mentioned that in France, Germany, Spain, Italy, and some parts of America, degrees were obtained under very facile circumstances, and alluded to the necessity of guarding against the inroads of those who were unqualified. The difficulty in connexion with the existing Boards was to prove the identity of the person making application. The Medical Board at Sydney did not even require those who apply to appear personally; they could send their diplomas from Moreton Bay, Wide Bay, or any other Bay, and be properly registered. The diploma might be all right, but *contra*. He believed cases had occurred in which diplomas had been forged; that one of the law officers had been called upon to prosecute, and his reply was, that he had not the power. (Hear, hear.) That was not just towards the public or the Profession. He wished the bill to be referred to a select committee for consideration, and his earnest desire was it should be rendered beneficial to the Profession, and to the public at large, and that as great a degree of safe liberality should be exercised towards Foreign Medical Practitioners as any legislature could entertain. Dr. Douglass was here cut short, by a discovery that there was "no house;" and the *Sydney Morning Herald* of the next day, observes, "It is hopeless, with such counter attractions (a grand concert) to attempt to hold members to their seats. Wandering about the House like ghosts, they were evidently little concerned in the defence either of the harbour from our enemies, or our health from quacks. Such was the power of song. We shall find Christmas carolling on its way before we have got through a Legislative Minute."

MORTALITY NOTABILIA.—In the week that ended on Saturday 1099 persons, of whom 554 were males, 545 females, died in London. The total number differs little from that of the preceding week, which was 1124. The average number of deaths in the ten corresponding weeks of the years 1845-54 was 1277, and this, if raised by a tenth part for comparison with last week's mortality which occurred in an increased population, becomes 1405. But this result represents more than the normal rate of mortality, in consequence of influenza which was epidemic in 1847, and together with bronchitis and pneumonia carried off in the corresponding week of that year about 850 persons. Still, however, the present mortality is not high for London at the beginning of December. 119 deaths were caused by bronchitis, and 93 by pneumonia. Phthisis was fatal in 137 cases, about one half of which occurred to persons between the ages of 20 and 40 years. Scarlatina shows a disposition to decline; the greatest number of cases occurred in the eastern districts, the disease being rather fatal in Bethnal-green.

METEOROLOGY.—The air was cold throughout the week, and on five days the thermometer fell below the freezing point. At the Royal Observatory the mean temperature, which had been above 39° in the two previous weeks, was 36·1° last week, which is 5·1° below the average. On four days the mean was from 5° to 8·7° below the average.

DEATHS IN PUBLIC INSTITUTIONS for the Week ending December 1 and 8:—

—	In the Week ending Dec. 1.			In the Week ending Dec. 8.		
	Males.	Females.	Total.	Males.	Females.	Total.
Workhouses	50	63	113	39	58	97
Prisons	4	..	4	..	..	..
Military and Naval Asylums	4	..	4	4	..	4
General Hospitals	38	24	62	23	15	38
Hospitals for Special Diseases	5	4	9	6	2	8
Lying-in Hospitals	..	..	..	..	2	2
Military and Navy Hospitals	12	..	12	3	..	3
Hospitals and Asylums for Foreigners	1	..	1	2	..	2
Lunatic Asylums	4	6	10	5	4	9
	118	97	215	82	81	163

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week:—

	Population.	Small-pox.	Measles.	Scarlatina.	Hooping-Cough.	Diarrhœa.	Typhus.
West	376,427	..	5	7	5	4	10
North	490,396	3	6	12	9	5	9
Central	393,256	2	2	6	7	1	5
East	485,522	7	13	18	6	3	13
South	616,635	2	1	10	12	4	8
Total	2,362,236	14	27	53	39	17	45

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, December 8, 1855.*

CAUSES OF DEATH.	In the Week ending Saturday, December 8, 1855. Deaths of Persons. AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
Mean temp. °	36·1						41·9
ALL CAUSES	1099	545	153	167	201	33	1277·2
SPECIFIED CAUSES	1099	545	153	167	201	33	1271·5
DISEASES:—							
1. Zymotic Class	239	193	15	19	10	2	291·0
2. Dropsy, Cancer, and others of uncertain seat	44	5	8	13	17	1	49·1
3. Tubercular Class	182	66	68	35	13	..	188·3
4. Of Brain, Nerves, etc.	128	53	19	17	33	6	134·5
5. Of Heart, etc.	52	5	7	19	21	..	50·4
6. Of Respiratory Organs	242	125	15	43	54	5	302·0
7. Of Digestive Organs	54	29	3	8	12	2	67·1
8. Of Kidneys, etc.	11	2	2	4	2	1	11·6
9. Of Uterus; viz.—Puerperal Disease, etc.	11	..	7	3	1	..	8·9
10. Of Joints, Bones; viz.—Rheumatism, etc.	7	3	1	2	1	..	9·1
11. Of Skin, etc.	1	1	..	..	..	..	2·0
12. Malformations	5	4	1	..	..	..	3·0
13. Debility from Premature Birth, etc.	29	29	..	..	..	..	30·4
14. Atrophy	26	16	1	1	8	..	22·3
15. Age	35	..	..	..	20	15	63·4
16 Sudden	11	3	1	1	6	..	6·4
17. Violence, Privation, etc.	22	11	5	2	3	1	32·0
CAUSES NOT SPECIFIED	..	..	..	..	..	..	5·7

BOOKS RECEIVED.

The Russian Bath. Second Edition. By Mathias Roth, M.D. London: Groombridge and Sons. 1855.

The Indian Annals of Medical Science. No. V. October. 1855.

The Journal of the Statistical Society of London. Vol. XVIII. Part IV. December. 1855.

Practical Observations on the Duties of an Officer of Health. By Francis Cooper. Southampton: Marshall and Co. 1855.

Introductory Address delivered before the North London Medical Society. By Dr. Hare, President of the Society. London: Churchill. 1855.

De La Rue's Medical Memorandum Book and Indelible Diary. 1856.

Personal and Domestic Hygiene. By Lionel J. Beale, Surgeon. London: Churchill. 1855.

Letters to a Young Physician just Entering upon Practice. By Dr. James Jackson. Third Edition. Boston: Phillips, Sampson, and Co. 1855.

Die Künstliche Frühgeburt. Monographisch Dargestellt. Von Albert Krause. Breslau. 1855.

TO CORRESPONDENTS.

Mr. Arthur Smith.—The subject of the next "Astley Cooper Prize" is "On the Cause of the Coagulation of the Blood," and the Essays must be sent to Guy's Hospital on or before January 1, 1856.

A Constant Reader.—The following paragraph, from the *Bolton Chronicle*, has been sent to us as a specimen of the "puff oblique:"—

"Accident to a Railway Guard.—An accident of a serious nature occurred on the line from Bolton to Blackburn on Monday night. At 9·40 a goods train left Bolton for Blackburn, arriving at the latter station about 10·40. The train having been brought to a standstill, Edward Evans, the under-guard, began to hook to it some other waggons; and having done so, he was coming from under them close to a turntable, where the engine was being moved on to the other line, when he was knocked down by the engine, which passed over his foot, crushing it in a dreadful manner. He was immediately brought back to Bolton by a special engine and removed to the Infirmary, where he was attended by Dr. Segar, the House-Surgeon; but in the course of the night it was found necessary to amputate the foot, and this operation was skilfully performed by Mr. John H. Wolstenholme, Surgeon, under whose treatment the man has since remained, and is now doing as well as can be expected. Evans is a single man, residing in Old Acres."

We are again compelled to postpone the publication of several valuable papers in consequence of the great pressure on our space.

Professor Trousseau's paper on Tracheotomy in the last stage of Croup will appear shortly.

L.S.A.—A person may charge for Professional attendance in a case of Midwifery, and for medicines supplied during that attendance, although he is not a Licentiate of the Apothecaries' Society.

Dr. Peacock's paper "On the Treatment of Fever by large and frequently repeated doses of Quinine, has been received, and will appear very shortly.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—In reading the recent communications on "Ruptured Perinæum," from Mr. Brown and Dr. Murphy, any calm observer cannot but regret that a subject so interesting to Medical science should have been made the medium for exhibiting so much Professional contention and jealousy. Such exhibitions of "unbrotherly love" cannot be too strongly discountenanced, not only by individual members of the Profession, but particularly by the different Medical Societies, where the members ostensibly assemble for mutual improvement, and for the advancement of Medical knowledge—friendly and fair discussion must, of course, always be permitted, but any attempt at personal derogation cannot be too strongly repressed. We may often injure the reputation of a Professional brother by a mere nod or insinuation as effectively as by a more open declamation; and in the case above alluded to, the bent of Mr. Brown's insinuations were, I think, patent enough to any one of the smallest perception, and evidently were not complimentary to Dr. Murphy. I state this, not having the pleasure of the acquaintance of either Mr. Brown or Dr. Murphy, so that I cannot, at least, be accused of partiality. Would it not be desirable if we had some standard of Medical etiquette established, to which the conduct of the members of the Profession could be subjected when required? Would it be possible to draw up such a code? I think it might be done, and would be found, I have no doubt, highly serviceable in keeping up a high sense of gentlemanly and courteous feeling in the Profession, and make the every-day duties of the Practitioner glide along more pleasantly, and even elevate "the craft" in the eyes of the general public. I am, etc. M.D.

Dr. Rigby's paper on Inflammation of the Os Uteri will be published next week.

The following advertisement appeared in the *Times* of Dec. 10:—"*To Parents and Guardians.*—A Medical man, in extensive practice in the West of England, will require an Apprentice after Christmas. Premium, £200, if in the family; £50, *if taking meals in the kitchen, with his present Assistant.* Apply to H. J. W., Messrs. Gale, Baker, Warde, and Oldfield's, Bouverie-street, Fleet-street." Surely some one must have imposed upon the *Times*, and sent the above as a hoax to that paper! If not a hoax, we should be glad to know who H. J. W. is.

Veritas.—We will readily publish the letter if it be accompanied by the signature of the writer. If the facts be as they are stated, the party ought undoubtedly to be exposed.

Mr. I. B. Brown will receive a private note.

Dr. A. B.—The memoranda "On the Duties and Qualifications of Officers of Health" arrived too late for insertion this week, but they will be carefully considered in any further observations which we may make upon the subject.

A. X. Y.—We can see no impropriety in a Surgeon opening an Hospital for the treatment of the affections in question, more especially if his own name is not obtruded before the public eye. There are, we regret to say, intra-professional as well as extra-professional forms of quackery.

COMMUNICATIONS have been received from—

Mr. W. Adams; R. B.; Dr. M'William; Mr. John Rees; Mr. Thomas Hunt; Dr. Topham; Mr. Winchester; Dr. R. G. Mayne; Dr. Merriman; Dr. Beylard; Mr. Kesteven; Mr. I. B. Brown; Dr. S. D. Lees; Dr. Ballard; Dr. Hyde Salter; Dr. Richardson; Dr. Crisp; Mr. Robert Dun; Miss Elliott; Mr. Rivington; M.D.; Mr. W. S Saunders; Mr. E. Houghton; M.D., Eblanensis; Mr. C. R. Bree; The Geological Society; Iatro-Chemicus; Dr. Snow Beck; Veritas; Dr. Baines; The Statistical Society; A. X. Y.; Mr. Morris; etc. etc.

APPOINTMENTS FOR THE WEEK.

DECEMBER.	Miscellaneous Register.	Society Meetings.
15. Saturday	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	Medical Society of London, 8 p.m.
17. Monday		Chemical Society, 8 p.m. Statistical Society, 8 p.m.: Dr. W. A. Guy "On the Nature and Extent of the Benefits conferred by Hospitals on the Working Classes and the Poor."
18. Tuesday	Operations at Guy's, 1 p.m.	Pathological Society, 8 p.m. Linnean Society, 8 p.m.
19. Wednesday	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.	Geological Society of London, 8 p.m.—Subjects:—P. J. Martin "On some of the Geological Features of the Country between the South Downs and the Sea."—Professor Owen "On the Remains of the Musk Ox (Bubalus Moschatus) from the Gravel near Maidenhead, Berks.
20. Thursday	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	Harveian Society, 8 p.m.: Mr. I. B. Brown "On Prolapsus of the Uterus and of the Bladder." Royal Society, 8½ p.m.
21. Friday	Operations at the London, 1½ p.m.; Moorfields' Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	

ORIGINAL LECTURES.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,
Professor of Surgery to the College.

Lecture VI.

(Continued from page 566.)

INJURIES OF THE HEAD.—EXTRAVASATIONS OF BLOOD—*concluded.*

What are the symptoms of a traumatic effusion of blood within the arachnoid? We have no signs by which we can clearly recognize that blood has been poured into the cavity of this serous membrane. If slight, such an extravasation may be followed by no symptoms whatsoever; and, even in larger quantities, when spread out in membranous layers, the blood may produce no very decided symptoms of compression; and most frequently, connected as these extravasations are, in the great majority of cases, with some severe injury of the cerebral substance itself, the symptoms of one lesion are totally masked by those of a very different nature.

But, should symptoms of compression arise after an extravasation of blood within the arachnoid, from an injury, they will be the same as those of a collection of blood upon the outer surface of the dura-mater, the symptoms of which we have already fully considered. Our next step, therefore, must be to inquire into the propriety of opening the dura-mater, should it be found, after the application of the trephine, that the effusion is not on the surface, but beneath this membrane.

Great is the difference of opinion on this important question. We have in this country names of equal celebrity both for and against this proceeding; but, on the Continent, the diversity of opinion is not so marked, and there, the operation is much more commonly resorted to.

But this diversity of opinion among English Surgeons is, when fairly examined, much more apparent than real. All our authorities fully agree as to the extreme danger of opening the dura-mater, and no Surgeon, however bold, would recommend that such an operation should be done without clear evidence of its absolute necessity.

"Are you warranted to trephine to let out the blood from between the meninges?" Such is the question asked by Abernethy (a), a question which every Surgeon of the present day would, I think, answer in the negative. But let us look at the question as it is put by Sir Benjamin Brodie. "Suppose a case, in which a considerable portion of bone has already been removed, in which the dura-mater is seen exposed, of a blue colour, lifted up by a collection of blood beneath it, and bulging, as it were, into the aperture which has been made in the cranium. Are we justified in puncturing the dura-mater, for the purpose of allowing the extravasation to escape?" Under such circumstances as these, no Surgeon would, I think, hesitate; but, at once, lay open the dura-mater. This, there is no doubt, is the course which ought to be pursued, and there is ample evidence to prove that, however perilous such an operation may be, it has repeatedly been attended with the most signal success. Whenever, on the other hand, the dura-mater, after the removal of the bone, is found to be quite healthy, every prudent Surgeon, having nothing to guide him, will abstain from proceeding further.

(a) South's Chelius. Vol. I., p. 407.

Some of the cases which I have already brought before your notice, prove that patients may recover, even when large quantities of blood have been poured into the cavity of the arachnoid, and that, too, without a single symptom to reveal the extensive mischief which still lies within the skull. This complete recovery is, however, rare; for large extravasations of blood in this serous membrane generally lead to the formation of encysted collections which give rise to some permanent affection of the brain.

For the following interesting case I am indebted to Dr. Richard Quain:—

A farmer, aged 58, about three years before his death, in driving home from market, was, being rather the worse for liquor, accidentally turned over in his cart. When picked up, shortly afterwards, he was in a state of insensibility, with a large scalp wound over the right temple. He gradually recovered his senses, so as to be able to answer such questions as were put to him by a Surgeon, who arrived about half-an-hour after the accident. The wound being dressed, the patient proceeded home, a distance of five miles. He was subsequently confined to his bed for a week, after which he began to resume his ordinary avocations; but he was never the man he had been. He complained of general pain in the head, and more especially at its lower part, as well as at the back of the neck. During the following year, he became more irritable in temper and desponding in spirits. He felt unable to follow his employment as was his wont, and, for hours together, he frequently sat with his hand on the side of his head, and his elbow resting on his knee, sometimes exclaiming that he was "good for nothing, and no use here." His memory became impaired, but in other respects the intellectual faculties were unaltered. Thus matters went on for about a twelvemonth, when one day, while holding a lamb, which was struggling violently, he was suddenly seized with a kind of fit. He fell forwards, as if drunk, became insensible, and continued so for a quarter of an hour. During this time there were no convulsions; but when he came to again he felt a numbness on the left side, and the skin appeared dark coloured for several days afterwards. In about a month, he had another fit of a like character; and from this period he became subject to such seizures, on any unusual exertion. He was always conscious of the approach of these attacks, and used to say that he was going to have one of his fits. He remained much in the same state until the day of his death, which took place suddenly from rupture of the left ventricle of the heart, caused by fatty degeneration of that organ. On opening the dura-mater, on the right side, a large cyst fell out of the cavity of the arachnoid. The cyst, which was perfectly loose, was lying lengthways, covering the greater part of the upper surface of the cerebral hemisphere, where there was a large depression, or bed, into which the cyst fitted. There were neither roughness nor any signs whatsoever of any connexion ever having existed between the arachnoid and the cyst. The membranes of the brain, and the brain itself, were quite healthy. The cyst, kidney-shaped, but flatter, measured in length seven inches and a-half, and in width, one inch and a-half in its broadest part. Perfectly smooth throughout its whole surface, the cyst was of a dark-fawn colour, with rusty coloured patches here and there. Around the margin of the cyst was a thin membrane, forming a broad, but perfectly smooth fringe. The cyst itself, when opened, was found to contain an ounce and a half of grumous-looking fluid, of a chocolate colour, evidently the remains of extravasated blood. After settling for a few hours, the more solid part of the fluid sank, leaving a blood-tinged serum at the upper part. Under the microscope, the sediment, in which were several small fibrinous clots, was made up of a mass of blood globules, mixed with granular cells, probably the white corpuscles of the blood, and a quantity of broken-down fibrin, with some well-formed crystals of hæmatine. The clots were composed of fibrin, more or less granular, and softened, and entangling blood globules and hæmatine crystals. The walls of the cysts were very firm, tough, and rather thicker than the dura-mater generally. The internal surface, of a reddish hue, as if dyed by the coloured contents, was perfectly smooth and polished, except at a few points, to which some rusty coloured clots were adherent. Miseroscopically, the structure of the cyst was composed of fibres resembling those of fibrous tissue, but destitute of the cell fibres, which indicate a growing texture. There was no distinct lining membrane, but the internal layer of fibres was rather easily detached from the

rest of the structure, giving somewhat the character of a separable membrane. There were no epithelial cells on its surface; but entangled on its substance were blood globules and hæmatine crystals.

The examination of this cyst, made by Dr. Richard Quain and myself, left no doubt on our minds as to the origin of this loose bag in the cavity of the arachnoid. It was a blood cyst, and nothing else.

But other cerebral affections have been known to follow a traumatic effusion of blood within the arachnoid. Insanity, for instance, of which the following case affords a most striking illustration:—

A young gentleman, at the age of 8 years, when at Winchester school, was struck by a cricket bat or ball, which caused severe concussion of the brain. This was followed by immediate symptoms of insanity, from which he, however, recovered for a time; but he was, soon afterwards, brought to London, as he was again labouring under an aberration of mind, and then placed under Mr. Fisher's care. From the time of the accident up to that of his death, a period of fifteen years, he had occasional fits of insanity, lasting two, three, four, or five months, with considerable lucid intervals. The last two years and a-half of his life were spent in MM. Stilwells' establishment, at Hillingdon. Tall, athletic, and capable of undergoing great bodily fatigue, this patient, to a common observer, appeared merely weak in intellect and loquacious in manner; but he still had occasional fits of insanity. His last illness was characterized by great pain in the head and great drowsiness.

At the after-death examination, a large pouch, containing 10 ounces of grumous blood mixed with a clot, and some red blood, was found in the cavity of the arachnoid, to the parietal layer of which it was firmly adherent. This enormous encysted collection of blood covered the whole of the upper surface of the right hemisphere, which was deeper in colour, and rather less in size than the left. The visceral arachnoid, the pia-mater, and the brain itself, were all perfectly healthy in structure. The bones of the cranium were much thinner than natural; at no part were they more than a quarter of an inch thick, and in places they consisted merely of the two tables. The right parietal, towards its anterior-inferior angle, presented an evident bulging, where the diploë had been entirely absorbed, by the pressure from within. The right half of the frontal and of the occipital bones, as well as the squamous portion of the right temporal, had been subject to a similar action. The whole brain having been pushed over to the left side, had exerted on the left parietal bone a considerable degree of pressure, causing absorption of the diploë, but without any bulging. The left half of the frontal and of the occipital bones showed no signs of undue pressure. The left portion of the lesser wings of Ingrassias, and the corresponding part of the anterior clinoid process, were reduced to the thickness of a sheet of writing paper, almost to a cutting edge. When measured internally, the calvaria presented, in favour of the right side, an addition of half an inch.

Having, in March, 1846, been asked by Mr. Fisher to examine the dura-mater and corresponding pouch, above described, about the true nature of which there appeared to have been some doubt, I can fully corroborate the accurate description which was subsequently given of these parts by Mr. Hancock (b).

In this case we are able, fortunately, to trace the whole history of the disease, which during life, was considered to be hereditary, the father of this patient having, curiously enough, been insane, from an injury of the head, caused by a fall from a horse, two years before the birth of his son.

Foville, also, in speaking of these encysted collections of blood in the insane, expressly states that, in one of his cases, that of an old soldier, the disease had been caused by a heavy blow on the head. And Blandin describes a similar collection, which he found on an insane person at Bicêtre, the history of which was distinctly traced to a sabre-cut, which the patient, an old soldier, had received on the right side of the head, at the battle of Waterloo. Traces of the blow were found both in the integuments and in the bones, to which this encysted collection of blood corresponded.

Here are three cases of insanity in connexion with encysted collections of blood, the extravasation of which we can distinctly trace to injuries. With accurate histories might we not thus bring back to accidents several cases of a similar nature?

Let us now proceed to the consideration of the extravasations of blood in the pia-mater. Concerning these, I have but little to say. Extravasations of blood in the pia-mater are less common than those within the arachnoid, at least, comparing a large number of these cases together, I find blood much less frequently in the former than in the latter. Almost always connected with more or less extensive laceration of the brain, these extravasations readily spread from the seat of the injury to distant parts. In the arachnoid, an extravasation of blood is seldom met with in the occipital fossæ, even in cases where it is plentiful in the cerebral region. In the pia-mater, blood under such circumstances not unfrequently covers the whole cerebellum, and extends along the spinal marrow, and that, too, without any injury of these organs. Rapidly infiltrating itself into the meshes of the pia-mater, I have never seen the blood forming encysted collections such as those which are found within the arachnoid, neither am I aware that any cases of this kind have ever been observed.

We have no symptoms by which we can recognize an extravasation of blood in the pia-mater. It appears, however, that both John Hunter and Sir Benjamin Brodie thought that these wide-spread extravasations are apt to produce more urgent symptoms than those collections of blood in one mass, which give rise to a less general pressure; but further experience has not confirmed this opinion.

Neither have we here the advantage which, now and then, may be met with in the effusions of blood within the arachnoid; for the constant infiltration of the blood in the pia-mater precludes all idea of its being let out, even if the dura-mater were laid open. All we can do, in such cases, is to treat them generally, according to the symptoms which may exist.

Lastly, we must now pass on to the extravasations of blood into the brain. In speaking of these extravasations, I wish, for the present, to confine myself to the collections of blood which may, in consequence of an injury, be poured out, either into the structure of the brain, or into its ventricles. The smaller or minute extravasations will find their appropriate place in contusions or laceration of the cerebral substance.

Injuries of the head seldom give rise to large extravasations of blood in the structure of the brain. Cases, it is true, occur now and then, in which large collections of blood are met with in the brain after an accident,—but is the effusion in such cases always dependent upon the injury? I think not.

In dealing with the cases in which collections of blood are found in the substance of the brain after an accident, great caution is necessary, in order to avoid, if possible, mixing up cases of apoplexy with those of traumatic effusions. The Surgeon must ever bear in mind that an accident co-existing with an extravasation of blood in the brain does not necessarily imply cause and effect. The previous condition of the patient's brain, or the outpouring of blood may, in fact, have been the cause instead of the consequence of the accident. With a clear history of the accident, and especially of the previous state of the patient, there will, however, in the generality of cases, be little or no difficulty in deciding upon the nature of the case.

A man, aged 50, was admitted into St. George's Hospital in 1849, with a small scalp wound at the upper part of the forehead, and slight ecchymosis of both eyelids. He had fallen from a pair of steps, but could give no account as to how the accident had happened. He was quite sensible, however, and stated that, for several days past, he had been confused in his head. With the exception of a slight wandering occasionally, this patient appeared to be going on well, when he was suddenly seized with well-marked symptoms of apoplexy, and died four hours after the attack. On dissection, a large quantity of blood was found extravasated in the meshes of the pia-mater, forming a species of cap, covering the whole of the brain. All the ventricles of the brain were filled with clots of blood, which had proceeded from the right corpus striatum, the structure of which was softened and extensively broken up. The bones of the skull presented no traces of injury.

In such a case as this, the true nature of the affection was obvious; but, supposing the extravasation to have taken place at the time of the accident—and what was more likely?—

(b) *Lancet.* 1846. Vol. I., p. 416.

would not this case have been looked upon as one of traumatic effusion? In this instance, there was an interval between the accident and the attack of apoplexy; but, in many cases, we find ourselves deprived of any such guidance.

A middle-aged man, having fallen from a ladder about the distance of eighteen feet, was admitted into St. George's Hospital in 1839, in a state of perfect unconsciousness, and bleeding from the nose. The left side of the face was paralyzed, but strongly-marked convulsions existed in all the limbs. The breathing was stertorous, the pupils irregular and sluggish, and the pulse very quick and sharp. He was a stout, strongly-built man, with a large head, and short, thick neck. From the account given by his fellow-labourers it appeared that he had fallen off the ladder without slipping, that no part of the ladder had given way, and that the steps were very broad, so that a person could stand on them without any danger. There were no appearances of external injury about the head. Shortly after being bled, this patient began to show some signs of returning consciousness; but, towards the evening, he became restless and violent. The left side of the head now presented an extensive bruise which effectually closed the eyelids. His wife, who came to see him in the evening, stated that he had never been subject to epileptic fits; but that, two years previously, he had suffered from determination of blood to the head. Having been actively treated, this man so far recovered as to be able to answer questions, and appeared to be going on well, when, on the third day after his admission into the Hospital, and without any apparent cause, he was found lying in a perfectly comatose state, from which he never rallied. On examining the body, the coverings of the skull and its bones presented a natural appearance. No traces of injury were detected about the membranes, or any part of the surface of the brain; but two large extravasations of blood were found in the deeper parts. One, on the right side, was connected with the corpus striatum, and the other, on the left side, occupied both the corpus striatum and the thalamus nervi optici. This last extravasation appeared to have taken place more recently than the other one.

Doubtless this case was one of apoplexy, which itself was the cause of the accident, and yet it might be taken as a type of many a so-called traumatic effusion into the brain. I might bring before your notice several other cases of a similar nature, notes of which I have by me; but they would, one and all, only tend to prove how necessary it is for the Surgeon ever to be on his guard, where there exists the least doubt as to the nature of the case.

Collections of blood in the brain, or in its ventricles, the result of an accident, may run through the numerous and well-known changes of a simple apoplectic effusion; changes which, in some instances, precisely resemble those already noticed in extravasation into the arachnoid. Such changes seldom, however, take place in traumatic extravasations, which are generally rapidly fatal, being, as they are, for the most part, associated with other severe lesions of the cerebral substance.

I cannot conclude this section of my subject without thanking you, Mr. President and Gentlemen, for the kind attention with which you have listened to these Lectures, and especially do I wish to thank the many Members of the Council who have honoured and encouraged me by their presence.

My warmest thanks are due to my colleagues, the Medical Officers of St. George's Hospital, as well as to Mr. Gray and Mr. Holmes, for the liberal manner in which they placed their cases and notes at my disposal. And gladly do I take this opportunity of thanking, which I do most sincerely, Sir Benjamin Brodie, Mr. Keate, and Mr. Cæsar Hawkins, not only for the sound practical knowledge which they used their best efforts to teach me, but also for the numerous acts of kindness and courtesy which they have on this, as well as on many other occasions, shown me.

To Professor Owen and Professor Quekett I am deeply indebted for the valuable assistance which they have so kindly given me since I had the honour of becoming their colleague, and I am also much indebted to many Surgeons of our large Hospitals, and to M. Giraldès, (des Hôpitaux de Paris,) for most valuable information, which I thank them for.

And, lastly, deeply indebted am I to Mr. Vandyke Carter, a former pupil of mine, now a student at the College, for the beautiful preparations and drawings, diagrams I cannot call them, which have served to illustrate these Lectures.

ORIGINAL COMMUNICATIONS.

TABULATED ACCOUNT OF SIXTY-NINE CASES OF LABOUR

IN WHICH

THE ERGOT OF RYE WAS ADMINISTERED:

WITH OBSERVATIONS.

By R. U. WEST, M.D.

In the *Association Medical Journal* for July 29, 1853, I published a statistical account of 2083 cases of Midwifery which I had attended during the nineteen years previous. In this paper I had occasion, or thought I had occasion, to remark that one out of 74 still-births recorded, was, perhaps, caused by a dose of ergot of rye given to the mother during the labour. In consequence of this publication I received letters from several Medical men, urging on me that the medicine in question was highly dangerous, nay, poisonous to the fœtus; some of them saying, that because of the number of still-births they had met with after ergot had been administered, they were positively afraid to make use of the medicine at all.

In September, 1853, I met with a singular case of twins, which appeared to me to throw some light on this subject; and, some months after, I published in the *Association Journal* a few observations on it, from which, as they will assist in forming a suitable preface to the present paper, I take the liberty of reproducing the following extracts:—

"ON SOME SUPPOSED EFFECTS OF THE ERGOT OF RYE.

"Much has been written on the supposed deleterious influence of the ergot of rye on the fœtus. In the course of a somewhat extensive Midwifery practice, I have administered this medicine upwards of three hundred times, and I feel bound to say that I have not observed the pernicious effect attributed to it. I have certainly in a few cases, where the pains have been continuous for some time before the birth, found some difficulty in establishing respiration; but if this circumstance were due to the ergot, it could have been owing only to uninterrupted pressure on the brain—a merely indirect mechanical effect, and one which is not unfrequently observed after severe labours when no ergot has been given. But the pernicious influence on the fœtus is asserted to be a specific effect of the medicine—a sort of poisoning. Now, some years ago, I did unquestionably register one doubtful case of still-birth, as due possibly to this specific influence; because the case was one where the labour was easy, the pains not uninterrupted, and the child had the appearance of having been alive up to the time of its birth. But surely one such case, out of so many with a different result, would be very doubtful evidence, even were it not rendered still more doubtful by a case which I met with last September, in which I should certainly have attributed the death of the child to this kind of poisoning, but for a circumstance which occurred immediately after.

"When I first arrived at the house of my patient, finding the os uteri in a thick, rigid, and undilatable state, I waited a few hours without doing anything. I then, when the os was in a more favourable condition, gave a full dose of ergot, because the pains were very inefficient. In an hour, the child was born—dead. Now, the pains had been anything but continuous; on the contrary, the intervals were unusually long and complete; that between the two last pains which attended the expulsion of the head having been at least five minutes in duration. The child had every appearance of having been alive up to the time of birth, and though there was no pulsation in the funis, yet the umbilical vessels felt full. This, then, thought I, must be an example of the specific bad effect of the ergot. But, when the child was removed, I placed my hand on the abdomen of the mother, and found there was another child. And in a quarter of an hour a second child was born *footling*, very lively and vigorous. Now, surely any specific poisonous influence of the ergot must have been experienced by both children, and more by the second than by the first, in proportion to the greater length of time during which it was exposed to it.

"We must endeavour to avoid mistaking the *post hoc* for the *propter hoc* in this, as in all other inquiries."—Vide *Association Medical Journal*, March 3, 1854.

Date.	Case.	Number in Midwifery Register.	State of the Os Uteri when the Ergot was given.	Interval between Dose and Birth of Child.	Condition of Fœtus.	Funis round Neck.	Character of Pains Induced.	Uterine Action before Ergot given. Peculiarities of Case, if any.	How the Mother Recovered.
1854.									
Jan. 1	1	2162	Half-a-crown; dilatable.	1 hour.	Lively.	Yes.	Quite ergotic for three-quarters of an hour.	Languid pains for some hours.	No bad symptoms.
— 13	2	2168	Half-a-crown; dilatable.	50 minutes.	Heart and funis beating; gasped once, and no more.	No.	Pains improved, but not quite ergotic; long intervals between them.	Very languid pains; very easy labour. An unusually long interval between delivery of head and expulsion of shoulders.	No bad symptoms.
— 14	3	2169	Half-a-crown; thin; rather rigid.	3½ hours.	Very lively.	No.	Ergot caused good pains, but produced vomiting in half-an-hour, after which os became dilatable.	Primipara, with languid pains; labour hard; placenta adherent.	No bad symptoms.
Feb. 4	4	2175	Half-a-crown; thin.	1 hour.	Lively.	Yes.	Ergotic for ¾ of an hour.	Languid pains.	No bad symptoms.
— 5	5	2176	Shilling; rigid; rather thick.	2½ hours.	Still-born; no pulsation.	No.	Ergotic, but not quite continuous.	Labour commenced with considerable hæmorrhage; no pains. Woman surprised by an immense gush of blood at 10½ p.m.; fainted, and was carried to bed. First saw the case at ½ past 1 a.m., having been engaged with case 4, some miles away in the country; she had still slight hæmorrhage, but no pains; ruptured the membrane and gave a full dose of ergot.	Had some alarming symptoms during the first week—acute tympanitis, &c., but ultimately did well.
— 8	6	2179	Half-a-crown; dilatable.	2 hours.	Lively.	No.	Good pains.	Languid pains for several hours.	No bad symptoms.
— 15	7	2183	Half-a-crown; dilatable.	1 hour.	Lively.	Yes.	Good pains.	Languid pains.	No bad symptoms.
— 20	8	2185	Half-a-crown; dilatable.	1 hour.	Lively.	No.	Good pains.	Languid pains.	No bad symptoms.
— 24	9	2187	Half-a-crown; dilatable.	1 hour.	Lively.	No.	Good pains.	Languid pains.	No bad symptoms.
March 1	10	2188	Crown piece; dilatable.	20 minutes.	Animation suspended five minutes.	No.	Good pains, the last three continuous.	Very languid pains.	No bad symptoms.
— 4	11	2190	Dilated fully.	Half-an-hour.	Slight suspension of animation.	Yes.	Good pains.	Languid pains.	No bad symptoms.
— 5	12	2192	Fully dilated.	36 minutes.	Animation slightly suspended.	Twice; very tight.	Good ergotic pains.	Languid pains.	No bad symptoms.
— 10	13	2194	Dilated.	50 minutes.	Very lively.	No.	Good pains, ergotic.	Primipara; languid pains; labour hard; head brought on perinæum by vectis.	No bad symptoms.
— 30	14	2201	Shilling; rather rigid and thick.	2 hours.	Slight hesitation of respiration.	Yes.	Tolerably good pains.	Languid pains; liquor amnii had escaped three hours before my arrival.	No bad symptoms.
April 19	15	2211	Crown piece; very dilatable.	15 minutes.	Quite lively.	No.	Ergotic during last 10 minutes.	Liquor amnii evacuated many hours; little or no pain.	No bad symptoms.
— 19	16	2212	Crown piece; very dilatable and thin.	3½ hours.	Still-born; quite pulseless; funis probably pressed during last stage of labour.	Yes; lying over shoulder.	Langnid throughout, with considerable intervals, sometimes 10 minutes, between them; head receding each time.	Primipara, ætat 38; very languid pains. Vectis used when head had been an hour on the perinæum. Extraction easy. Shoulder livid, where funis had rested.	No bad symptoms.
— 22	17	2215	2 inches diameter, dilatable.	1 hour.	Very lively; oried before expulsion of shoulders.	No.	Not quite continuous, but always felt.	Primipara, aged 18; ruptured the membranes an hour before giving the ergot; os rigid, and dilated size of a sixpence.	No bad symptoms; slight mania at the five weeks' end; did well.
— 23	18	2216	Crown piece; very dilatable.	40 minutes.	Slight suspension for one minute.	No.	Not quite continuous, but always felt; a long interval between two last pains.	Liquor amnii evacuated 36 hours; very large child.	No bad symptoms.
— 28	19	2218	Half-crown, very rigid.	4½ hours.	Dead and putrid child.	Yes.	Pains weak until after a second dose of ergot, 1½ hour before birth	Primipara, aged 40; os uteri rigid throughout; dilated it artificially, and finished the labour with vectis.	No bad symptoms.
— 30	20	2220	Palm of hand, dilatable.	20 minutes.	Very lively.	No.	Ergotic for ten minutes.	Languid pains, easy labour.	No bad symptoms.
May 3	21	2222	Half-a-crown; rather rigid and thin.	1 hour.	Quite lively.	No.	Ergotic for last half hour.	Had had languid pains for seven hours, and then complete suspension of pain.	No bad symptoms.
— 4	22	2224	1 inch diameter; just dilatable.	3¼ hours.	Slight hesitation for 1 minute, then very lively.	Yes.	Ergotic for three hours.	Os uteri on my arrival closed and very rigid. Waited five hours before giving ergot. Completed delivery with vectis; very hard labour. Primipara.	No bad symptoms.
— 25	23	2230	Half-crown; os proper dilatable; rigid band within, about half an inch up.	3 hours.	Still-born, quite pulseless.	No.	Ergotic for two-and-a-half hours.	Patient had excessive œdema of lower extremities; labour severe from rigid cervix; completed delivery with vectis.	Considerable dyspnœa during first week; could not lie in bed; recovered as the œdema gradually ceased
— 28	24	2231	Crown piece; dilatable.	50 minutes.	Very lively.	Yes.	Very ergotic for half-an-hour.	Sharp labour; head large, hard and bony.	No bad symptoms.
June 3	25	2232	Crown piece; thick; soft.	40 minutes.	Living, with feeble respiration; died in half-an-hour.	No.	Pains never ergotic; very feeble and insufficient.	Liquor amnii evacuated three hours. Completed delivery with vectis.	No bad symptoms.
— 5	26	2234	Crown piece; very dilatable.	1½ hour.	Lively.	No.	Pains very ergotic for last hour.	Membranes entire until full dilatation; used the vectis in last stage; extraction easy.	No bad symptoms

Date.	Case.	Number in Midwifery Register.	State of the Os Uteri when the Ergot was given.	Interval between Dose and Birth of Child.	Condition of Fœtus.	Funis round Neck.	Character of Pains induced.	Uterine Action before Ergot given. Peculiarities of Case, if any.	How the Mother Recovered.
1854.									
July 11	27	2251	Half-crown; dilatable.	55 minutes.	Lively.	Yes.	Ergotic.	Languid pains for some hours.	No bad symptoms.
— 19	28	2255	Crown piece; dilatable.	2 hours.	Lively.	No.	Feeble; non-expulsive.	Primipara, with languid pains; completed delivery with vectis, after os uteri had been some time obliterated.	No bad symptoms.
— 21	29	2257	Crown piece; rigid, lumpy in front.	1½ hour.	Very lively.	No.	Ergotic for one hour.	Liquor amnii evacuated before my arrival; os uteri became dilatable half-an-hour after administration of ergot.	No bad symptoms.
— 26	30	2258	Dilated.	45 minutes.	Very lively.	Yes.	Ergotic and severe for half-an-hour.	Very large child; head ossified and much elongated.	Considerable hæmorrhage preceded and followed delivery of placenta; good recovery.
— 29	31	2261	Fully dilated.	30 minutes.	Very lively.	No.	Not severe.	Primipara. Child's head a good deal moulded, with considerable puffy swelling.	No bad symptoms.
Aug. 18	32	2267	Half-crown; dilatable.	1¼ hour.	Lively.	No.	Not severe.	Languid pains.	No bad symptoms.
— 18	33	2268	Palm of hand; dilatable.	46 minutes.	Putrid dead child.	No.	Very moderate.	Child quite putrid; funis black; liquor amnii evacuated twenty hours.	No bad symptoms.
— 31	34	2276	Palm of hand; dilatable.	40 minutes.	Very lively.	No.	Severe for last half-hour.	Primipara; child's head much elongated and moulded shot.	No bad symptoms.
Sept. 6	35	2277	Crown piece; very rigid.	2 hours.	Slight suspension.	Twice, very tight.	Not more severe than before ergot was given, but os became dilatable.	Primipara; aged 25; liquor amnii escaped without pain; pains began 12 hours after, gradually increasing during 20 hours; os uteri very rigid; dilated it artificially to size of crown piece; waited then 4 hours; no further progress; gave ergot with best result; she had been sick several times, but with no favourable effect on the os uteri.	During the first week had feverish symptoms, with peritoneal tenderness and quick pulse, afterwards recovered well.
— 10	36	2282	Florin; rigid.	2 hours.	Lively.	No.	Pains good; but not unusually severe; os uteri dilatable in half-an-hour.	Liquor amnii evacuated 4 days; face presentation; had had slight pains at ¼-hour intervals all the time.	No bad symptoms.
— 27	37	2290	Half-crown; rigid cervix; very tubular.	1¾ hour.	Very lively.	Yes.	Pains very severe and frequent.	Had had unsatisfactory pains for 16 hours; head very high; redundant liquor amnii; ruptured the membranes, and gave the ergot; completed delivery with vectis, when os uteri was nearly obliterated.	No bad symptoms.
Oct. 7	38	2296	Crown piece; very dilatable.	2¾ hours.	Very lively.	No.	Pains good and quick, after second dose of ergot, given 1 hour before birth.	Premature child. It appeared to be timidity on the part of the woman which kept the pains in abeyance until after the second dose of ergot; primipara.	No bad symptoms.
— 15	39	2299	Shilling; very rigid and thick.	5 hours.	Dead and quite pulseless.	No.	Pains very languid until a quarter of an hour before birth.	Had had considerable hæmorrhage for 4 hours before my arrival; ruptured the membranes, and gave a full dose of ergot; for 3 hours after, os very rigid and unpromising; gave a second dose one hour before birth of child, when os had dilated somewhat, and the head had begun to press on it.	No bad symptoms.
— 18	40	2304	Palm of hand; quite dilatable.	35 minutes.	Very lively.	No.	Ergotic for 20 minutes.	Pains had left her, not occurring oftener than once in ¾ of an-hour	No bad symptoms.
Nov. 3	41	2307	Head in vagina.	30 minutes.	Very lively.	No.	Quite ergotic for 15 minutes, head not receding.	Primipara; pains became remarkably feeble and inefficient after the head had cleared the os uteri; head very movable, and receding much between the pains; easy, good labour; liquor amnii escaped at commencement, 12 hours before I saw her.	No bad symptoms.
— 8	42	2309	Crown piece; rather rigid.	1¼ hour.	Very lively.	No.	Pains improved, but scarcely ergotic.	Languid pains.	No bad symptoms.
— 17	43	2319	Palm of hand; dilatable.	15 minutes.	Very lively.	Yes.	Pains improved in quality.	This case was going on very well, but I gave a dose of ergot, thinking it might prevent post-partum hæmorrhage, from which she nearly lost her life when last confined.	No hæmorrhage; no bad symptoms.
1855.									
Jan. 9	44	2322	Crown piece; dilatable.	35 minutes.	Very lively.	No, but a coil of funis prolapsed before the shoulder.	Ergotic for 20 minutes.	Had had slight pains for 36 hours, with no improvement during an hour that I waited.	No bad symptoms.
— 14	45	2323	Nearly obliterated; very dilatable.	20 minutes.	Very lively.	Yes, twice.	Ergotic for 10 minutes.	Primipara; very easy labour.	No bad symptoms.
— 17	46	2324	Half-a-crown; thick, rigid.	1½ hour.	Very lively; very large child.	Prolapsed over shoulder.	Ergotic for 1 hour; os uteri became very dilatable as soon as ergot acted.	Liquor amnii evacuated 12 hours; pains languid with intervals of 20 minutes between them; had had profuse hæmorrhage after her previous labour.	No hæmorrhage. No bad symptoms.

Date.	Case.	Number in Midwifery Register.	State of the Os Uteri when the Ergot was given.	Interval between Dose and Birth of Child.	Condition of Fœtus.	Funis round Neck.	Character of Pains Induced.	Uterine Action before Ergot was given. Peculiarities of Case, if any.	How the Mother Recovered.
1855.									
Jan. 24	47	2328	Crown piece; dilatable.	Half - an - hour.	Very lively.	Yes, twice.	Very ergotic for ¼ of an hour.	Languid pains at intervals of 20 minutes.	No bad symptoms.
Feb. 4	48	2334	A shilling; rigid.	2 hours and 35 minutes.	Lively.	No.	Ergotic for 2 hours.	Had had useless pains for 12 hours	No bad symptoms.
— 16	49	2341	Well dilated.	30 minutes.	Very lively.	No.	Pains speedily ergotic.	Face presentation; easy labour; liquor amnii had been evacuated 3 hours, since when, pains had become very feeble.	No bad symptoms.
April 28	50	2365	Crown piece; thick, but soft and dilatable.	1 hour.	Lively.	Yes, 4 times.	Ergotic for ¾ of an hour.	Liquor amnii evacuated 2 hours; head very high; the subject of case 5.	No bad symptoms.
e 2	51	2375	Crown piece; thin, dilatable.	45 minutes.	Very lively.	Yes, twice.	Ergotic for half-an-hour.	Had had slight pains for 2 or 3 days; ruptured the membranes before giving the ergot.	No bad symptoms.
— 12	52	2378	Half - a - crown; dilatable.	40 minutes.	Some difficulty in establishing respiration.	time	Speedily ergotic.	Primipara; aged 17; languid pains.	No bad symptoms.
— 15	53	2379	Palm of hand; dilatable.	1 hour.	Very lively.	No.	Ergotic in 10 minutes.	Primipara; languid pains.	No bad symptoms.
July 5	54	2385	Palm of hand; dilatable.	70 minutes.	Very lively.	No.	Very strong and ergotic.	Primipara; very large child; weight 10 lbs; labour hard, and completed with forceps.	No bad symptoms.
— 24	55	2394	Shilling; dilatable.	70 minutes.	Very lively.	No.	Ergotic the last half-hour.	Languid pains for several hours.	Slight symptoms of peritonitis at the end of the week; recovered slowly.
Aug. 3	56	2395	Shilling; thin, very rigid.	2¾ hours.	Quite dead and pulseless; head much congested and bruised.	No.	Speedily ergotic	Primipara, young; liquor amnii had been evacuated some hours before I saw her; waited 3 hours, and there being no alteration of os uteri, which was closed, although she had frequent small pains, I dilated it artificially to the size of a shilling, and gave the ergot; at the end of 2¾ hours further, the os uteri being obliterated, I delivered with the forceps, having a very hard pull with it.	No bad symptoms.
— 5	57	2396	Crown piece; very dilatable.	45 minutes.	Very lively.	Prolapsed over shoulder.	Ergotic in 20 minutes.	Pains languid; the subject of Case 22.	No bad symptoms
— 17	58	2399	Half - a - crown; thin, dilatable.	2¼ hours.	Quite lively; head elongated	Yes, tight.	Ergotic during last 2 hours.	Primipara; 22 years; languid pains; head rested half-an-hour on the perinæum; head elongated and moulded.	No bad symptoms.
— 21	59	2401	Half - a - crown; thin, rather rigid.	40 minutes.	Very lively.	Yes.	Pains began in 10 minutes.	Had had no pains for some hours.	No bad symptoms.
— 29	60	2407	Crown piece; thin, dilatable.	30 minutes.	About a minute's hesitation; then lively.	Yes.	Ergotic in 10 minutes.	Languid pains.	No bad symptoms.
Sept. 3	61	2409	3 inches diameter; dilatable.	50 minutes.	Very slight hesitation; then lively.	Yes.	Ergotic in 10 minutes.	Young primipara; languid pains; liquor amnii had been 2 days evacuated.	No bad symptoms.
— 30	62	2420	Palm of hand; dilatable.	40 minutes.	Very lively.	No.	Ergotic in 10 minutes.	Had had languid pains for several hours.	No bad symptoms.
Oct. 2	63	2421	Palm of hand; dilatable.	20 minutes.	Very lively.	Yes.	Ergotic.	Languid pains for several hours.	No bad symptoms.
— 12	64	2423	Palm of hand; dilatable.	1½ hour.	Very lively.	No.	Ergotic in 20 minutes.	Primipara; languid pains; head half-an-hour on perinæum.	No bad symptoms.
— 26	65	2428	Palm of hand; dilatable.	15 minutes.	Very lively.	No.	Ergotic for 5 minutes.	Languid pains for many hours.	No bad symptoms.
Nov. 3.	66	2431	Palm of hand; dilatable,	45 minutes.	Very lively.	No.	Ergotic for last half-hour.	Primipara; aged 32.	No bad symptoms.
— 8	67	2434	Crown piece; rigid.	1 hour.	Quite dead from pressure on the funis during the protracted process of delivering the head, which was very large from hydrocephalus, measuring 10 in. over the crown, from the root of the nose to tuberosity of occiput.	Came down with the feet.	Never ergotic.	A very delicate woman in an advanced stage of phthisis. Towards the end of the eighth month of gestation, the liquor amnii suddenly escaped without any premonitory pains; saw her an hour after, and found a foot presenting; os dilated size of a shilling. She had slight pains; 3 hours after, as pains were very slight, I gave a dose of ergot; I found unusual difficulty in extracting the head, explained after birth by its being hydrocephalic; there was alarming hæmorrhage after the delivery of the placenta, requiring my presence and unremitting attention for 3 or 4 hours; I commanded the hæmorrhage by pressing the aorta against the spine, and grasping the body of the uterus firmly, etc., etc.	No bad symptoms; good recovery from confinement; phthisical symptoms now in the ascendant; with some slight intermittent neuralgia of face, from anæmia probably.
— 17	68	2437	Half - a - crown; dilatable.	1½ hour.	Very lively.	No.	Pains good during the last hour, but long intervals between them.	Membranes had given way spontaneously 3 hours before my arrival, and the pains had been very languid all the time, with redundancy of liquor amnii.	No bad symptoms
— 25	69	2439	Half - a - crown; dilatable.	45 minutes.	Lively.	No.	Ergotic for half-an-hour.	Languid pains.	Doing well.

Now, it must be quite clear that no conclusions can be safely drawn from a single case either of still-birth or the reverse; and, as I thought it desirable to arrive at something like a conclusive opinion on the subject, I decided on tabulating the essential particulars of a considerable number of *consecutive* cases in which I might for any reason think it expedient or useful to administer this valuable drug. Hence the table above. It will be seen that it contains the particulars of almost every kind of labour in which the ergot could be at all admissible or allowable, and I certainly think that a comparison of these cases, 69 in number, with one another, must afford a little instruction on this *vexata questio*. The third column, it may be well to explain, gives the number of each case as it stands in my register of general Midwifery cases. I have added that column, as it will serve to show how often, in a given number of cases, I gave the ergot: thus between cases 2162 and 2439 inclusive, there being a total of 278 cases, it will appear that the medicine was administered once in about four cases; a large proportion certainly, but I was experimentalizing. (N.B. When not otherwise described, the case was one of vertex presentation, in either its first or second position.)

With reference to the probability of the ergot causing the death of the fœtus, I may observe that, in the whole number of 69 cases, there were 9 still-births, viz., in cases 2, 5, 16, 19, 23, 33, 39, 56, 67. All the other children were born more or less lively and vigorous. Of case 25, where the fœtus survived its birth only half-an-hour, I ought to observe that the mother usually gave birth to still-born or similarly feeble children. Certainly, her three previous children were in this condition, no ergot having been given. From this list of 9 still-births we may at once exclude cases 19 and 33, the putridity of the fœtuses in these two cases having proved that they had died some days before the commencement of labour. Cases 5 and 39 were attended with considerable hæmorrhage during or immediately preceding the labour, a circumstance of itself quite sufficient to account for the death of the children. In case 67 the death of the child was undoubtedly caused by pressure on the funis during the difficult delivery of a hydrocephalic head in a case of feet presentation. Four still-births remain to be explained, viz., in cases 2, 16, 23, and 56. Let us examine these cases. In case 2, although the pains were improved, yet they could scarcely be said to be *ergotic*, the intervals of ease between them being unusually long and perfect. The child was born fifty minutes after the administration of the ergot. The case resembles that reported in the *Association Journal*, as far as regards the first-born of the twins, with this exception, that the funis was not round the neck. I cannot explain the death of the fœtus in case 2, when I compare it with the other cases in this report. In case 16 we had the same long intervals between the pains, and the woman was much longer under the influence of the medicine. The head lay for an hour on the perinæum, and the funis was prolapsed over the shoulder. Now, this shoulder had a very congested appearance; and I am inclined to think that, during the lengthened period of the head lying on the perinæum, the funis was compressed in that situation, so as to stop its circulation, so that the child's death need not be attributed to the poisonous influence of the ergot. Nay, further, I would maintain that the ergot, by hastening the birth, would be more likely to prevent the death of the child, in such a case, than to cause it. I think that, if the vectis had been used much sooner than it was, the child might have been saved. In case 23 the woman had excessive œdema of the lower extremities, extending to the vulva, and was in a bad state of health generally. The labour was unusually severe, and the child's head was much pressed during the dilatation of the very rigid cervix uteri. There were surely here other causes of danger to the fœtus than the ergot. In case 56 the child died manifestly from congestion of the head, caused by pressure in a severe instrumental primiparous labour. So much for the danger to the fœtus. Do the cases just referred to, when compared with the large number in which, under all sorts of unfavourable circumstances, and with a duration of the labour process, under the influence of the ergot, varying from a quarter of an hour to three and four hours, the fœtus was born lively and vigorous, prove anything whatever against the ergot of rye? I certainly think not.

Neither do I think that the ergot does the mother any harm. In all the cases tabulated the mothers recovered; in the great majority of them without any bad symptoms whatever. No 5 had an alarming attack of tympanitis, simulating puerperal fever, but she had been much weakened by hæmorrhage in the commencement of the labour. Case 22 does not need any observations. No. 55 had precisely the same symptoms after her first confinement as in this, her third; and that first confinement was so quick, that her child was born before my arrival, no ergot having been given, of course.

All the women recovered. But this was not the case with all that I attended during the period included in what I may call these experiments, viz., from January 1, 1854, to November, 25, 1855. Nos. 2235—2300, and 2349, in my register, died within the month, and none of these had had the ergot during their labours. No. 2235 died of mania on the 20th day. No. 2300 had had dysenteric diarrhœa for more than a month before her confinement, which was premature, and was followed by adherent placenta. She had had no Medical advice until her labour commenced, and her child was born before my arrival. She died of exhaustion on the 11th day. No. 2349 died of uterine phlebitis, of which she felt the first symptoms during the second week, her death taking place on the 20th day of lying-in;—a young primipara confined of twins; easy labour, both footling; no ergot given.

Has the ergot any effect in producing or preventing retention of the placenta? Neither the one nor the other. During the period of these experiments I had six cases of retained or adherent placenta, requiring the introduction of the hand, viz., in cases 2169, 2237, 2298, 2300, 2400, 2435. The ergot was given in case 2169, but in none of the others.

It will have been observed that, in many of the cases, the ergot was given while the os uteri was nearly closed, rigid, and undilatable. As this practice is contrary to the rules, for such a condition, made and provided, I must make a few observations on the subject. In such cases as Nos. 5 and 39, in both of which the labour had commenced with profuse gushes of hæmorrhage, the placenta having been, probably, implanted somewhere near the os uteri, the practice is, I believe, sanctioned and enjoined by the best authorities. But what of other cases, where there is no risk to the patient in waiting for nature to play her proper part in the business, which she is certain to do ——— *in time?* Why, surely something may be urged on the side of the accoucheur. It is no joke to be carried off seven or eight miles away from home, and to find, on your arrival, that your patient has taken the alarm at the first little twinge, and despatched her husband, "bloody with spurring, fiery hot with haste," for the doctor. John Chamomile arrives; there is a prospect before him of having to wait perhaps twenty-four hours. He has a large practice, and no assistant, and all his patients must be neglected: perhaps the Squire's, or the Rector's lady may be hourly expecting her little affair to come off, and, with her double or triple fee—that bright oasis in the desert of poor Chamomile's experience, may fall into the hands of his gaping rival—him of the "*opposition brass plate*" (a). If he hint at the propriety of his leaving the patient, and returning home for a few hours, the husband, anxious to behold the face of his first-born, and all the old wives, who have been summoned to assist at the interesting event, protest vehemently against such a proceeding; besides, John Chamomile, being no judge of horseflesh, is generally cheated by his kind neighbours in that article, and, consequently, cannot afford to make two long journeys where one will do, let alone his own bodily fatigue,—pretty sure, as he may be, that the hot-headed husband will, reason or none, fetch him again in a few short hours. What is poor Chamomile to do in all this perplexity? Having a resource within his reach, which will, in all probability, send him on his way rejoicing, back to the delights of Opodeldoc-lodge, in three or four hours at the furthest (see the Table of Cases, fifth column), it is small blame to him, if—

> "He gently prevails on his patient to try
> The magic effects of the ergot of rye."—TENNYSON.

Does he do any harm to either mother or child? Let my Table answer that question. I need only refer to Case 35, in which the efficacy of the medicine was strikingly apparent in rendering the os uteri dilatable, when it had been very rigid during many hours of useless suffering. In many cases of rigid os uteri, it is uterine action that is wanted. The

(a) Chamomile has a great deal at stake in this matter besides his fee;—there is his social position!—It is really ζῆν ἢ θανεῖν with him; for is he not "well with the Squire, and on dining terms with the Rector?" *Vide* Sketch of John Chamomile, in the *Times'* leader, January, 23, 1851.

patient may have pains, but they are not of the right sort, until after the grand specific has been taken. It is best, however, to wait a few hours, say three or four, before giving the medicine, and if you can then manage to get the tips of two fingers into the os uteri, it may be safely given, and with certain advantage.

I think I may conclude this paper in the words with which I concluded my report of the case of twins above referred to: —"I am quite sure that the ergot of rye, when given with the ordinary precautions, does no harm to the mother, and I am very doubtful about its hurting the child."

Alford, Lincolnshire, November 26, 1855.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SERIES ILLUSTRATING THE CONNEXION BETWEEN BRONZED SKIN AND DISEASE OF THE SUPRA-RENAL CAPSULES.

(Continued from page 594.)

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

DEATH FROM IDIOPATHIC ANÆMIA—REMARKS ON THE RELATION OF THAT DISEASE TO THE CACHEXIA WITH BRONZED SKIN.

The following case ought, perhaps, scarcely to find a place in the present series, inasmuch as it was not one of brown skin, nor was there any ascertained disease of the supra-renal capsules. With this distinct statement, however, its introduction here cannot confuse any, and as it illustrates a peculiar form of cachexia very closely resembling that occurring in the cases of bronzed skin, and, in all probability, nearly allied to it, it seems worth while to place it with these, for the sake of comparison. In the monograph referred to, Dr. Addison has the following remarks:—"For a long period I had from time to time met with a very remarkable form of general anæmia, occurring without any discoverable cause whatever; cases in which there had been no previous loss of blood, no exhausting diarrhœa, *no chlorosis*, no purpura, no renal, splenic, miasmatic, glandular, strumous, or malignant disease. Accordingly, in speaking of this form of anæmia in clinical lectures, I perhaps with little propriety applied to it the term of "idiopathic," to distinguish it from cases in which there existed more or less evidence of some of the usual causes or concomitants of the anæmic state.

"The disease presented in every instance the same general character, pursued a similar course, and, with scarcely a single exception, was followed, after a variable period, by the same fatal result. It occurs in both sexes, generally but not exclusively, beyond the middle period of life, and so far as I at present know, chiefly in persons of a somewhat large and bulky frame, and with a strongly-marked tendency to the formation of fat."

To this description the case about to be narrated supplies a good illustration. It must be premised, however, that we do not know what Dr. Addison means to assert by the words we have put in italics, "no chlorosis." The condition would appear in all its symptoms very closely to resemble that combination of morbid phenomena to which the term chlorosis is usually applied, differing from it only in its incurability.

Emmanuel Davis, aged 24, a Jew, by occupation a musician, and in comfortable circumstances of life, was admitted as an out-patient, under the care of Dr. Bentley, on June 29, 1853. He was moderately tall and proportionately stout, though not by any means fat. His complexion was dark, and he stated that even before the commencement of his illness, he had been inclined to pallor. Two years ago, when resident in Portsmouth, he had had what he believed to be ague, from which, however, he perfectly recovered. He was accustomed to live well, taking meat, beer, etc., every day. He had been married two years, but had no family. His present complaint, which consisted in extreme waxy sallowness of all parts of the body, attended with great debility, had begun rather suddenly, about six months previously. He could assign no cause for it; had never lost blood in any way; had had no diarrhœa, sweatings, or other exhausting discharges. Had led a regular life; and it did not appear that he had been immoderate in sexual indulgence There had been some domestic causes for anxiety of mind, but it did not seem that they had much interfered with his cheerfulness. The tinge of his skin was yellowish white, and, in parts, a very slight browning might have been fancied. The conjunctivæ were extremely pale, and not in the least bile-tinged. The eyes were pearly, and his whole countenance had a peculiar expression of the utmost lassitude and debility. He had not materially lost flesh. His chief complaints were of short breath and palpitation of the heart. The pulse was quick, irritable, and sharp; but very compressible. He had already had much Medical treatment without advantage. His weight was ten stones. In the absence of Dr. Bentley he came under the care of the writer, by whom a careful examination of the chest and abdomen was made, and this was subsequently repeated by Dr. Bentley himself. The opinion of Mr. Hilton, the Surgeon to the Hospital, was also obtained in consultation. The result of these examinations may be briefly stated. There were loud bruits in jugular veins, and also in all superficial arteries, when pressed upon. The breath sounds were feeble, but equal in all parts, and not attended by any morbid character. The heart's action was sharp and irritable, but without bruit. The spleen did not, on careful percussion and palpation, appear to be at all enlarged. There was no tumefaction of any glands, nor any tenderness or pain in any region. The rectum was inspected, and there were neither internal nor external piles.

Treatment.—A liberal diet was ordered, with beer and wine. He was ordered to abstain altogether from sexual intercourse, and to leave off smoking. To live in the country, and to spend most of the day in the open air, especially preferring direct sunlight when possible. To avoid all sources of fatigue, and take food, in small quantities, frequently. The medicine prescribed consisted of two grains of quinine and three of sulphate of iron, three times daily. As an aperient, the confection of senna. The circumstances of some of his relatives were such as to give him all advantages, and he was intelligent and very anxious to carry out the directions given.

August 20.—During the two months since admission, the plan of treatment laid down has been strictly carried out. He has lived in a hilly country district most of the time, taking long rides almost every day, and living as much as possible out of doors. Not the least benefit has, however, been obtained. He is still as feeble and pale as ever, but has lost only three pounds in weight. The motions have been inspected daily, and have never contained blood; the urine has, when examined, been pale, feebly acid, not coagulable, and of low specific gravity (1010). The pulse has varied from 100 to 120; the appetite has been indifferent or bad, and the tongue usually coated with a very thin white fur. The thirst has been considerable, the mouth easily becoming parched. He is liable to buzzing noises in the ears, and not unfrequently to faintings. Since living away from his wife, nocturnal emissions have, on several occasions taken place, but not to any excess. He has twice spat up a very little thin blood after coughing. His daily allowance of stimulants has been four ounces of port wine, and a pint to a pint and a-half of bitter beer. As much animal food as his stomach could bear has been taken. Various preparations of iron have been tried, the sulphate, the sesqui-chloride, and the ammonio-phosphate, and in combination with different bitters, The cod-liver-oil was given for a week, but made him sick, and was desisted from.

Mode of death.—September 24.—Death took place yesterday. No material alteration in the symptoms had been observed, excepting that the fainting seizures occurred more frequently. From one of these he did not rally.

The man being a Jew, it was found impossible, although every means were used, to obtain permission to examine the body.

Remarks.—In this case every symptom seems indicative of blood disease, dependent on some organic cause. Had the affection been functional only, it would, in all probability, have disappeared under the careful system of treatment adopted. The cachexia, its persistence, and the mode of death, pretty exactly resemble those observed in disease of

the supra-renal organs, the browning of the skin being alone wanting to complete the group of phenomena. Now of the important organs in the body, the following seem excluded from suspicion: the heart and lungs, because physical examination detected nothing; the brain, for both reflex and voluntary functions were perfect; the liver, for the stools contained bile, and there was no bile tinge of the skin, etc.; the kidneys, because their secretion was natural in character. The stomach and intestines showed only slight torpor; there was no evidence of enlarged spleen; that neither the thoracic duct was occluded or pressed upon, or the mesenteric glands diseased, was proved by the fact that the patient did not materially emaciate. There was not a single symptom indicative of internal cancer. We seem compelled to refer the train of symptoms to some one of three organs, of the pathology of which, as yet, little is known: the pancreas, the supra-renal capsules, or the ganglionic nervous system. The very liberal supply of nerves received by the supra-renal organs, leads to the conjecture that they are functionally very closely associated with the sympathetic system. So rich, indeed, is that supply that Bergmann and Kölliker agree in describing their medullary centre as little more than a nervous plexus, and the latter has counted no fewer than thirty-three nerve-trunks entering a right supra-renal body. Such anatomical facts cannot but tend to suggest suspicions that in lesions of nutrition, such as above illustrated, these bodies may have some share; to allow them to do more would, to say the least, be premature.

JONATHAN HUTCHINSON.

[This series will be continued.]

NOTES AND QUERIES.

He that questioneth much shall learn much.—*Bacon.*

No. 70.—Treatment of Boils.

[*To the Editor of the Medical Times and Gazette.*]

SIR,—Finding in a case of boils, similar in many other respects to several lately under my notice, tenderness of and slight bleeding from the gums, I adapted my treatment accordingly; feeling assured, from the symptoms and history of the case, that I had to deal with a form of scurvy, and so far as the case has proceeded I have every reason to be satisfied as to the correctness of my diagnosis. If you think the subject worthy a place in your interesting "Notes and Queries," I shall feel obliged by your inserting it, as it may elicit the opinions of others of the Profession on, if not a very important, at least a very tedious and annoying malady.

I am, etc. C. F. MOORE.

137, Leadenhall-street, December 14, 1855.

No. 71.—Treatment of Varicocele.

SIR,—Would you or some of the readers of your valuable "Notes and Queries" be kind enough to inform me in what cases the method of treating Varicocele by the pressure of a common truss is applicable, and what rules are to be observed in adopting it? I am, etc. A. B. C.

No. 72.—Cheap Bottles.

SIR,—"Inquirer," some months ago, asked why Apsley Pellatt and Co. charged 18s. a gross for 3-ounce and 8-drachm bottles, and other firms only 8s.? The answer stares one in the face,—the former are white flint, and the latter green.

No. 73.—Long Funis.

SIR,—One of your correspondents some time ago mentioned a case of long funis (4 or 5 feet, I believe), and asks for similar instances. A fortnight ago, I attended a labour where the funis was about ¼ inch thick, 4 feet 7 inches long, and wound about the fœtus in almost every direction; there was nothing unusual in the labour.

No. 74.—Peculiar Convulsive Disease.

SIR,—Dr. Winn lately read to the Medical Society of London the particulars of a case of rotatory movement in a child. A twelvemonth ago, I had one exactly similar, and intended sending the particulars for publication. The child, a female, 3 years old, was frequently turning round in the cradle for several minutes together, from left to right, raising herself on her elbows and knees, and uttering a low, plaintive cry. She was quite insensible during the paroxysms. She was suffering from dentition. Scarification of the gums, cold lotion to the head, blister to the nape, calomel, and sudorifics completely stopped it within twenty-four hours. I believe that rotatory movements, depending on diseased crura, are generally reported as parallel with the axis of the spinal column, and not, as in this instance, vertical to it.

ANSWERS.

To No. 65.—Laceration of the Perinæum.

[*To the Editor of the Medical Times and Gazette.*]

SIR,—In reply to Mr. Harday's inquiry whether supporting the perinæum in the ordinary manner by pressing it between the child's head and the hand of the accoucheur can or does prevent laceration, I may be permitted to say that my late teacher, Dr. D. D. Davis affirmed that such could not be the case, as no assistance could be given to the sudden propulsion of the head through the os externum, and I am confirmed in this opinion, not only by his reasoning, but also by extensive experience in that branch of the Profession. Of course I speak only of the normal position of the head, where the occiput first protrudes under the arch of the pubes. In this case, the movement of the head is forwards, and somewhat upwards; and it is manifest that pressure on the perinæum cannot diminish the rapidity of this movement when the pains are violent, and before the perinæum has had time to undergo the natural relaxation. Efficient resistance can only be afforded by pressure on the occiput of the child in a backward direction, by receiving the occiput between the fingers and thumb of the right hand of the attendant, the point of the thumb being kept in contact with the margin of the perinæum, so as to ascertain the progress of its dilatation. If the pressure on the perinæum be very great, some pressure may, at the same time, be made on the expanded part by the left hand of the attendant, which will effectually prevent any passage of the head through the perinæum leaving the anterior margin of that part unruptured, as in a few very rare recorded cases.

Having pursued this plan of supporting the perinæum in nearly 2000 cases, and having been in each case in a position to determine whether rupture of the perinæum had actually occurred in any one of them, I can safely say that in no one case has rupture occurred; the only doubtful case having been one in which it was necessary to use the forceps, and in which the head came down suddenly on the perinæum after their application, before time was allowed for their removal; but even here no subsequent inconvenience was felt by the patient, and I had no opportunity of determining the occurence of laceration by ocular examination.

I believe, however, that in many cases, whatever method of supporting the perinæum be employed, slight ruptures of the frænum do occasionally occur, which are altogether unimportant. I am, etc. A. B. P.

London, Dec. 13, 1855.

To No. 67.—Medical Properties of Aluminium.

Mr. Westropp certainly rendered himself amenable to the criticism of "Iatro-chemicus," by speaking of the Medical properties of Aluminium, when he intended to speak of its compounds. Little is known of the properties of the compounds of aluminium, except those of ordinary alum.

Merat and De Lens (Dictionnaire Universel de Matière Médicale, tome I. 206, 1829), state that pure alumina, recommended by Dr. Percival as an absorbent, has been used by Ficinus in cases of dysentery and diarrhœa with constant success, in doses of six or eight grains, associated with mucilage, with opium, camphor or aromatics. Weese and Lesler have also employed it with like success.

Acetate of alumina has been used in solution as an astringent in gonorrhœa and hæmoptysis.

Sesquisulphate of alumina was largely employed by the ancients as an astringent. Of sesquisulphate of alumina and potass, soda or ammonia, it is unnecessary to speak, as these salts have common properties which are universally known.

None of the other compounds of aluminium have been employed, so far as I have been able to ascertain in medicine. The sesquisulphate of alumina and iron, (iron alum,) is certainly deserving of trial in cases where a ferruginous astringent is indicated. A. B. P.

To No. 54.—Cod-liver Oil Oleine.

Sir,—Q. Q. Q. inquires about the alleged superiority of the Oleine over the Oil, and John Horsley gives him a little gratuitous information on the mode of preparing "Cod-liver Oil and *Quinine!!*" which, of course, is no answer to the question. I beg to say that, when in cold weather I have poured the clear oleine off the stearine, it has been repeatedly found to agree better with the stomach and bowels of my patients. A Constant Subscriber.

Medical Times & Gazette.

SATURDAY, DECEMBER 22.

THE SLOW-POISONING CASE AT BURDON.

In former times the great difficulty which Medical witnesses had to encounter on trials for criminal poisoning, was to establish to the satisfaction of the Court and Jury that the deceased had really died from poison. Either poison was not detected by chemical analysis, or, if detected by the rude processes then available, the ingenuity of Counsel engaged for the defence was displayed in baffling Medical testimony, by showing that the deceased might have died from some natural cause, and not from poison.

The difficulty now experienced consists not so much in proving that poison exists in the body, and that it will account for death, as in demonstrating to the satisfaction of the Court the mode by which it entered the body, and by whose agency the crime was perpetrated. In other words, a conviction for murder by poison now generally fails, owing to the difficulty of proving that the poison was administered by the accused. A dagger or a pistol may furnish evidence to establish the identity of an assassin. In poisoning, the instrument of murder can rarely furnish conclusive evidence against a person accused of the crime. It is, indeed, a well-known fact, that evidence of the administration of poison must always depend on circumstances, and unless the circumstances be minutely sifted and placed in their true light before a Jury, the murderer by poison may easily set at defiance all human laws.

The Burdon case, which has excited so much interest in the minds of the public and Profession, presents some remarkable features in the history of crime. That Mrs. Wooler, the unfortunate victim in this case, died from the effects of arsenic, admits of very little dispute. All the Medical witnesses agreed on this point. The symptoms during the whole progress of her illness, extending over a period of about seven weeks, were such as would be produced by small doses of arsenic taken at intervals. The arsenic was found in the urine voided during life, and in all parts of the body after death. The slight disease of the lungs, and the morbid condition of the liver, would not, in any way, explain the symptoms under which the deceased laboured, and still less would they suffice to account for her death. The learned Counsel for the defence did not dispute this point. The evidence, in fact, was, in this respect, too strong to be contested. This being admitted, the next inquiry is, "Who administered the poison?"

It was quite clear, from the condition of the unfortunate lady, that she did not take the poison knowingly or consciously; there was no pretence for the hypothesis of *suicide*. Suicides by arsenic do not take this poison in divided doses, extending over a period of many weeks. For some time preceding her death, the deceased took neither food nor medicine except that which was given to her by her attendants; and, lastly, the poison was found in a *syringe* which had been employed, not by herself, but by others, during the greater part of her protracted illness, for the purpose of supplying nourishment to her wasted frame, and for checking the diarrhœa under which she laboured. These facts furnish an answer to another hypothesis which we have heard broached concerning this lady's death, namely, that she had secretly adopted the practice described by Von Tschudi, as prevalent among women in Styria, namely, of taking small doses of arsenic, in secrecy, for the purpose of improving her personal appearance, and making herself more attractive in the eyes of a husband whom she fondly loved (a). Is it necessary for us to deal seriously with another hypothesis, equally absurd, that the arsenic found in the viscera of the deceased, might be normal arsenic—a natural constituent of the human body? As no person having even a moderate knowledge of physiology, pathology, or chemistry can hold this view, it is not worthy of notice. We shall only observe, that it would be more reasonable to assign the presence of arsenic to epigenesis or the metamorphosis of tissues during life.

We thus arrive at two conclusions, that this lady died from arsenic, and that she did not take it knowingly. Was the poisoning the result of *accident?*

The answer to this question, so far as the Medical gentlemen in attendance on the deceased are concerned, is very simple. The whole of the bottles and packets in which the medicines were sent, were in the custody of persons in the house. After they had once left the hands of the Medical men, they had no control over them. The witness, Ann Taylor, the confidential servant of the deceased, stated in her evidence that none were broken or destroyed, but all that could be found were collected after the death of the deceased, and carefully preserved. These, to the number of seventy, including those in which the injections were sent, were examined for arsenic. They contained no trace of this poison. Therefore it follows, if accident had any share in the result, it must have occurred between the delivery of the medicines and their administration to the deceased; but how can it be admitted that there should be an *accidental* administration of small doses of arsenic day by day, or at intervals of a few days, over a period of several weeks? Accidental poisoning is generally revealed either by a large dose of arsenic, followed by severe symptoms and rapid death, or by symptoms of a temporary kind and recovery. In this case the symptoms had only remissions over a very long period. No conceivable accident could have this duration! The attention of the Medical men was drawn to the existence of symptoms of poisoning three weeks before death, and this would have rendered them all the more watchful of any accident which was likely to occur; but the theory of accident has as little support from the circumstances of this case as the theory of suicide.

How was the poison administered? It must have been either in the food or medicine. The vessels in which the food was cooked and the injections prepared, were of tinned iron. There was no arsenical or other glaze about them. They were such as are ordinarily used in houses, without any of the results of arsenical poisoning being observed.

The Medical gentlemen, whatever may have been their indiscretion in keeping their suspicions of poisoning concealed during a period of three weeks, are completely exonerated by these facts from any participation in the administration of arsenic to the deceased.

(a) See on this subject, "The Chemistry of Common Life,"—"The Poisons we Select," Vol. II. p. 201. It is to be regretted that a Chemist of the position and attainments of the late Professor Johnston, of Durham, should have given circulation to such absurd tales as these. They do not require serious refutation.

The symptoms of poisoning, according to the evidence, were first manifested about the middle of May; but it was not until the 8th of June that a suspicion arose that poison was the cause. It does not appear that injections were used until about this date; and assuming that the early symptoms were caused by arsenic, some of the poison must have been taken by the mouth; hence those about the deceased who were in the habit of giving her food or medicine must, either knowingly or unknowingly, have administered arsenic. There was no proof of the possession of poison by any one about the deceased, if we except the discovery of an ounce bottle, labelled "Fowler's Solution," containing a small quantity of liquid. This was in a basket with other medicines belonging to Mr. and Mrs. Wooler, and to which it appears they both had access. This bottle had disappeared before the inquest. It is right to state, that when seen on two different occasions, there was the same quantity of liquid in it. Although labelled "Fowler's Solution," there was nothing to show that the contents of the bottle consisted of this preparation. Hence, strictly speaking, the possession of arsenic was not traced to the accused, nor to any one about the person of the deceased. All who had dispensed medicines for her were called; and they clearly proved that no arsenical preparation had been at any time used by them.

The main fact in favour of the accused relied upon in the defence and in the summing up of the learned Judge, was that there was *no motive*. The same remark will apply with equal force to every individual who was around the deceased. The only Medical fact which bore apparently with any force against the accused was not placed before the Jury by the learned Judge. There was arsenic in a pewter syringe, identified as that which belonged to the accused, and proved by the witness Ann Taylor to have been constantly used by him and herself in administering injections. A brass syringe borrowed by the prisoner had been previously tested, and arsenic was pronounced to be present in it. It was afterwards found, however, that arsenical muriatic acid had been used in testing it, and therefore the result could not be relied on. Two other syringes found on the premises were subsequently tested by pure materials, and in one of these, a pewter syringe already referred to, the only one used, arsenic was detected! There was no arsenic in the metal.

In the address made by the learned Judge to the Jury, the mistake respecting the arsenic in the brass syringe (the borrowed one) was placed very prominently before them; but the fact regarding the positive existence of arsenic in the pewter syringe (the prisoner's own) was not even adverted to; it was passed over as an unimportant circumstance! But it is surely important to consider how the arsenic got into the prisoner's syringe, and who used it. We have heard it suggested that, by a reversed action of the valves, some of the fluids of the rectum might have been drawn into the tube. This far-fetched hypothesis will not, however, explain the facts: the fluids secreted from the lower bowels could not have been, under the circumstances, so saturated with arsenic as to account for the result. The deceased was undergoing chronic poisoning as a result of absorption, not acute poisoning from a large quantity of arsenic, taken at a dose, of which the surplus would be mechanically discharged through the rectum. There is no theory to explain this fact, except that fluid containing arsenic must have been used in the syringe, and a portion retained. It appears, from the evidence, that the injections were administered to the deceased by Mr. Wooler (the accused) and by Ann Taylor, the confidential servant. On two occasions only the latter was assisted by Miss Lanchester, a friend of the deceased.

Such are the Medical facts, regarding the administration of poison in this case: the proof could be carried no further. Had the fact of the discovery of arsenic in the syringe used by the prisoner, been laid before the Jury, instead of being passed over altogether, it might not have affected their verdict; but it would have probably been more satisfactory to the public. The Jury have pronounced the prisoner, under the direction of the Judge, to be an innocent man wrongly accused of the crime of murder. Still the fact remains: Mrs. Wooler has died from the effects of arsenic, apparently administered in injections, by those about her; the administration being in small doses, extending over a period of several weeks. The learned Judge, however, openly stated that this administration had not been without full consciousness on the part of some person not directly indicated. It is unfortunate that, by this remark, a heavy weight of suspicion is made to rest upon persons undoubtedly innocent of this foul and unnatural crime.

MONUMENT TO THE MEMORY OF MEDICAL VICTIMS OF THE WAR.

We have great pleasure in being able to announce, that a movement has been commenced with the object of raising a fitting monument to those of our brethren who have fallen in the discharge of their professional duties during the war in the East. The idea arose from the following incident:—One of the first in the list of our medical heroes and martyrs, Thompson of the 44th, whose name has been immortalized by his devotion to the wounded on the heights of the Alma, was thought worthy of a monument in the church of Cromarty. Means were taken to defray the necessary expense, and a circular, soliciting contributions from former friends and colleagues of the departed worthy in the Crimea, was sent to Dr. Hall; who replied, with much good feeling and sound judgment, that contributions might be raised very readily, but that he thought there were many others also whose conduct deserved to be kept in the grateful recollection of their countrymen, and that a general subscription should be proposed, to commemorate the deeds of all those members of our Profession who had died in the discharge of their duty, and had thus merited well of their country. Another isolated subscription had been commenced for Mackenzie; and this, it has also been thought, might be merged in the general scheme. Dr. Sutherland, we are happy to announce, has taken the matter cordially in hand. Both Army Medical Officers and Civil Physicians and Surgeons at the seat of war have joined with unusual ardour in the cause, and we have little doubt that a properly constituted Committee in London would soon bring the scheme to a triumphant consummation, by gathering together the contributions not only of officers of the Army and Navy Medical Departments, who are more immediately interested in the matter, but of their brethren of the East India Company's Service, and of the Profession in general, as well as those of the Public, who may wish to do honour to the cause. We have heard the names of Dr. Paris, Mr. Lawrence, Sir James Clark, Sir John Liddell, Dr. Andrew Smith, Mr. Ranald Martin, and the Master of the Apothecaries' Company named as the proposed London Committee, and the affair could not be placed in better hands.

Anything definite as to the nature of the monument cannot at present be decided on, but a proposition made by Dr. Sutherland appears to be well worthy of support. It is, that a handsome granite obelisk should be erected in some public position in this Metropolis, on which should be engraved the names of all those Medical men who have died in the discharge of their duties in the East, or whose fate it may be to fall before the war is ended. Such a monument would cost about five thousand pounds, and we have no doubt whatever as to the possibility of raising this, or a far larger sum,

for such a purpose. The heroism displayed by our brethren in the East, not only under the fire of the enemy, or in the wet and muddy trench, but in the battle with cholera in Bulgaria, in the camp at Balaklava, and in our ships of war and transports,—with fever in the crowded wards of hospitals both in front and rear—can only be appreciated by those who have witnessed it—can scarcely be understood by those who know that this heroic devotion was not stimulated by any hope of obtaining a fair share of the honours and rewards which were showered with no niggard hand upon their soldier comrades. But it can be appreciated and understood by their Professional brethren, who have found their own reward in doing good—who have laboured in the cause of humanity with no hope of further return than the gratitude of the poor and helpless—and who, though poor perhaps themselves in worldly riches, have earned the exceeding great reward of well-founded self-respect, and the esteem of those who really know them. These are the men upon whom we rely to carry out the praiseworthy scheme we now bring before our readers. They are members of a Profession which has had little enough of public honour. Now is the time to erect a noble and enduring monument to the memory of Medical Heroes and Martyrs before the eyes of their countrymen.

HEALTH OFFICERS NEED NOT BE ACQUAINTED WITH SANITARY SCIENCE.

The District Vestries of the Metropolis are about to proceed (or, while we write, may be now proceeding) to elect Officers of Health for their respective localities. We have watched with much interest the proceedings of these newly-created bodies with especial reference to their treatment of the members of our Profession; and we would gladly entertain the hope, that in most cases a liberal and enlightened policy will be pursued, and the interests of sanitary science, and, consequently, those of the community, be promoted. But the very vague and indefinite language of the Act of Parliament in regard to the status, the duties, and the emoluments of the Medical officers, together with the well known and often lamented ill-treatment of our Profession by local Boards, forbid us to cherish any very sanguine anticipations as to the improvement of our position by the new enactment. Still we are unwilling to indulge in unpleasant forebodings, and it is with the utmost pain that we allude to the following circumstance, which has lately transpired in one of our Metropolitan districts; and our regret is the greater, as the district in question is not one of those where Bœotian ignorance may be supposed to prevail, but one distinguished for its central situation and the general enlightenment of its constituents.

The Vestry in question having delegated a Committee to report upon the duties and emoluments of the officers to be appointed under the new Act, have, *inter alia*, made the following astounding declaration of opinion on the subject of the status of the Officer of Health. We beg to observe, that the extract is taken from a *printed* document, and is solemnly put forth as the recommendation of the Committee:—

"The Committee think that in the selection of a gentleman for this office" (the Officer of Health) "regard should be paid rather to experience in general practice than to theoretical knowledge of *matters merely sanitary*."

Now, while we do not wish to decry the value of great practical ability, we cannot but think that the Committee might, with equal propriety, have remarked that they thought the best man to take care of the public health was the man who knew least of the laws which relate to the public health.

Since writing the above we have read the report of a deputation from the Medical Parochial Officers of St. Marylebone and St. Pancras to Sir Benjamin Hall, upon the subject of the new Medical appointments. Sir Benjamin, without interfering with the right of choice possessed by the Vestries, has again expressed very clearly his own views, which are quite in accordance with those we have advocated. The report is printed at p. 633 of the present number, and we think Sir Benjamin is entitled to the thanks of the Profession for recommending so high a standard to be aimed at in the choice of the Officers of Health.

THE WEEK.

While the horrible particulars of the slow poisoning case at Darlington are still fresh in the public mind, another case, hardly less revolting, has occupied a large share of attention. We refer to the mysterious death of a gentleman, well known in the sporting world, who expired suddenly about three weeks since at Rugeley, in Staffordshire, in consequence, as it is alleged, of a dose of strychnia, administered in the form of pills, by a person named Palmer, described as a Surgeon. We are anxious, in these preliminary remarks, to disabuse the public mind as to the fact of Palmer belonging to our Profession; for it does not appear that he is in any way a recognized Practitioner or a person who has received any regular Medical education. We have sought for his name in vain in the *London and Provincial Medical Directory* among the licensed Practitioners, but we have found it among the names of those whose titles to practise have not in any way been established. Whether Palmer is guilty or not of the crime laid to his charge we do not desire to assert; but we think it cannot be too widely known that he is not an acknowledged member of our Profession. Every fellow who dabbles in drugs, either for profit or for mischief, is a Doctor in the eyes of the vulgar; and, as far as we know, the person alluded to has no other qualification. The case is said to be one of poisoning by strychnia, a drug which, as is well known, exerts its chief influence upon the spinal cord, producing, in an overdose, death by tetanic convulsions, or rather spasms; the muscles of respiration being rendered so rigid as to arrest the breathing. The peculiar difficulty of the toxicologist in a case of poisoning by strychnia is to detect the existence of the poison; for, unlike the mineral poisons, strychnia is rapidly absorbed into the tissues, and is so decomposed as to be inappreciable to any test; the proofs, therefore, of this kind of poisoning must depend upon collateral circumstances, and upon the observation of the symptoms before death. Dr. Alfred Taylor, whose opinion is entitled to very great weight, gave it as his opinion that the deceased died from the effects of strychnia; and the man Palmer was committed to gaol on the Coroner's warrant to await his trial at the March assizes.

At a meeting of the Statistical Society on Monday last, Dr Guy, of King's College, read a very elaborate paper on the subject of Gratuitous Medical relief at the London Hospitals and Dispensaries. He proved very clearly that a great number of persons availing themselves of the resources of these establishments were not destitute, but in the receipt of good wages, and that, therefore, extensive injury was inflicted upon the Medical Profession. He proposed a plan which he thought would meet the difficulty of the case, namely, to exact a small payment from those patients who were not wholly destitute, which sum would materially benefit the funds of the different Hospitals, without pressing upon the recipients of the Medical benefits which they offer. The subject is one of great importance.

Some few years ago, the death of Dr. William Frederick Chambers would have excited the most intense sensation in

the Medical world, but in the present day no sooner has a man passed away from the scene of actual practice than his very existence becomes almost ignored. The courtly physician, at the head of Metropolitan practice, was an object of envy to hundreds of aspiring candidates for Professional renown; but dying, as Dr. Chambers has done, in the privacy of retirement, the void is unfelt by the mass of Practitioners, and the sad event is almost exclusively lamented by his own family, and by those who enjoyed his friendship. Nor is it wonderful that the fame of Dr. Chambers has not descended to the present race of Medical practitioners, for his writings, although voluminous, seldom found their way into the ordinary channels of Professional communication, and were rather treasured up by himself as guides to his own practice than offered to the Medical public as a means of notoriety. Without possessing what may be called genius, Dr. Chambers possessed immense energy and perseverance, which, seconded by good fortune, carried him to the top of his Profession, and introduced him to some of the highest honours which a Physician can attain. Dr. Chambers was simple and unaffected in his manners, a sound Practitioner, an elegant scholar, and an excellent man.

In our last number we referred to the fact that in the Metropolis Local Management Act there was no provision made for a supply of water for draining and cleansing purposes. A correspondent has sent us a letter signed "One who has read the Act," demurring to our assertion; and who wonders how we could have written such a paragraph; and in order to show that a supply of water is provided, he recites part of the 72nd section of the Act as follows:—

"Every vestry and district board shall cause the sewers vested in them to be constructed, covered, and kept so as not to be a nuisance or injurious to health, and to be properly cleared, cleansed, and emptied; and for the purpose of clearing, cleansing, and emptying the same, they may *construct and place, either above or under ground, such reservoirs, sluices, engines, and other works* as may be necessary."

The *italics* are our own. Now, there is one other talent besides "reading," — that of understanding "what thou readest;" and if the writer had exercised this talent, he might have been led to question within himself whether *constructing and placing* reservoirs, sluices, engines, and other works were the elements of which that very necessary article, water, is composed. It is true, as he avers, that the 72nd section of Sir B. Hall's Act is founded on the first portion of section 45 of the Metropolis Sewers Act, but that Act (11 and 12 Vict. c. cxii.) does not rest satisfied with giving the power to construct and place engines, etc., for the containing and working of water; but, in section 66, specially empowers the Commissioners to *contract with any Company for the supply of water* necessary for carrying out such objects as those mentioned in the 45th section of the Sewers Act, or in the 72nd section of Sir B. Hall's Act. But, as we asserted, the Metropolis Local Management Act leaves its "reservoirs, sluices, engines," etc., high and dry; and "there is an utter absence of any provision for the supply of water for cleansing," such as *is* provided in 11 and 12 Vict. c. cxii. sec. 66.

We are glad to find that the alleged atrocious ill-treatment of the Sick Poor in St. Pancras Workhouse has at last attracted the attention of the Poor-Law Board, although the latter authority has as yet gone no further than to make inquiries of the Vestry of St. Pancras. The parochial Jacks-in-Office seem inclined to show fight, and to defy the Board at Whitehall; for in answer to a letter received from Lord Courtenay, they have directed their clerk to inform the Poor-Law Board, that if it requires information, the Board may send its Inspectors to procure it. It is to be hoped that a thorough and searching investigation will take place; and we have been among the first to press this matter upon the attention of the Poor-Law Board, so shall we be among the first to exonerate the St. Pancras Vestry, if the charges so freely brought against them should turn out to be unfounded.

REVIEWS.

Medical Notes and Reflections. By Sir Henry Holland, Bart., M.D., F.R.S. Third Edition. Pp. 615. London. 1855.

Sir Henry Holland's Medical Notes and Reflections have long taken their place among our standard works in Medical literature, and it is superfluous to offer criticism upon a work so well known. Some alterations in arrangement have been made since the last edition; and the desultory nature of the remarks, noticed in the previous impressions, has been in some measure corrected by a more systematic distribution of the chapters. The whole is still, however, a collection of detached essays, rather than a scientific treatise; but being founded upon extensive personal experience, and emanating from an elegant and well-cultivated mind, it will, no doubt, long retain the reputation it has acquired among our Medical Classics.

Healthy Respiration. By Stephen H. Ward, M.D. Lond. Pp. 100. London. 1855.

This is a popular *résumé* of the chief facts which are known in relation to Healthy Respiration. In the three Lectures of which the book consists, the author takes care to impress upon his audience the necessity of attending to sanitary measures, both of a public and a personal nature, as the best means of ensuring a healthy exercise of the function in question. Dr. Ward displays a thorough knowledge of his subject, and his style is easy and well adapted for the general reader.

A Plan for the Effectual Improvement of the River Thames. By Henry Robinson, C.E. Pp. 16. London. 1855.

This plan consists in the construction of a chain of locks across the river at or near London-bridge, provided with sluice-gates, by which means the river above would be maintained at the most advantageous level, and the solid deposits periodically swept away. The expenses of this plan are estimated by the author at about £250,000; but he confidently asserts that the improvement effected would be amply compensatory.

Practical Observations on the Duties of an Officer of Health. By Francis Cooper, Surgeon, Officer of Health, Southampton. Pp. 29. Southampton. 1855.

This is a very timely pamphlet, at a period when Officers of Health are about to be appointed in the Metropolitan districts, and when neither the electors nor the candidates are aware of the duties, emoluments, or responsibilities of the proposed offices. Mr. Cooper, writing from an extensive experience, points out the importance of the office now about to be created, but doubts whether, under existing circumstances, the local Boards will prove ultimately effective. He advocates the formation of a central Board, and considers that the Medical Officers of Health should be precluded from private practice.

Observations on the term of Utero-Gestation, with a View of Correcting the Opinions generally Entertained in Respect to Protracted Gestation, etc. By Charles Clay, M.D., Manchester. Pp. 24. London. 1855.

In this pamphlet, Dr. Clay endeavours to establish the exact period of utero-gestation in the human female, and to reconcile the discrepancies of various authors upon the subject. He admits that the period varies in the recorded cases, but he argues that the law of variation may be established by taking into account the ages of the parents; and as a general rule he considers that the older the parties, the longer is the term of utero-gestation. When the ages of the man and the woman differ, the result is to be obtained by taking the mean

between them; thus, if the woman be twenty years old and the man thirty, twenty-five must be taken as the mean. The subject is a curious and important one, and Dr. Clay's observations deserve great attention.

Hygiene; or, the Handbook of Health. By HARRY WILLIAM LOBB, L.S.A., M.R.C.S.E. 8vo. Pp. 134. London. 1855.

THIS is a very brief, but plain exposition of the principal topics embraced by the science of hygiene. It is addressed more especially to members of district Boards under Sir B. Hall's new Act, and will no doubt prove useful. As it also touches upon personal hygiene, it may with advantage be placed in the hands of other non-professional readers.

We trust, however, that before long we may have to announce to our readers the publication of a more extended, and, with Mr. Lobb's permission we would say, more strictly scientific treatise upon hygiene.

The Fern Allies: a Supplement to the Ferns of Great Britain. By CHARLES JOHNSON. Part II. London. 1855.

THE present number contains plates and descriptions of four specimens of the genus Equisetum, viz.: E. palustre, E. palustre var. polystachyon, E. hyemale, and E. Wilsoni.

Chloroform: How shall we Insure Safety in its Administration? By PATRICK BLACK, M.D. Pp. 40. London. 1855.

IN opposition to Dr. Snow, who maintains that the deaths from chloroform which have from time to time occurred, are due to syncope, Dr. Black argues that the result is really due to asphyxia. The fatal termination, therefore, according to Dr. Black, does not depend upon the narcotic effect of an *over-dose* of the anæsthetic agent, but upon the fact that the glottis is closed to its entrance at all. The means of insuring safety in the administration of chloroform consist in watching attentively the nature of the breathing. If this continue tranquil, the patient is safe, whatever may be the dose of chloroform inhaled; but if it be laborious, or attended with deepening turgescence of the head and face, there is imminent danger to life. These views have an important bearing on practice.

The General Practitioners' Visiting List, Diary, Almanack, and Book of Engagements, for 1856. London: John Smith and Co.

Specimen Pages of an entire Set of Medical Account Books from the Day-Book to the Year-Book. London: John Smith and Co.

SMITH'S Visiting List is well known to the Profession as an excellent pocket-book for the Medical Practitioner; and in order to suit all ranks, there are separate books for the Physician, the Surgeon, and the General Practitioner. The present edition of the Pocket-Book maintains its former excellence.

The Specimen Pages of the Medical Account-Books are well drawn up, and it is almost needless to observe, that the careful method of keeping accounts, which these books are intended to simplify and to facilitate, is calculated, in no small degree, to promote Professional success. We therefore recommend the set of books to our readers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

ON LINEAR CAUTERIZATION OF THE THORAX IN ASPHYXIA.

By M. FAURE.

M. FAURE'S proposal is founded upon numerous experiments on animals asphyxiated, in a variety of modes, and on one case of asphyxia by charcoal, occurring in a girl. The actual cautery, he observes, has long since been employed in distinguishing real from apparent death, and for the purpose of resuscitation; but it has not succeeded, owing to the absence of proper method and due perseverance. When properly used, however great the danger, as long as even the feeblest respiratory movements continue, it will establish a favourable reaction, and to this end is far superior to all other means. The following are the conclusions arrived at:—1. When the heart has entirely ceased to beat, or when the pulsations are fewer than three in five seconds, death is certain, whatever may be done; but, except in these very extreme cases, cauterization may restore life. 2. Deep and long parallel lines must be traced, by a strongly-heated iron, along the upper and lateral parts of the chest, opposite the four or five first ribs, this being the part of the body that longest retains the faculty of being stimulated. 3. The first effect is a muscular contraction, which is quite local, and without sign of pain: the ribs then move, the thorax enlarges, and inspiration becomes more ample. Sometimes more than a minute elapses before any sign of sensibility can be induced, even by the most intense burn. 4. When the general sensibility has become aroused, it is of the highest importance to keep it excited for a long time; and to this end flagellation is the easiest and most certain means. It must be persisted in for a long time, and the patient must be well watched. 5. Frequently asphyxiated persons die after having been restored; but this must be referred rather to the shock sustained by the economy, in consequence of the suppression of respiration, than to the introduction of any poisonous principle, inasmuch as such death has occurred in persons who have not been exposed to any toxical influence, as in those drowned.

Comptes Rendus, Tome XLI. p. 308.

ON SUFFOCATING GOITRE.

By M. BONNET.

In this paper M. Bonnet calls attention to a form of goître which has been but little noticed, but which, although small in size, may induce symptoms of suffocation, rendering the patient incapable of any exertion. This arises from its being placed behind the sternum and clavicle, and its development in front being prevented by these bones, so that it is thrust down against the trachea and the nerves in its vicinity. The object of the author's recommendation is the bringing the tumour into and retaining it in a more superficial position.

In order to produce these suffocating symptoms the tumour must be small, for if its diameter exceeded six or seven centimetres, it would lodge against the upper edge of the sternum and clavicle. Another character is its mobility, by reason of which it descends into the chest during deep inspiration, and rises out of it more or less during expiration. Owing to the compression of the walls of the chest by the external air being insufficiently balanced by the lesser quantity that now gains admission through the narrowed trachea, an obvious increase is produced in the supra-sternal and supra-clavicular depressions—an increase that may be useful in diagnosis. During expiration this movable goître sometimes ascends sufficiently high to enable us to slide the fingers beneath it, and retain it for an instant in the cervical region, the dyspnœa and *ronflement* proportionally diminishing. In place of being median, the goître may be lateral, and placed between the trachea and the nerves and blood-vessels as these pass behind the clavicle, and then may give rise to symptoms due to compression of the nerves.

To effect the curative displacement of these tumours, a surgical operation is required. They may be raised by curved needles traversing the tumour from below upwards, or by the employment of a kind of fork; but, as such foreign bodies can only be retained for some days, a vital must be substituted for their mechanical action. This is effected by inducing an adhesive inflammation, capable of fixing the thyroid in its new position, and of determining, at least, its partial resolution. To this end the chloride of zinc is the best means; it forms a dry eschar, on the fall of which the tumour protrudes through the opening left; and if the application has been sufficiently prolonged, it will destroy a portion of the tumour itself, without inducing any accident. The author and M. Bouvier have now performed this operation nine times, and the results have justified its adoption, it having succeeded in eight of the cases. How far the results will be permanent remains to be seen. Three of the eight patients have been seen, one six weeks, and the other five years after the cure; while in the third, the symptoms, after being completely relieved, gradually returned in three weeks, —the author believing the cauterization had not been deep

enough to cause a sufficient hernia of the thyroid. M. Bonnet thinks that Practitioners will do well, in cases of reputed nervous asthma, to examine whether small unperceived tumours may not exist between the neck and the chest, exerting compression on the air tubes and nervous trunks.

Gazette Médicale. No. XXXV.

GENERAL CORRESPONDENCE.

CASE OF THE UNION SURGEONS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I thank you very sincerely for the insertion of my correspondence, and for the aid you have given our cause by your able leading articles, which ought to arouse the energy of every Union Surgeon, and excite the sympathy of the Profession generally. To the Union Surgeons I would say, let the Senior Medical Officer in each Union consider it his especial duty to call his colleagues together, and if he fail to do so within one month, another should act in his stead; at this meeting a local Secretary should be appointed, whose duty it would be to represent his colleagues at a general assembly of all the local secretaries in each county. These meetings I would arrange to take place simultaneously throughout the kingdom, on receiving information of the local appointments. At the assembly in each county one or more representatives, according to the number of the local secretaries, should be appointed, whose duty it would be to meet their colleagues in London, and determine on the best course to be pursued. By this means we centralize our influence, ascertain the sentiments of the Profession, and gain a better position to enforce the redress of our grievances. It would be a part of the duty of the local secretary to collect subscriptions. If every Union Surgeon would agree to give from half-a-crown to five shillings a quarter, it would render our arrangements permanent, without any extraneous aid; but as I regret to say some are not in a position to afford even this help, and others will not, we must not refuse the assistance of our more independent brethren; considerable expenses may have to be incurred in printing, postage, advertisements, etc., and it would be unfair to expect our local secretaries and representatives to sacrifice their valuable time, which is money to them. I would propose that each local secretary should receive half-a-guinea for each county meeting he attends, if more than three miles from his residence, or a guinea if beyond seven miles; and that a representative should have three guineas for each day he is absent from his home, on the duties of his office. In 1854, a Committee of the House of Commons (obtained by Mr. Pigott) recommended:—

1st. That the Medical appointments should be permanent.
2nd. That the salaries should be raised and increased.
3rd. That the districts should be examined.

The first of these has been carried out, and we therefore may with justice petition Parliament to compel the Poor-Law Board to concede the remainder, though I am of opinion, as I before stated, that our Petition should extend still further, pray for our removal from the authority of the present Poor-Law Board and Guardians, and be placed under Medical authority, with payment from the Consolidated Fund; but I am willing to leave all these points to the consideration of our representatives. I am, etc.

Richard Griffin.

12, Royal-terrace, Weymouth, Dec. 17, 1855.

COLD AS AN ANÆSTHETIC.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your last Number, Dr. Arnott invites his Professional brethren to try the effects of cold as an anæsthetic; in compliance with this, as one of your readers, I tried its effects on the 26th and 27th instant. *Case* 1.—J. T., Wilton-street, aged 52. Fatty tumour of five years' gradual growth, in the popliteal region, about the size of an orange. Had been presumed to be an aneurism, an enlarged gland and an enlarged ganglion, the characteristics of each of which, however, were wanting. I obtained some rough ice, had it very finely powdered, and added what I presume to be sea-salt, viz., that which I use (procured at Bolton's, 146, Holborn-bars) to make sea-water with for my marine vivarium, in the proportion of 2 parts ice to 1 of salt. This was placed in a thin muslin bag, and applied closely over the popliteal region. In one minute and three-quarters the part was hard, very white, and had the appearance of a washerwoman's hand. The tumour was removed in half-a-minute, and two ligatures brought the edges of the wound together. Strapping and a bandage were applied; about ten drops of blood lost; no sponging required, or vessel to be tied, although the lobules of the tumour dipped deep. Not the slightest sensation of pain was experienced, and as the patient was deaf, and lay upon his stomach, and could not see what was going on, it was a fair case. I was assisted, and timed, watch in hand, by Mr. F. Pettigrew.

Case 2.—M. A. C., 30, Belgrave-square, aged 26; highly nervous temperament. Solidified ganglion over the patella of the right knee; strongly adherent to the skin and of three years' growth. Informs me that it has been blistered for the last twelve months; no pain, but very inconvenient. Ice and sea-salt in same proportions as in the last case. Frosted in two minutes and a-half. Operation lasted nearly two minutes, as the adhesions were so strong, it was like carving out a solid ball from the skin. No pain was felt during the long incision through the skin, nor in detaching the tumour from the sides; but the separation from the patella was felt, although not so acutely as under other circumstances. Two ligatures were run through the integuments; strapping and bandage; not above twenty drops of blood lost. Dr. Hullet Browne and Mr. F. Pettigrew assisted me, the former of whom timed the freezing at operation.

As far as I can judge from these two cases, I should say that at least two-thirds of the operations performed under chloroform may be dispensed with, the cold application is so simple and so rapid in its action. As to the pain of the application,—at first it appears hot, then tingling, and sensation is altogether lost after this. The ice must be most finely pounded. I did it in a towel, banging the ice with a weight; if it is not well pounded, the part will evidently not be equally frozen, which accounted for Case 2 taking two minutes and a-half to freeze; neither should too much ice be put in the bag, as a thin layer can be more easily placed under a projecting tumour. I may mention that to-day, the 28th, the bandages are just stained at the lower portion of each wound. To-morrow, or next day, I purpose operating upon a nævus, and have several other cases waiting, including a breast for next week, and will let you (if you think it sufficiently interesting) know the results. I had the performance of the operation timed, to ascertain whether the reaction speedily returned. I am, etc.

W. Vesalius Pettigrew, M.D., Hon. F.R.C.S. Eng.

7, Chester-street, Grosvenor-place, November 28, 1855.

CASE OF BRONZED SKIN.

[To the Editor of the Medical Times and Gazette.]

Sir,—My attention has been forcibly arrested by reports of the supposed relation between a peculiar discoloration of the skin, attended with increasing and apparently inexplicable debility, with disease of the supra-renal capsules. Such a case is at present under my care, in conjunction with Mr. Vincent, of Dereham, who has also noticed its similarity to the cases recorded by Dr. Addison. The subject is new and interesting, which must be my excuse for troubling you with the notes of a case which has not as yet become fatal.

Mrs. W., aged 58, a lady of large frame and masculine appearance, consulted me on the 28th of August last. She has been habitually a large eater, especially of highly-seasoned dishes and butter, the latter in extravagant quantities. I was struck with her altered appearance, having known her as a woman of, at a rough guess, fifteen stone weight.

She was now much shrunk, but still a large person; and complained mainly of great and increasing loss of strength, with sinking at the pit of the stomach, nausea, and complete loss of appetite. She was also greatly annoyed at a gradual change of colour which the exposed surface of the skin had undergone. The face was dark brown, as dark, in fact, as that of a Japanese; and might be called bronzed, without any great stretch of the imagination. The hands were also discoloured, especially at the knuckles. I have not seen the skin of the back or body, and therefore cannot speak as to the ex-

tension of the change to those parts, but I have observed that the arms are discoloured, though to a much less degree. Her heart's action is very feeble, and suggests the idea of fatty degeneration; but, excluding this, I could not satisfactorily account for her extreme debility, and her resistance to all restorative measures, medicinal and dietetic. The secretions of the liver and intestines are perfectly natural, and the urine is healthy.

This lady has improved somewhat under citrate of iron and quinine, and nitro-hydrochloric acid, but as yet the progress has been very little; and, I confess, that until I became aware of Dr Addison's researches, I could not devise an explanation of the case at all to my satisfaction. Whether a morbid condition of the supra-renal capsules is the true solution, I trust may long remain uncertain, but I shall not fail to keep the idea in view, should the case, as I fear it will do, ultimately prove fatal. I am, etc.

W. H. Ranking, M.D. (Cantab.)
Physician to the Norfolk and Norwich Hospital.

CONGELATION IN HERNIA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my paper on "Cold as an Anæsthetic," which appeared in the *Medical Times and Gazette* on the 23rd instant, I alluded, in a foot-note, to its use in diminishing the dimensions of the strangulated part in hernia, and thus fitting it to repass into the abdomen through the ring. As this is a very important purpose served by intense cold, and a purpose which can hardly be otherwise accomplished, I would gladly make a few further observations upon it.

The following letter, with which I have been favoured since the publication of my paper on cold, contains a remarkable illustration of this constringing or diminishing effect of congelation. The constriction so conspicuous in Mr. Bulley's operation must, though unseen, necessarily take place within the sac of strangulated hernia; and nothing can be more obvious than that there is no change in the condition of the part better calculated for the replacement of the protruded organ, unless it be the enlargement of the strangulating ring, which can only be effected by a dangerous employment of the knife. The subjoined letter furnishes, moreover, additional evidence in favour of substituting cold for dangerous general anæsthetics in, at least, all operations not implicating deep-seated parts:—

"Dear Sir,—I had an opportunity lately of testing the anæsthetic and some other good effects of your method of congelation in Surgical operations, in a case of chimney-sweeper's cancer, at the Royal Berkshire Hospital. The tumour was about the size of a large walnut flattened. At first sight, it seemed as if a good deal of careful dissection would be required to separate it from the surrounding cellular tissue into which it appeared to be fixed for some little distance round the actual bulk of the tumour. On the application of the cold, the skin of the scrotum shortly became intensely corrugated, projecting the tumour, which before was of a flattened shape, as a round, hard, insensible swelling, with a contracted base, which I removed with a few sawing movements of the knife with the greatest ease, and without the slightest perceptible pain to the patient. No hæmorrhage followed either at the time or afterwards, and the wound healed kindly.

"I have no doubt this mode of procedure saved a good deal of dissection, not to mention the bleeding which is sometimes very troublesome in these operations.

"Dr. Williams, the House-Surgeon of the Hospital, informs me, that he has performed a number of small, but usually painful, operations, under the same circumstances with the most satisfactory results.

"I remain, dear Sir, yours truly,
"F. A. Bulley,
"Surgeon to the Royal Berkshire Hospital, Reading.
"Reading, November 25, 1855."

Sir Astley Cooper, in his work on strangulated hernia, attributes the great benefit often obtained from the application of ice in this disease, to the extruding pressure exerted by the constringed covering of the skin; but the last editor of this work, Mr. Aston Key, more justly ascribes this advantage to the constriction of the blood-vessels of the strangulated part, and consequent diminution of its bulk. We have an apposite illustration of the agency of the same power, in the analogous proceeding of removing a tight wedding-ring by dipping the finger into iced water. In Sir Astley's work, a remarkable case is related, in which congelation was unintentionally produced by Mr. Sharp and Mr. Clive. Ice had been kept applied to a strangulated hernia for thirty hours, and at last the skin became "white and hard." The rupture was reduced by the congelation; but owing to the length of time this had continued, (and there is no certainty respecting its duration when so produced,) there was injury done to the skin, though without the danger attendant on the operation for hernia. Unfortunately for Surgical science, the idea did not occur to either of these celebrated Surgeons, that a short and regulated congelation might have all the beneficial effect of a prolonged one, without any untoward consequences.

If the bulk of the strangulated intestine is thus reduced, the gaseous matter (also compressed by the cold), so often distending it, may be more easily pressed out; and the strangulated part being thus in every way diminished in size, the retracting action of the free intestine in the abdomen is able to liberate it. Although this action may often of itself be sufficient, pressure or manipulation is usually an important aid; and the employment of whatever else is likely to excite a retracting action in the intestine, is indicated while its protruded part continues reduced in size.

The mortality from the operation for strangulated hernia is very great; and those who attribute this to delay in operating, do not, perhaps, reflect that, if every case was at once operated upon, and other measures were entirely set aside, the mortality from this disease would probably be greater than at present. The application of ice, though it has often failed, has been ranked by many eminent Surgeons among the most efficient means for reducing hernia; and congelation, acting on the same principle, though much more powerfully and safely, will probably, in the course of time, supersede all the present inefficient measures; its antiphlogistic virtue would, in many cases, be a valuable addition to its constringing power. I am, etc.

November 30, 1855. James Arnott.

METROPOLIS ACT—CLEANSING OF SEWERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have seen in some of the daily papers the following paragraph, copied, as it appears, from your Journal:—

"Water Supply for Cleansing.—Perfection, while not to be looked for in private individuals, is certainly but seldom an attribute of public officers. Yet it might have been expected, after all the experience obtained, and all the time employed in the getting up of the Metropolitan Local Management Act, that no very essential point would have been omitted. But so it is. Under the Old Metropolitan Sewers Act, the Commissioners were expressly empowered to provide water for sewerage and drainage purposes; but under Sir Benjamin Hall's Act there is an utter absence of any provision for the supply of water for cleansing. It remains to be seen whether, under the 'continuing' clause of the Act, such an omission can be remedied; if not, it must be one of the first duties on the meeting of Parliament to amend the Act in this particular."—*Medical Times and Gazette.*

The writer of this paragraph is under some strange mistake, since, on reference to Sir Benjamin Hall's Act, I find, in Section 72, that "Every Vestry and District Board shall cause the Sewers vested in them to be constructed, covered, and kept, so as not to be a nuisance, or injurious to health, and to be properly cleared, cleansed, and emptied, and for the purpose of clearing, cleansing, and emptying the same, they may construct and place, either above or under ground, such reservoirs, sluices, engines, and other works, as may be necessary."

In Mr. Scott's edition of the Act there is a foot-note to this Section, which says, that "it is founded on the first portion of Section 45 of the Metropolitan Sewers Act." I have looked at that Act, and I find it is word for word the same.

I am, etc.

December 18. One who has Read the Act.

[See our rejoinder on this subject in "The Week."—Ed. *M. T. & G.*]

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

SATURDAY, DECEMBER 15, 1855.

Dr. Snow, President, in the Chair.

MR. STEADMAN, of Sharnbrook, brought forward a case of internal strangulation which had occurred in a woman who suffered from a tumour in the groin for two days. Mr. Steadman reduced the swelling with great ease by the taxis; the symptoms of hernia, however, continued, and the woman died at the end of two days, no operation having been performed in consequence of the low condition of the patient. After death a portion of small intestine was found surrounded by a small band of lymph, which completely obstructed the passage.

Dr. Routh thought that an exploratory operation should have been performed, under the circumstances.

Mr. Dendy thought a patient should be operated on, even *in articulo mortis*. It often turned out that cases of supposed strangulation were only cases of adhesion.

Dr. Richardson said, the difficulty was to know when to make the exploration.

Dr. Barker read a paper

ON THE DEVELOPMENT OF CYSTIC ENTOZOA IN THE HUMAN KIDNEY (With an Illustrative Case).

He commenced with some observations on the small amount of attention which the development of entozoa has received; this was possibly due to two causes; 1st, that the presence of entozootic cysts either in the dead or living human body is of rare occurrence; and, 2nd, that any inquiry into their nature and origin involves the consideration of details and theories belonging almost exclusively to natural history.

A. F., aged 28 years, a plumber and glazier, came under Dr. Barker's care, on 17th December, 1853. He had dull heavy pain in the loins, particularly on the left side, with frequent desire to pass urine, and slight difficulty in voiding it. The urine was not remarkably high-coloured, and gave no deposit. The specific gravity was 1020. The case was at first treated as one of ordinary lumbago, which it closely resembled. On the 22nd December, the patient having been unable to void urine for some hours, passed four small, jelly-like masses, with immediate relief. The patient subsequently recovered for a time, but on the 10th September, 1854, passed six of these cysts, but with less pain and difficulty, possibly from having taken ten drops of the oil of turpentine. On the 16th November he passed four cysts. On the 9th December, five; on the 31st December, twenty; on the 1st January, 1855, one cyst; on the 2nd, two; on the 3rd, one; and, on the 10th, two. Between January 10 and July 23, he had frequent attacks of pain, and difficulty in voiding urine, followed often by the expulsion of cysts. Since July 23 he has passed the cysts less frequently, but the symptoms indicating their presence still continue; he has passed in all about 150 of these cysts. The passing of the cysts is always preceded by pain in the left lumbar and iliac regions, the relief from which is sudden, and is attended by a sensation of something "dropping," most probably from the escape of cysts from the ureter into the bladder; after this there is difficult micturition, relieved by the expulsion of the cysts. The urine has occasionally contained small quantities of blood, probably from laceration of the urethra, in consequence of its distension by the cysts during their passage. The urine was often loaded with lithates and phosphates, and crystals of lithic acid were sometimes present in it, and were not unfrequently attached to the outer surface of the cysts. The man had rarely eaten beef or mutton, having an aversion to those meats. Some years ago he was a vegetarian. As an ordinary rule, he has lived on pork, particularly the liver and intestines of the animal. He has more than once eaten "measly" pork. He also ate sheep's brains, and was accustomed to take herbal bitters in the morning, and was fond of coarse brown sugar. He had not suffered from other forms of entozoa, except ascarides, in early life. His wife had lived on the same diet, but had not showed symptoms of the same disease. The cysts varied in size from a large pin's head, or small pea, to that of a small walnut. They have generally been thrown off in quick succession, and the pain has been in proportion to their size, number, and to the rapidity of their expulsion. The symptoms pointed to their formation in the left kidney. Several of the cysts had been sent to Professor Quekett for examination, who had found them to contain echinococci. The inner surface of all the cysts was covered with crystals of triple phosphate. After noticing other recorded cases in which hydatids had been passed by the urethra, Dr. Barker related the history of a case somewhat similar to his own, which had been communicated to him by Mr. Evans, of St. Neot's. The patient was a woman, aged 26, who, on several occasions, after severe pain and enlargement in the region of the right kidney, passed many hundreds of hydatid cysts. She had also been in the habit of eating pig's brains and fry. The writer then gave an account of the researches of Von Siebold, Kuckenmeister, Allen Thomson, and other Naturalists, on the History and Development of the Entozoa. These experiments showed that the cystic entozoa become converted, under favourable circumstances, into the cestoid variety, or tapeworms. The modes of introduction of the entozoa had been described by Dr. Allen Thomson. The introduction of the entozoa has been effected, 1st, through the food or drink; 2nd, through the integuments, and other tissues; and 3rd, by being conveyed into the blood, and again deposited from it in various parts of the body. The presence of cystic entozoa in the human body is rarely fatal, except when from their large size and number, they interfere mechanically with the functions of important organs. In Iceland, however, cystic disease of the liver, peritonæum, and subcutaneous tissue is said to affect about one-sixth of the whole population, producing protracted illness and ending in a painful death. The paper concluded with some remarks on the treatment of cystic entozoa. In many cases, no treatment is likely to be of use; in some, operative procedure might be of importance if a correct diagnosis could be established. In cases of the kind under the author's care, the obvious indication is to facilitate the elimination of the cysts by diuretics, as turpentine. It is especially important to ascertain any peculiarities in the diet, and to modify it accordingly. Specimens of the cysts were handed round to the Fellows of the Society, and the paper was illustrated by several beautiful microscopic specimens of the entozoa from the case described, which had been kindly put up for the occasion by Professor Quekett and Mr. Stedman, of Sharnbrook.

Dr. Richardson observed, that cystic growths such as those described often occurred in the medullary form of cancer, but probably they were only coincident, and not necessarily connected with that disease.

Mr. Robarts said, cystic growths in cancer were very distinct from hydatid growths. They had no separate, distinct life, but were degenerated portions of human tissue.

The President remarked on the presence of lumbrici in the sailors on board Her Majesty's ships at certain stations near large rivers in India, expressing an opinion that in such cases the ova of the worms were conveyed through the medium of the river water.

Dr. Webster also alluded to the prevalence of entozoa in particular localities. In a certain part of Spain they prevailed to a great extent among a regiment of soldiers during the Peninsular War; but as soon as the regiment was removed the disease altogether ceased. In particular districts of Germany entozoa were very prevalent, owing partly, he believed, to the quantity of *sauer kraut* eaten by the inhabitants.

Dr. Routh asked how it was that the drinking-water in different places should produce different kinds of tape-worm, and yet that the other cystoid diseases of an analogous character should not be produced. Different remedies, he said, were required in different districts. The tape-worm, as occurring in Malta, was but little affected by turpentine, the popular remedy being sea-weed; while, at the Cape of Good Hope the oil of male fern was largely employed. This, no doubt, arose from some specific difference in the worms, or from the different circumstances of the country. He would suggest whether it would not be worth while to try the effect of some remedy, such as mercury or sulphur, which, as it permeated the entire body, would certainly come in contact with the ova, and probably destroy them.

The President remarked, that the worm was, no doubt, as tenacious of life as the patient, and that the treatment recom-

mended by Dr. Routh would be as likely to kill the latter as the former.

Dr. Gibb believed that one of the sources of worms in children was to be found in the common Muscovado sugar, which contained numerous ova; hence he recommended the use of maple sugar, which was not liable to the same objection. He also mentioned that he once attended a child who passed larvæ of the common fly from the bladder.

Dr. Camps mentioned that it had been common in Holland to give criminals bread without salt, which almost invariably produced parasitic animals.

Mr. Hinton alluded to the prevalence of lumbrici in children on the banks of marshy rivers in the district of Jamaica; and said he had seen them vomited, and expelled per anum, in great numbers at a time.

Mr. Weedon Cooke said, he had seen vibriones and monads in cancerous ulcers of the tongue, and about the lips, in such numbers that it was impossible they could have been deposited from anything taken in the mouth. He thought the formations were produced in the body, the cancer cell produced by disease developing itself into an animalcular form.

The President reminded Mr. Cook that animalcules multiplied very rapidly.

The author, in replying, said he was instituting a series of experiments, the results of which he would take an opportunity of laying before the Society.

The Society then adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, DECEMBER 11, 1855.

CÆSAR HAWKINS, Esq., President, in the Chair.

HISTORY OF A CASE IN WHICH A CEDAR PENCIL WAS LODGED IN THE CAVITY OF THE ABDOMEN FOR EIGHT MONTHS.

By JOHN ERICHSEN, Esq.,
Professor of Surgery at University College, and Surgeon to University College Hospital.

IN September, 1854, the patient, a young woman aged 28, being suddenly surprised while in the act of endeavouring to pass a pencil for the relief of some difficulty in micturition, allowed it to slip out of her hand. On sitting down shortly afterwards, she was seized with acute stabbing pain in the lower part of her abdomen, and although careful search was made by a Medical man soon after the accident, no trace of it could be discovered. Frequent attacks of peritonitis followed the accident; and when she was seen by Mr. Erichsen in May last, she was much emaciated and debilitated from that cause, as well as the constant severe pain in the abdomen, attended with vomiting and retching, which she suffered. There were no symptoms referrible to the bladder, nor any pain in defecation; blood was occasionally passed per anum, but was attributed to piles, from which she had previously suffered. Upon examination, the point of the pencil was felt distinctly projecting just beneath the integument of the abdominal wall on the right side, about midway between the umbilicus and Poupart's ligament; it was movable, could be pushed backwards, but returned to its original position when pressure was removed. The finger passed into the vagina or rectum detected the pencil, through the walls of those organs, lying across the body in a direction from before backwards, the blunt end of it being lodged in the hollow of the sacrum; it was beyond reach of the finger, but pressure upon that part of it through the rectum caused the point to become more distinct in the abdominal wall in front. Under these circumstances, an incision was made by Mr. Erichsen through the anterior abdominal wall, until the leaden point of the pencil was discovered forced through the fascia transversalis, the pencil being at the same time caused to project upwards and forwards by an assistant pressing deeply in the rectum. The wound being slightly enlarged, the pencil was extracted; it was five inches and a half long, and the point was still perfect; it had separated into its two halves. It was marked by three broad bands, indicating that it had passed through two coils of intestine; but no flatus or fæces, however, followed its extraction. Severe peritonitis followed, and the patient died on the fourth day after the operation. Post-mortem examination proved that the pencil had been forced through the upper and posterior vaginal cul-de-sac, close by the side of the uterus, and then through two coils of the ilium, a mass of which, about the size of the fist, was found glued together by old and recent lymph, lying about midway between the umbilicus and pubes, to the right of the mesial line.

Mr. Curling inquired whether the edges of the wound in the intestine had been carefully examined, and suggested that the folds of intestine might possibly have been transfixed by forcing the point of the pencil forwards in the examination by the rectum. He could not conceive why, if the perforation was made at the time of the accident, more serious symptoms did not occur. He suggested that it would have been safer to have made the operation at first a simple exploratory one.

Mr. Erichsen replied that there was every sign of the wound in the intestine not being recent. The mass of intestine was so deeply situated, and so surrounded by deposits of old lymph, that he had no doubt the injury was inflicted at the time of the accident. When the pencil was pressed forward from the rectum, no force was used that could possibly have thrust its point through two coils of intestine. The point of the pencil was, as stated at first, nearly superficial, and, in fact, very little force was used or required. It was originally intended to make an exploratory incision, and not to open the peritonæum. But if the point of the pencil was external to this membrane, it was decided that the pencil should be removed; it was found in this position, and taken away.

WOUND OF THE ABDOMINAL PARIETES—PROTRUSION OF OMENTUM AND TRANSVERSE COLON—DIVISION OF THE LATTER TO THE EXTENT OF FOUR-FIFTHS OF ITS CIRCUMFERENCE—RECOVERY.

By NATHANIEL WARD, Esq.,
Assistant-Surgeon to the London Hospital.

The patient was a female, aged 51, an inmate of a lunatic asylum. The wound, which was 5 inches in length, and most irregular in its outline, was distant four inches from the umbilicus, and was directed obliquely from below upwards and outwards in the hypogastric and umbilical regions. It had been inflicted several hours previous to its discovery; the effects are sufficiently described in the title of the paper. Blood was effused into the peritoneal cavity, but no fecal extravasation was observed either inside or outside of the cavity. The wound in the colon was stitched up with the uninterrupted suture, passed through all the coats of the intestine, first from within outwards through the one lip, and then from without inwards through the other. A small round sewing-needle was used, the silk ligature being knotted at the two ends, the one in contact with the mucous, the other with the serous surface of the gut; the interval between the stitches measured about the sixth of an inch, and their distance from the edges of the wound was about the same. In consequence of the irregularity of the wound, which had been produced by repeated cuts of a razor, it was necessary to apply the uninterrupted suture to the opening into the peritonæum, which was about the size of a five-shilling piece. The right epigastric artery required a ligature. The wound in the integument was brought together with one suture, supported by strips of lints, strapping, and bandage. The treatment consisted in the very free administration of opium, combined with abstinence from anything but ice for the first five days, during which period she took 33 grains of opium in powder. The bowels were thus kept inactive until the ninth day, on which, in consequence of flatulent distension, injections and castor-oil were beneficially administered. The ligature from the epigastric artery came away on the thirteenth day, that from the peritoneal wound on the fourteenth. The patient was up and about on the thirty-third day after the wound was inflicted. The silk used for stitching up the intestine had never been discovered. The author attributed the good success in this case in every respect to the free use of opium.

Mr. Ward appended to his paper

A REMARKABLE CASE OF WOUND OF THE ABDOMEN,

which occurred in the East Indies in the practice of his friend, Dr. Wight. A sepoy ripped his abdomen with a crucial incision of great length and breadth, from which nearly the whole small intestines and transverse colon had protruded, the stomach itself being wounded. The injury was inflicted after a large dose of bang, under the influence of which the

patient remained with the wound untended for twenty hours. The constitutional treatment was much the same as in Mr. Ward's case, and the man recovered without a bad symptom, and left the Hospital in about a month to rejoin his regiment.

The President remarked that the treatment of the author presented a great contrast to the practice of former years, in reference to such injuries, applying not only to wounds of that particular description, but to inflammation from other causes, such as hernia.

Mr. Travers remarked on the contrast between the case of Mr. Ward and that of Mr. Erichsen, which latter he believed to have been treated in a perfectly scientific manner. The operation only indirectly killed the patient, who sank from a want of restorative power in the parts themselves,—a power that had been wonderfully displayed in some other cases of recent injury. The result of Mr. Erichsen's operation should be no discouragement to the adoption of a decisive line of action in cases of the kind.

Dr. O'Connor asked the nature of the delusion under which the patient laboured, what was her condition after recovery, and what amount of blood was lost.

Mr. Ward said the woman had lost a very great amount of blood. He wished to elicit the experience of the members as to the best method of applying a suture to a divided intestine. He had passed the suture through the three coats of the intestine, so as to support the all but separated portions. He objected to the plan recommended by some Surgeons, of passing the ligature through the serous coat only.

Mr. Erichsen referred to a somewhat similar case, that of a woman stabbed in the abdomen by her husband, a portion of the ilium being perforated at two points. He did not see the case until after the intestine had been stitched up. An attempt was made to apply the suture in the manner referred to by Mr. Ward. The woman recovered, a circumstance which was attributed to her having been kept altogether on a liquid diet, and under the influence of opium, for some days after the injury. The object was to paralyze the peristaltic action of the intestinal canal, and to give nothing which could irritate the mucous membrane. While progressing favourably, she took by mistake a little solid food, which brought on diarrhœa and bloody stools, so that she nearly lost her life. Some pieces of string came away through the intestine ten or fourteen days after the application of the suture. The application of the suture to the peritonæum in Mr. Ward's case was rather a deviation from the ordinary practice, and from the recommendation of the best authorities; and he suggested whether that suture might not have made its appearance in the small subcutaneous abscess that was opened some time after the injury, or, if not, what became of it. We might now probably apply sutures to intestinal wounds with more success than followed their application when they were employed without the use of large doses of opium. The occurrence of emphysema might be regarded as a diagnostic symptom in cases of intestinal wounds; indeed, he had seen a case in which it was the only symptom observable.

Mr. Austin stated, in answer to Dr. O'Connor, that the special delusion of the woman referred to by Mr. Ward was not ascertained, but that she often fancied she was pursued by the police.

Mr. Ward vindicated the method he adopted in applying the suture, the object being, he said, to support the abdominal walls, and prevent the colon from coming down after having been tied up. The suture came away, along a track leading from the opening in the peritonæum, on the fourteenth day.

Dr. Webster repeated Dr. O'Connor's question, as to whether the woman recovered her mental faculties.

Mr. Austin replied in the negative.

The President, in referring to the method of applying the suture, said there was a greater tendency in the skin to unite than in the muscular tissue below. If the peritonæum did not unite, hernia might take place. He remembered the case of a woman, wounded by a stiletto, who died of strangulated hernia, large portions of the small intestines having got out of the opening in the peritonæum, and lying under the integuments, the deeper parts not having come together.

In answer to Mr. Ward,

Mr. Austin stated, that the woman had no food since half-past six o'clock the night before the injury.

The Society then adjourned.

THE PATHOLOGICAL SOCIETY.

TUESDAY, Dec. 4, 1855.

Mr. ARNOTT, President, in the Chair.

[Concluded from p. 610.]

Dr. Bristowe showed specimens from a case of

PULMONARY APOPLEXY WITH SOFTENED CLOT IN THE HEART.

An elderly gentleman had died suddenly in a railway carriage Among other lesions were found numerous patches of apoplectic effusion of blood into the pulmonary tissue. The heart was large, and in its left ventricle was a fibrinous clot of large size, which had softened in the centre so as to form a cyst capable of containing half a walnut, in which was a fluid resembling pus. This fluid, under the microscope, showed cells like the white corpuscles of blood or pus cells, broken-up cells, and much granular matter. It was difficult to say whether it were disintegrated fibrin or true pus. Dr. Bristowe remarked respecting the extravasations into the lungs, that numerous observations had led him to the belief that pyæmic deposits in the lung generally commenced by acute congestion and local effusion of blood, as shown in this specimen. The formation of pus in such deposits he thought secondary, being a process of softening.

Dr. Ogier Ward showed the parts from a case of

INTESTINAL CONCRETION

A boy had died, after an eight days' illness, in which the symptoms of acute peritonitis,—rigors pain, constipation, and vomiting—had been very severe. The history was that he had received a kick in the right flank a week before he became ill. At the post-mortem the intestines were found glued together, and there was much purulent fluid in the abdomen. In removing the bowel the cæcum gave way. In the cavity of the cæcum was found a large, hard, fæcal concretion, which, from its dryness, and from the concentric arrangement of its layers, was evidently not of recent formation. Dr. Ward thought it probable that this had existed before the kick was given, and that from the bruising of the bowel upon it the fatal inflammation had resulted.

Mr. Obré exhibited for Dr. Boyd a portion of bowel in a state of

INTERNAL STRANGULATION.

A man, a lunatic, had suffered from the symptoms of strangulated hernia, there not being any external protrusion whatever. After death, in the right iliac fossa, was found a coil of small intestine, in a state of extreme congestion, and strangulated by a band connecting it with the external ring. This band, which at first sight was taken for a false membrane, did not adhere to the gut. It was tough and tendinous, and more minute inspection showed it to be a portion of the intercolumnar fascia. The gut had evidently been thrust between the fibres of that structure, and then turned back on itself into the abdomen, instead of protruding externally.

Dr. Barker brought forward specimens of

CANCER OF THE MEDIASTINUM.

The patient, a young man, had been ill for but five weeks before his death. He had suffered from all the symptoms of acute pleurisy of the right side. There was loss of vocal fremitus, dulness on percussion, and absence of breath sounds. At the autopsy the quantity of fluid found in the pleura was not more than three pints, and the dulness had evidently been caused chiefly by a very large growth of medullary cancer in the mediastinum. The right lung had been compressed and displaced, and could not be seen when the sternum and cartilages were removed. Both kidneys were greatly enlarged by medullary deposit. Dr. Barker remarked on the extreme difficulty or impossibility of distinguishing such a case during life from one of pleurisy with effusion. It should be stated that there were evidences of acute inflammation, the pleural surfaces being lined by a thick layer of lymph.

Dr. Van Der Byl showed an example of

FIBRINOUS CONCRETION DETACHED FROM THE HEART, AND LODGED IN THE CEREBRAL ARTERY.

A woman had, after suffering from headache for about half-

an-hour, suddenly become paralytic in one side. Death followed three weeks after the seizure; not, however, being caused by the paralysis, from which she was recovering, but by cancer of internal organs. At the autopsy, a fibrinous concretion was found plugging the middle cerebral artery at its point of origin, and, a little beyond it, was a second of smaller size. Both resembled the vegetations from the heart, and both were quite loose in the vessel. In the heart were numerous vegetations, affecting both the mitral valves and the aortic semilunars. The brain beyond the plugged artery was very slightly softer than natural.

Mr. Erichsen brought before the Society a specimen of

THE BLADDER AND KIDNEYS AFTER LITHOTOMY.

The patient, a feeble man, aged 68, had been operated on for stone by himself three years ago. He made a slow recovery, and for some time a fistulous opening remained. He continued well for two years and a-half, and then again began to suffer from the symptoms of calculus in the bladder. Mr. Erichsen was not willing to operate through the cicatrix of the former lithotomy, nor did he incline to attempt a left-handed operation on the right side. Believing that the stones were small, he determined to adopt the plan recommended by Mr. Allerton. This was done, and two small lithic-acid calculi removed. The man subsequently sank. After death the parts immediately concerned in the operation were found in good condition; there was no mischief within the pelvis. The prostatic urethra had, however, been lacerated in several places from the attempted dilatation. Both kidneys were extensively diseased from recent and old mischief, and in one were numerous calculi, some of them of considerable size. Mr. Erichsen remarked, that the case illustrated two important practical questions—1st. It showed that the so-called dilatation of the prostate was in reality laceration; and, 2nd, it proved that numerous renal calculi might be present without symptoms. On the recurrence of symptoms of stone in the bladder a second time, a most careful examination was made as to whether the man had had the indications of stone in the kidney, but without avail. It did not appear that he had noticed any one of them.

On account of the large number of specimens, the Society had sat half-an-hour beyond its usual time. A vote of thanks to the exhibitors having been put, it adjourned.

TUESDAY, DEC. 18.

Mr. ARNOTT, President, in the Chair.

Mr. Salter read a report on Mr. Fergusson's case of

OSTEO-SARCOMA OF THE TIBIA.

The specimen was one of true ossifying enchondroma. The tumour completely surrounded the shaft of the tibia, and was itself covered in all parts by the periosteum. The shaft of the bone passing through its middle was in most parts easily distinguishable. The ossification was dense in the deeper parts, and looser as the exterior was approached. Near its superficies were numerous masses of cartilage. In some parts, from softening of the cartilage, an appearance of cysts had been produced, and in others there were true serous cysts, varying in size from a pea to a walnut. The cartilage, when seen under the microscope, showed abundant large cells, but possessed very little of intervening fibro-cellular tissue. Mr. Salter's descriptions were illustrated by numerous very excellent drawings.

Dr. Bristowe read a report on the specimen exhibited by Mr. Sydney Jones of

TUMOURS CONNECTED WITH THE SCAPULA.

The tumours were but loosely connected with the periosteum, and did not involve the bone itself. Many of them appeared to be infiltrations into the structure of the muscles. Dr. Bristowe had, in conjunction with Mr. Jones, made a careful microscopic examination, with the result that they could discover no cells resembling those of cancer. They had compared the structure with that of a fibroid formation in the walls of the heart in a specimen shown at the Society's last meeting by Dr. Bence Jones, and found them precisely similar. They concluded, therefore, though with some doubt, that the tumours were of innocent nature, there being no evidence of their consisting of other than simple fibrinous effusion.

Mr. Hutchinson reminded the Society that, in Mr. Jones's narrative of the case at a previous meeting, it was shown that the patient had formerly suffered from syphilis, and had had swellings connected with the periosteum of different bones. He queried whether these tumours were not examples of "muscular nodes," and of syphilitic origin. Indurated swellings in muscles were not very unusual as the results of syphilis, and in some parts, especially the tongue, often closely simulated the characters of cancer. He had never had an opportunity of examining the structure of such swellings by the microscope, but should expect them to resemble the description given by Dr. Bristowe of the specimen before the Society.

The President stated, that the history given of the case had suggested to him the possibility of the syphilitic origin of the disease. He had seen a tumour excised from a muscle in the thigh which, in structure, precisely resembled the description given by Dr. Bristowe.

Mr. Wood stated, that in the dissecting-room of King's College Hospital he had recently met with a circumscribed tumour in one of the tibial muscles, the subject having also nodes over the bone itself. The structure of the tumour and the node were closely similar, and resembled, in all points, that which Dr. Bristowe had described.

Mr. Obré exhibited the petrous portions of both temporal bones from a case of

CONGENITAL DEAFNESS.

The man had died in a lunatic asylum, having been deaf all his life. The specimens had been sent for exhibition to the Society by Dr. Boyd. The detailed report which was read had been prepared by Mr. Toynbee. Congestion and thickening of the lining membrane of the tympanic cavity had been found, and several of the bones of the internal ear were anchylosed.

STATISTICAL SOCIETY.

December 17, 1855.

Colonel SYKES, V.P., in the Chair.

THE Second Ordinary Meeting of this Society was held at the rooms of the Society in St. James's-square, on Monday evening, the 17th inst. Among those present were Dr. Budd, Dr. Beale, John Simon, Esq., Dr. Scott Alison, and Dr. Sibson.

Dr. Guy read a paper on

THE NATURE AND EXTENT OF THE BENEFITS CONFERRED BY HOSPITALS ON THE WORKING-CLASSES AND THE POOR.

The author began by referring to one or two points upon which our information is at present so scanty and imperfect—our Hospitals. Two questions especially had not yet received any solution. 1st. As to the class of persons who resort to hospitals; 2nd. As to the proportion which that class forms of the population. Many persons had no idea of the extent to which working-men in the receipt of good wages are in the habit of applying to hospitals. To supply these facts was the chief object of Dr. Guy's paper. As the records of all our hospitals and dispensaries do not afford the necessary data, it was necessary to resort to the records of some particular hospital. Now, King's College Hospital, from its establishment to the present time, had kept a faithful record of its patients, in a form and upon a principle which rendered it peculiarly valuable in such an inquiry. In the annual reports of the hospital, the patients are carefully abstracted in parishes and districts. After giving some account of King's College Hospital; of the district in which it is situate; of charities of the same kind existing in its neighbourhood; of its arrangements for the seeing of patients; and of some attempts made by the committee of management to limit the number of out-patients, Dr. Guy proceeded to show, by means of tables, that the central districts bordering upon the site of King's College Hospital, though not among the poorest in the Metropolis, are very poor in comparison with the more favoured districts at the west-end of London, and that they are also very densely peopled. The paper then entered into some details respecting the district from which the hospital draws its principal supply of patients, containing, as it did,

a population which may be roughly estimated at from 80,000 to 100,000. In this district, there is now but one general dispensary (the public Dispensary in Carey-street); but the Bloomsbury Dispensary is on or near the eastern boundary; and the Dispensary for Children, in Waterloo-road, may also be said to be within the district of the hospital. The hospital was then shown to be a free hospital in the fullest sense. The hospital, therefore, was placed under very favourable circumstances for testing the extent to which the labouring-classes and the poor avail themselves of hospital accommodation, while provision is also made for visiting patients at their own homes, this duty being performed by the Dispensary at Carey-street. By adding the patients seen by the officers of this Institution to the patients of King's College Hospital we get at the amount of the benefits conferred by hospitals and dispensaries upon the working-classes and the poor. The author then proceeded to consider the following points:—1. The rate of increase of patients at King's College Hospital, taken as a measure of the rate of increase in institutions similarly circumstanced. 2. The number of patients arranged in parishes, with their proportion to the population; and, 3. The class of persons who apply to hospitals, and their circumstances at the time of application. (1.) The rate of increase in the case of King's College Hospital from the incomplete year 1840 to the end of 1854, inclusive, was then shown by a table setting forth the numbers of patients every year, and showing an increase, from about 9000 in the first complete year, of to nearly 28,000 in 1854. In 1851, the year of the Great Exhibition, the patients nearly reached 31,000. (2.) The number of patients, arranged in parishes or districts, was then shown in two tables, the first of which presented the number of illnesses and their ratio to the several populations; the other applied a correction, based upon inquiries made of the patients themselves, and showed the number of patients and their ratio to the populations of the parishes and districts to which they belonged. The results were very striking and unexpected. The proportion to the population was little less than one-third in the parishes of St. Clement and St. Mary-le-Strand; about one-sixth in St. Dunstan's; more than one-eighth in St. Giles's; upwards of one-ninth in the Liberty of the Rolls; more than one-twelfth in St. Andrew's, Holborn; about a twelfth in St. Paul's, Covent Garden; about one-sixteenth in St. Martin's; more than 5 per cent. in St. Bride and Whitefriars; nearly 4½ per cent. in St. George, Bloomsbury, and St. George the Martyr; nearly 3½ per cent. in St. Anne, Soho; about 1 per cent. in the City of London; and about ½ per cent. in Southwark, Clerkenwell, and Lambeth. If in the case of St. Clement Danes and St. Mary-le-Strand, is made even a moderate addition for patients visited at their own homes, or seen as out-patients at the public Dispensary in Carey-street, the attendance in these two parishes will certainly amount to one-third of their entire population. Dr. Guy stated, that this fact had struck him as being so surprising and startling that he would doubt it being a fact if he could distrust the means by which he had arrived at it. So remarkable a circumstance as this must make us curious to know who and what are the persons who thus apply to such charities for relief. The great bulk of the applicants could not be poor persons, in the proper acceptation of that term. Some considerable class of persons applying in very large numbers could be no other than working-men with their wives and families. A very considerable proportion, too, of the patients attending at our hospitals must be in work, as Dr. Guy ascertained by inquiries of the patients themselves; for he found that, out of 335 patients, no less than 230 were in work, and 105 out of work; and, if we assume that this proportion reigns among the husbands and fathers of the women and children, who apply for relief, we shall have a total of nearly 20,000 men in the receipt of wages, or members of their families, obtaining charitable aid at one hospital in the course of a single year. He also made some inquiries as to the wages of the patients, and found the sums to vary from 12s. to 14s. a-week up to 50s., and, in some few cases, £5 or £6 a-week. It would be too much to assert, however, that no man who is in work, and in the receipt of good wages, ought to present himself, or send his wife and children, to a hospital, or dispensary, for relief; but Dr. Guy inferred, both from the large figures adduced, and from the experience of fourteen years as a Physician to out-patients, backed by frequent inquiries of persons making application for relief, that a very considerable proportion of the patients are not objects of charity in the sense of being in a state of distress and poverty, much less of destitution. Dr. Guy therefore stated, that those benevolent persons who subscribe to the support of hospitals and dispensaries, on the supposition that they are providing for the relief of the poor and destitute, must be content to modify, perhaps to enlarge, their views. They must understand that they are subscribing, not merely for the relief of poor and destitute persons, but in order to provide the most skilful treatment and the best advice for the working population. The author then addressed himself to the question of limiting the number of patients, and held that it was not practicable to exclude working-men who are not in distressed circumstances from our hospitals: and he stated, as the result of his experience, that if an attempt be made to limit them, by rigidly requiring letters of recommendation in every case, we add to the pecuniary obligation of the subscriber the harassing trouble of signing letters of recommendation. After discussing very fully the question, whether working-men, as such, were proper objects of gratuitous medical relief; and whether the subscriber to a hospital could be supposed to purchase an absolute right of recommendation, irrespective of the circumstances of the patients; Dr. Guy drew, what he conceived to be, a very necessary distinction between the advice which the working-man might not be able to purchase, and the medicines supplied to him, and suggested a moderate payment (say a shilling) at the second visit of each patient, for the medicines supplied to him during each illness; a plan being, at the same time, devised by which the really poor should be exempt from payment.

At the conclusion of the paper, an animated discussion took place, in which the following gentlemen joined:—The Chairman, Mr. Pinckard, Dr. Farr, Mr. Purdy, Dr. Sibson, Dr. Scott Alison, Dr. Finch, Mr. Newmarch, Sir Thomas Phillips, Mr. Mann, Mr. Simon, and Sir John Boileau.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

November 2, 1855.

Dr. Seaton, V.P., in the Chair.

After the reading of the minutes of the previous Meeting, and the election of three new members, Dr. Cahill read a paper on

THE WATERS OF VICHY AND CARLSBAD,

to which places he had been attracted at two different times, in the hope of ridding himself from the disposition to severe attacks of rheumatism, which had pursued him for several years. His personal experience was commenced at Vichy in 1852, and was so favourable in its results, that he "has not been confined to the house for a single day by any rheumatic affection" since. And this year he visits Carlsbad, "by way of change of locality, and in the hope of deriving increased benefit," in which he has not been disappointed. He proceeded then to give a sketch of the composition of the waters of Vichy and Carlsbad, ascribing the first and great good experienced in rheumatic affections to the strong alkaline character of the former, which contains as much as 50 grains of bicarbonate of soda, besides chalk and magnesia, in the English pint (16 oz.); while those of Carlsbad, on the contrary, containing only 11 grains of the bicarbonate and as much as 20 grains of sulphate of soda and 9 grains of chloride of sodium. From this it was evident that the Vichy waters could saturate the acidity of the system much more rapidly than those of Carlsbad; indeed the urine has become alkaline in twenty-four hours. The waters of Carlsbad being more aperient, as well as holding less antacid, require a longer time to act on the system. Accordingly we find that while twenty-one days to a month is the usual course at Vichy, five weeks is considered the shortest time in which to receive benefit at Carlsbad. He here remarked that, although aperient, the effect of these waters was totally different from that of the waters of Homburg, Wiesbaden, Kissingen, and those springs in which chloride of sodium is the prevailing salt, these being as severely purgative as the former are mild and gentle. The complaints for which invalids resort to both Vichy and Carlsbad are similar—gout, rheumatism, gravel, and affections of the liver and spleen; the last-mentioned

diseases being but too common in France and Germany as sequels of intermittent fever, as also amongst military officers who have served in India, Algeria, etc. The Author then proceeded to advert to the most ordinary causes of failure or disagreement of these waters, and believed it to be the presence of some febrile action in the system, or of some disease overlooked or unknown to the Medical attendant, and related two cases in illustration. Cases of organic disease of course remained uncured, although a great difference existed between the practitioners at Vichy and Carlsbad; for while those of the former place were immediately alarmed at the appearance of the slightest difficulty, declaring that the waters did not suit, etc., the Medical men of Carlsbad, on the contrary, had unlimited confidence in the powers of their springs. He found the regulations as to diet also differed widely at the two places. At Vichy but little restraint appeared to be enjoined, and the tables of the hotels were, consequently, well and variously furnished; and the visitors appeared to avail themselves of their privileges accordingly. At Carlsbad, however, things are different, and considerable restraints are imposed. While butter, meat, and eggs are excluded from the breakfast table, you fare but little better at dinner, except for the soups and puddings, which were excellent. The waters of Vichy are taken twice in the day—those of Carlsbad once. He then gave an account of the different springs, but considered that the general effects were nearly the same, except that the hot springs had sometimes an effect upon the mouth and gums, similar to a course of mercury. To sum up the relative merits of the two places, the author believes that each has its superiority in different circumstances and cases. In those who require or bear active aperients, and still more when constipation is habitual, Carlsbad certainly is to be preferred. But for those who do not bear aperients, where excessive acidity is the chief complaint, and, above all, in diabetes, Vichy is as certainly preferable. In conclusion, the doctor having briefly adverted to the benefit to be derived from some of the more chalybeate waters of the Continent, especially as supplementary to a course at Carlsbad, paid a lively tribute to the celebrated Chevalier de Cano, a graduate of Edinburgh, in 1793, the first Physician on the Continent to advocate the doctrines of the illustrious Jenner, and who is now in his 86th year; having devoted the latter part of his time to the improvement and celebrity of Carlsbad, where he now resides.

The meeting then adjourned.

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, serving with the Army in the Crimea, in forwarding his Weekly Report of Sick to the 26th November, 1855, states:—

The health of the army continues remarkably good.

There has been a decrease in the number of admissions this week, but the ratios of mortality and sick to well are nearly the same as they were last week.

The admissions and deaths have been

	This Week. Admitted.	This Week. Died.	Last Week. Admitted.	Last Week. Died.
Fevers	234	13	248	16
Pulmonie	142	2	118	1
Diarrhœa	182	5	242	5
Cholera	14	9	3	6
Dysentery	49	3	66	3
Wounds and Injuries	63	11	230	20
Other diseases	515	6	552	0
	1199	49	1459	51

The ratio of admissions to strength this week has been	2·27 per cent.
The deaths to strength	0·09 ,,
Exclusive of wounded	0·07 ,,
Of sick to well	6·56 ,,
Exclusive of wounded	5·06 ,,
The ratio of admissions to strength last week was	2·71 ,,
The deaths to strength	0.09 ,,
Exclusive of wounded	0·05 ,,
Of sick to well	6·51 ,,
Exclusive of wounded	4.98 ,,

Some few cases of fever in the 28th and 38th Regiments of the 3rd Division, have assumed a typhoid character within the last fortnight, and Mr. Taylor, the principal Medical Officer of the Division, thinking the health of these corps might be influenced by a cemetery in the valley beneath their camp, Sir William Eyre, the General of the Division, gave directions that the dead should be buried at a greater distance, and measures of precaution adopted with the present cemetery.

On the 21st, winter may be said to have set in, as we had rain, followed by a slight sprinkling of snow, in the course of the night. Since then we have had rain, with one intervening fine day. This change in the weather has added to the number of admissions under the head of Chest diseases.

Bowel complaints have been less numerous this week, but there is a slight increase under the head of Cholera. The Fusilier Guards have suffered more than any other corps from this disease during the week, as 6 out of the 14 admissions, and 3 out of the 9 deaths which occurred, took place in that Regiment alone.

The disease has broken out in an epidemic form at Scutari, and has proved very fatal.

From the 14th, when it first appeared, to the 20th, the date of my last Report, 6 officers and 99 men had died, but when the mail left, Dr. Linton, principal Medical Officer at Scutari, thought the disease was assuming a milder form. The troops had been removed from Barracks, and encamped, he thought, with benefit; but another Regiment of the German Legion had just arrived when he wrote, which will, in all probability, renew the epidemic, if they are landed there and placed with the rest.

Nearly one-fourth of our casualties this week are from injuries, and, I am sorry to say, four deaths have occurred from direct effects of drunkenness; three of them were suffocated in their helpless insensibility by a portion of the contents of the stomach being drawn into the air-passages during their efforts to vomit; and one died of fits, brought on by the same cause—drunkenness.

The vice of drunkenness is very prevalent at present, and difficult to prevent, with the amount of means the men have at their command.

The spirit ration has been reduced one-half, and might be abolished altogether, I think with advantage, as the healthiest army I ever served with had not a drop of spirits or any fermented liquor for months, and that too, on service in the field, at the Cape of Good Hope.

Government has sent out malt liquor of excellent quality, and every encouragement is given to the men to use it, but they prefer spirits as a readier and more exciting means of intoxication.

The men have had warm clothing issued to them, which was taken into wear on the 21st instant. Their rations are good; their duties and fatigues light, indeed not beyond what is necessary for the preservation of health; and an immense wooden city is rising rapidly to shelter them during the winter, so that, as far as creature comforts are concerned, they have nothing to complain of.

DEATH OF DR. CHAMBERS.

This distinguished Physician, whose death we announce in our columns this day, was born in India, in the year 1786. He was descended from an old family, long resident in the county of Durham, and was related to Sir Robert Chambers, Chief Justice of Bengal; Sir Charles Chambers, Judge of the Supreme Court of Bombay; Lord Glenelg, and Sir Robert Grant. Dr. Chambers was the son of William Chambers, Esq., in the civil service of the East India Company, and a distinguished Oriental scholar; his mother was the daughter of Thomas Fraser, of Balmain. He came to England in 1793, was educated at Westminster School, and afterwards became a student at Trinity College, Cambridge. His Professional studies were conducted at the Windmill-street School of Medicine, and at St. George's Hospital. In 1816, when only thirty years of age, Dr. Chambers was appointed full Physician to the latter establishment. In 1820, he married his first cousin, Mary Fraser, by whom he had two sons and two daughters, all living. Soon after this period his practice rapidly increased, and he is well known to have held for many years the first rank as a Physician in this Metropolis. In 1837, he was gazetted as a Physician to His Majesty William IV., who created him a K.C.H., but

he is said to have declined adopting the usual title of knighthood, for reasons which have not been explained, but which were no doubt satisfactory to his own high sense of honour. In the year 1848, he experienced a severe attack of illness, marked by symptoms of disordered circulation in the head, accompanied by occasional epileptic fits, and partial palsy of the right hand, leg, and right half of the tongue. This visitation induced him to retire almost wholly from practice, and it was hoped that his health, which had always been delicate, would be restored by repose from the arduous duties of Professional life. Such, however, was not the case, for after his retirement the unfavourable symptoms continued to increase, so that walking was attended with great difficulty, and even conversation was carried on by him with extreme labour. At the commencement of last week, he was observed to be much better than usual, and conversed with unwonted ease about the subject of some books which were read to him. This improvement was attributed to the pleasure which he experienced in seeing all his family around him on the occasion of the marriage of his youngest son. But the transient amelioration of his symptoms was followed by an aggravation of the tendency to serous effusion on the brain which he had previously manifested, and a fatal termination was indicated by the occurrence of vomiting and stupor, rapidly followed by complete coma, and he died without pain or convulsion, on Sunday last, Dec. 16, aged 69.

METROPOLITAN MANAGEMENT ACT.

Yesterday a Deputation of District-Surgeons of St. Marylebone and St. Pancras parishes, waited on Sir Benjamin Hall, with the object of obtaining from him an expression of opinion respecting the approaching appointments of Health Officers under the new Act. The deputation consisted of Messrs. Joseph, Mushett, Clapp, Head, Sutherin, Adams, Jeffreys, and Wildbore.

Mr. Joseph urged upon the right honourable baronet that the District-Surgeons were indispensable to the proper working of the Act, and had, moreover, peculiar advantages in the familiarity with localities, which they necessarily acquired in the performance of their present duties. He also said that the District-Surgeons would feel it derogatory to them and to the Profession to which they belonged, were persons possessing only the same qualifications as themselves, occupying only the same, or, perhaps an inferior position in the Profession, to be appointed to the high office provided for in the Act, who would reap all the honour and emolument, while the entire of the hard work would devolve upon the District Medical Officers.

Sir Benjamin Hall pointed out that, on receiving a former deputation, he had said nothing to limit the full exercise of the powers conferred on the local boards. On that occasion it was suggested that the officers should be elected by examination, and he had remarked that in that case he could not do better than follow the precedent of the East India Company's examinations. For himself, he had, in drawing the clause on this subject in the Act, had in view the appointment of such men as Mr. Simon and Dr. Letheby, men of high standing in the Profession, under whom the officers of unions could act with pleasure. He trusted that the local boards would perform their duties conscientiously, and irrespective of all personal or party feeling—in which case the cause of local self-government would be viewed in a favourable light. But if these boards did not make the very best use of the powers intrusted to them, that principle would be brought into great disrepute.

Mr. Clapp said that Simons and Lethebys were not to be found for each district; the parishes, moreover, would not pay the high salaries such men would require, and it would be physically impossible for one man to take a vast district like St. Pancras or Marylebone. An examination they (the deputation) would think beneath their position. If one man was appointed to the office, the work of necessity would devolve upon the District-Surgeons, and it was entirely out of the question that they should be expected to have all the responsibility without the honour and emoluments.

Sir B. Hall said that a rate of one-seventh of a penny would in Marylebone produce £500, being £100 more than was paid to Dr. Letheby. It was, therefore, merely a question for the local authorities and the ratepayers to consider whether they should pay an infinitesimal fraction of a penny in the pound more in order to secure the services of gentlemen of the position he had indicated.

Mr. Adams remarked that the clause in the Act alluded to the appointment of one or more Medical officers for each district.

Sir B. Hall said he could only state that it was not for him to enter into what would be done. He was satisfied with the clause as it stood. That clause or a similar one also existed in the City Sewers Act of 1848, and in the Liverpool Sanitary Act of 1845; and in the great borough of Liverpool, with a population of 470,000 persons, one Medical officer was found quite sufficient to superintend the district. He believed that the same was the case in many other of the largest towns in the kingdom. The great point really was that the authorities should choose men of eminence, and men with whom, from their station and reputation, the officers of unions could feel pleasure in acting.

The deputation, after some further conversation, thanked Sir B. Hall for the courteous reception he had given them, and retired.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, December 13, 1855:—

Cox, Arthur, Bedford.
Fish, Robert, Effingham, Surrey.
Hill, James Peter, Churchenford, Honiton.
Iles, Francis H. W., Binbrook-hill, South Lincolnshire.
Oliver, William Hodgson, Middleton, near Darlington.
Partridge, Thomas, Birmingham.
Stephenson, Thomas Appleby, Brighton.
Thompson, David, Launceston, Cornwall.
Wilkin, Herbert Charles, Connaught-terrace.

Also on December 6,

Llewellyn, William P. J., Great Suffolk-street.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 30th ult.:—Messrs.

Andrew, Edwyn, St. Austell, Cornwall.
Armstrong, William, Moreton Bay, Australia.
Chippindale, Walter, Tonbridge, Kent.
Glover, John, Army.
Halse, Charles Smith, Brompton.
Larken, Edmund L. Monson, Turkish Contingent.
Overton, Edgar, Coventry.
Rowland, Hugh Mortimer, Ironbridge, Shropshire.
Shepherd, Frederic, Faversham.
Southby, Edmund Richard, Amesbury, Wiltshire.

At the same meeting of the Court, Mr. Charles Hall Chambers passed his Examination for Naval Surgeon; this gentleman had previously been admitted a Member of the College, his diploma bearing date June 22, 1849. Also, on the 7th inst.:—Messrs.

Allen, John William, Cavendish-road, St. John's-wood.
Barry, William, Army.
Canniffe, William, Belleville, Canada West.
Carter, Wm. Henry, Billericay, Essex.
Cobbett, Robert Newby, Winchmore-hill, Middlesex.
Hughes, Hugh, Bethesda, Carnarvonshire.
Jones, William, Dalgelly, Merionethshire.
Knaggs, Henry Guard, Kentish-town.
Marshall, Alfred, Cheltenham.
Perrot, Louis Francois Henri, Mauritius.
Treadwell, Samuel, Chelsea.

Licentiates of Midwifery.—The following members of the Royal College of Surgeons, having undergone the necessary Examinations, were admitted Licentiates of Midwifery at the meeting of the Board on the 11th inst.:—Messrs.

Busigny, Charles Edward, Ombersley, Worcestershire; diploma of membership dated June 23, 1854.
Godwin, Ashton, Brompton; Oct. 12, 1855.
Greenwood, John Wm., Ossett, Yorkshire; June 15, 1855.
Halse Charles Smith, Brompton; Nov. 30, 1855.

Jenkins, Griffith Richard, Cardigan; Nov. 16, 1855.
Knaggs, Henry Guard, Kentish-town; Dec. 7, 1855.
Redhead, John, Sydney, New South Wales; Nov. 16, 1855.
Watson, H., Loughborough, Leicestershire; May 18, 1855.

DEATHS.

Chambers.—Dec. 16, at Hordle Cliff, near Lymington, Hants, William Frederick Chambers, M.D., K.C.H., M.D. Cantab., F.R.C.S. Lond., F.R.S., formerly Physician to the Queen, and the late Queen Dowager.

Foster.—Dec. 10, at Woolwich, Edmund Montgomery Foster, Esq., Surgeon, aged 33.

Jenkins.—December 16, 1855, Mr. W. G. Jenkins, after an illness of a few weeks. He was the much-esteemed Assistant of Messrs. Newnham and Sloman; was fully qualified for all the duties devolving upon him; and has died regretted by his late employers, and beloved by all the poor who came under his care, aged 27.

Parnell.—On the 15th instant, at his residence, Waltham Abbey, Essex, John Parnell, Esq., magistrate for the county of Essex, and M.R.C.S.; formerly of Bennet-street, St. James's-street, aged 75.

Smith.—December 11, at Wellington Circus, Nottingham, aged 42, John Smith, Doctor in Medicine and Surgery of the Royal University of Havana, formerly Surgeon to the Royal Santiago and Cobre Mining Companies, St. Jago de Cuba.

Taylor.—December 12, at Oxford House, Cheltenham Henry Bayley Taylor, Esq., House-Surgeon to the Branch Dispensary of the Cheltenham General Hospital.

Tranter.—Nov. 10, at Mehidpore, Central India, highly esteemed and sincerely lamented, George Tranter, Esq., M.D., for many years Surgeon to the United Malwa Contingent.

APPOINTMENT.

Bakewell.—December 14, Mr. R. Hall Bakewell, was elected Medical Officer to the Cricklade and Wootton Bassett Union Workhouse, and to a District of the Union.

Bequest.—Mrs. Elizabeth Boyton, of Dover, has bequeathed £200 to the Dover Hospital and Dispensary.

The Hunterian Oration.—The oration of 1856 will be delivered at the Royal College of Surgeons by Mr. Thomas Wormald. We have learned that His Royal Highness Prince Albert has intimated his intention of being present.

The Council of the Horticultural Society have ordered all the valuable collection of dried plants for the herbarium, formed by their travellers during the last forty years, to be sold by auction in the course of January. We understand that, among the collections are those which were consulted by the authors of the "Flora Boreali Americana," the "Niger Flora," etc., in studying which the original specimens are of great importance.

M. Flourens, Member of the Académie Française, and one of the Permanent Secretaries of the Académie des Sciences, has begun a new edition of the works of Buffon,—the best and most complete, it is asserted, which has hitherto appeared.

Severity of the Weather.—So intense was the weather on Tuesday night, that the works of the great clock of St. Paul's were frozen.

Metropolitan Sewers Commission.—On Tuesday a Court was held at the chief office in Greek-street, for the transaction of routine business. From a short discussion it appeared that there is to be another meeting of the Commissioners for necessary matters ere the Court becomes defunct.

In St. Petersburgh the functions of President of the Academy of Sciences have lately become vacant by the death of Count Ovaroff. Three candidates are spoken of as his successor—the Grand Duchess Helena, M. Noroff, Minister of Public Instruction, and the Baron Modeste de Korff, Director of the Public Imperial Library.

M. Niebuhr, Councillor of the Cabinet and Private Secretary to the King of Prussia, has been struck with sudden blindness.

Mr Robinson Duckworth, Scholar of University College, has been elected to the Mathematical Exhibition, St. Mary's Hall, Oxford.

A Vacancy has been created in the office of Professor of Military Surgery in the University of Edinburgh by the death of Sir George Ballingall, M.D.—A vacancy has also been caused in the office of Vice-President of the Royal Cork Institution by the death of Dr. Haines.

Edinburgh University.—The matriculation of Students in the University here up to this date (when it may be held to be nearly closed) is 1288, being 56 above the matriculation of last year, which at the corresponding date was 1232.

The Slow-poisoning Case at Burdon.—The fees of the defendant's counsel, says the *Darlington Times*, were as follows:—Serjeant Wilkins, 200 guineas; Mr. Overend, 100 guineas; Mr. Laurie, 50 guineas.

West Indies.—In Jamaica fevers are rather prevalent as is not uncommon in November, but the island is free from any epidemic disease. Demerara was healthy, and the weather tolerably favourable for the crop of 1856. The health of the islands generally was considered good, with the exception of Porto Rico, where cholera prevailed. There were a few cases of yellow fever still at Barbadoes and Martinique.

The East India Civil Service.—Dr. J. F. Mouat is to be appointed Inspector of Prisons, Lower Provinces, in succession to Mr. T. C. Loch. Senior Surgeon Hugh Guthrie, M.D., is about to retire from the Service, which will vacate the Superintending Surgeoncy of the Cawnpore circle.

The Belle-Isle Nuisance.—Saturday having been appointed for the re-hearing of the case of Messrs. Wallis, Turner, and Haywood, the varnish manufacturers of Belle-Isle, Islington, the Clerkenwell Court was crowded by the inhabitants. The Defendants were summoned by the police authorities, at the instance of the Secretary of State, for carrying on their trade, as varnish manufacturers, to the annoyance and inconvenience of the neighbourhood, and to the prejudice of the health of the inhabitants. Mr. Corrie delivered the judgment of the Court. He said:—"The inhabitants complain that their lives are rendered miserable by the miasma in Belle-Isle; while the numerous manufacturers, the varnish-makers alone being eleven, say it will be ruin to them, if not allowed to continue their businesses. That the nuisance complained of can be prevented has been proved to me at the manufactory of Messrs. Noble and Hoare, near the Victoria Theatre. No doubt the question of expense is important. There must be a formal conviction, and I will direct the judgment to stand over, to enable the Crown to proceed against the nuisances, which are both noxious and offensive; and the varnish makers must, in the mean time, call in the assistance of their man of science, so as to render it unnecessary for the inhabitants of the neighbourhood to take any further proceeding against these particular defendants."

The Slow-Poisoning Case.—"We understand on good authority, that the attacks which have been provoked by the remark alleged to have proceeded from Baron Martin, in the case of the Queen *v.* Wooler, have originated in a total misconception of what was said by the learned Judge. Baron Martin, at the close of his able and clear summing up of a very difficult trial, said, we are assured, that there was no evidence to convict the prisoner *or any other person* of the crime for which Mr. Wooler was indicted, and that, had he allowed his imagination to play over the case, his suspicions would rather have rested anywhere than on him. The reporter, not the Judge, was in fault, and the clamours which have been raised on an observation strangely distorted from that actually made by Baron Martin, therefore, fall to the ground."—*Morning Post*. [This volunteer defence of Mr. Baron Martin by the *Morning Post*, is by no means confirmed by our own knowledge, which is derived from very accurate sources, of what transpired at the trial.—Ed. *Medical Times and Gazette*.]

By the express desire of her Majesty, six easy chairs, of the newest construction, have been forwarded to Mr. George Russell Dartnell, at Fort Pitt, for the wounded under his charge; an acknowledgment of which Royal present was on Sunday forwarded by that gentleman to Colonel C. B. Phipps.

In our advertising columns will be found an appeal on behalf of the widow of a member of our Profession who, from having enjoyed a comfortable practice, became reduced to destitution by his utter inability to practise, in consequence of spinal disease. His widow and two orphans are now in most deplorable circumstances, and we hope will not appeal in vain to those who have enough and to spare.

The Metropolis Water Supply Act.—Filtering the Thames Water.—On Monday, the 31st instant, two important provisions in the Metropolis Water Supply Act of the 15th and 16th Vict. c. 84, will take effect. By the 3rd section, it is provided that, from and after the 31st December, 1855, no water shall be brought or conducted within the metropolis, by any company, for the purpose of domestic or other use, than through pipes or through covered aqueducts, unless the same shall be afterwards filtered before distribution. Further, it is enacted by the next section, that from and after the day mentioned, every company shall effectually filter all water supplied by them within the metropolis, for domestic use, before the same shall pass into the pipes for distribution, excepting any water which may be pumped from wells into a covered reservoir or aqueduct, without exposure to the atmosphere, and which shall not be afterwards mixed with unfiltered water.

A New Article of Food.—Thus writes a Paris correspondent of the *Indépendance Belge*:—"You know what interest is attached to-day—and very naturally so—to all questions relating to the public food. In connexion therewith, I have to mention a fact which is both curious and odd; it is, that there is being formed at Paris a society of economists, naturalists, and hardy gourmands, having for aim the introduction of horseflesh into the category of butcher's meat. It may, perhaps, be said that this social phenomenon is not altogether new. Ten years ago *hippophagy* made some noise in Germany, and, if I remember right, a society of eaters of the horse was formed, and attempted a public festival, at which all the meat should be of that quadruped, but were interrupted by the public, who, feeling their prejudices wounded, broke the tables to pieces. At Paris, where all eccentricities are found, and even encouraged, there is nothing of that kind to fear. Accordingly, *hippophagy* progresses. Do not consider this an exaggeration. The last number of the *Revue des Cours Publics* will prove to you, by means of a summary, that M. Geoffroy de St. Hilaire has made the subject the theme of one of his recent lectures, and that the learned professor was greatly applauded. I should add that his auditors included economists, agriculturists, and heads of benevolent institutions. When the orator concluded by saying that the day was come when the horse ought to contribute to the nourishment of the human race, as well as the ox, the sheep, and the pig, a hundred voices cried in chorus, '*Oui! oui! tres bien!*' This question, strange at first sight, has been raised, and it will not sleep again. I predict that it will have not only numerous adherents, but eloquent fanatics. As a commencement, many of the auditors wished to eat horse soup, horse steaks, and the same flesh under other forms. At the hour at which I write, dissertations are made, *brochures* written, the regulations of a *hippophagic* society drawn up, and the establishment of horse shambles demanded. And truly the uninterrupted progress of steam renders this object easy of attainment. An American, named Birsch, at this moment in Paris, has published a treatise entitled, '*Se servira-t-on du cheval dans cent ans autrement que comme porteur?*' This reminds me that, in 1832, M. Alphonse Karr, mocking the extreme zeal of the society for protection, exclaimed: 'Philanthropists! the horse has carried man long enough; it is now for man to carry the horse!'"

Strapping the Abdomen after Delivery.—Dr. Ryer calls attention to the great advantage of bandaging the abdomen, by means of strips of adhesive plaister. In the flabby abdomen, often met with in women who have borne several children, no form of bandage furnishes such satisfactory results; and it has proved of great efficacy in various uterine affections, due to a relaxed condition of the walls of the abdomen. The strips must be from an inch and a-half to two inches wide, and long enough to pass two-thirds round the pelvis. "Commencing above and behind the trochanter major, and passing immediately above the pubis to a corresponding point on the opposite side, I apply these strips to within an inch of the umbilicus, closely drawn when near the pubis, and gradually relaxed as we approach the umbilicus. Should I desire firmness, I then apply additional strips over the others, commencing from below."—*New York Journal*, September, page 232.

Mortality Notabilia.—The effect of the cold weather recently experienced is now written very legibly in the mortuary registers. The deaths registered in London, which in the previous week were 1099, rose last week to 1271; and it may be stated that the rate of mortality represented by this number of deaths is, at least, equal to the average for this advanced period of the year. Since the second week of November, when the deaths were below 1000, and the mean temperature was 41°, the returns exhibit an increase of 300 deaths, and the weekly temperature has declined to 32·7°. A woman died in the Greenwich Workhouse at the great age of 101. Of the 1271 deaths, 246 are due to diseases of the zymotic character, and 267 to diseases of the respiratory organs, exclusive of 143 caused by phthisis, and 40 by hooping-cough. Fatal cases arising from bronchitis do not exhibit the increase which might be expected from the increase of the total mortality. Scarlatina grows less fatal, and, while it declines, measles shows an increase.

Births.—The births of 781 boys and 791 girls, 1572 children, were registered; average 1440.

Meteorology.—The highest reading of the barometer was 30·07 in. at the end of the week; and the mean was 29·874 in. The mean temperature of the week was 32·7°, which is 7·6° below the average of the same week in 38 years. The mean temperature was 11·6° below the average on Sunday, 8·2° below it on Monday, and 10·2°, 11°, and 13° below it on the three following days. On Friday it began to rise, and on Saturday it was 4·4° above the average. The mean temperature of Thursday was only 27·2°, that of Saturday was 44·2°. The lowest temperature of the week occurred on the former day, when the thermometer fell to 21·3°. The highest temperature in the week occurred on the latter day, and was 48°. The mean dew-point temperature of the week was 31·7°, and the difference between that and the mean temperature of the air was only 1°. The mean temperature of the water of the Thames was 37·2°. The wind, which at first was in the north, blew afterwards from the south-west till the end of the week, when it turned to north-west. The air was quiet; horizontal movement, 385 miles.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, December* 15, 1855.

Causes of Death.	In the Week ending Saturday, December 15, 1855. Deaths of Persons. At all Ages.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.
	Mean temp. °						°
Mean Temperature	32·7						42·8
All Causes	1271	574	182	241	202	60	1258·5
Specified Causes	1254	569	182	241	202	60	1251·6
Diseases:—							
1. Zymotic Class	246	198	22	13	12	1	301·3
2. Dropsy, Cancer, and others of uncertain seat	44	7	7	16	12	2	49·4
3. Tubercular Class	201	71	69	48	13	..	181·5
4. Of Brain, Nerves, etc. ..	125	55	11	27	25	7	125·2
5. Of Heart, etc.	54	6	7	18	22	1	44·3
6. Of Respiratory Organs ..	267	117	23	59	56	12	293·9
7. Of Digestive Organs ..	70	19	13	21	15	2	60·1
8. Of Kidneys, etc.	20	2	5	6	6	1	12·7
9. Of Uterus; viz. — Puerperal Disease, etc. ..	8	..	7	1	..	..	10·0
10. Of Joints, Bones; viz.— Rheumatism, etc. ..	11	1	5	3	2	..	8·5
11. Of Skin, etc.	5	..	..	5	..	..	1·6
12. Malformations	4	4	..	..	..	..	5·0
13. Debility from Premature Birth, etc.	27	23	2	2	..	..	29·4
14. Atrophy	38	28	..	4	6	..	24·5
15. Age	54	..	..	..	23	31	56·1
16. Sudden	31	15	2	7	6	1	11·6
17. Violence, Privation, etc...	49	23	9	11	4	2	36·5
Causes not specified.. ..	17	5	..	..	..	..	6·9

DEATHS IN PUBLIC INSTITUTIONS for the Week ending December 15 :—

	Males.	Females.	Total.
Workhouses	69	87	156
Prisons	..	..	..
Military and Naval Asylums ..	10	..	10
General Hospitals	37	17	54
Hospitals for Special Diseases ..	4	5	9
Lying-in Hospitals	..	2	2
Military and Naval Hospitals ..	14	..	14
Hospitals for Foreigners, etc. ..	..	..	..
Lunatic Asylums	9	2	11

THE following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhœa, and Typhus, in the Several Districts of London for the past Week :—

	Popnla-tiou.	Small-pox.	Measles.	Scar latiua	Hoop-iug-Cough.	Dia-rrhœa.	Ty-phns.
West.....	376,427	3	1	7	3	2	5
North	490,396	2	9	8	13	2	7
Central ..	393,256	1	13	16	5	2	4
East.....	485,522	1	9	7	12	8	18
South	616,635	7	5	10	7	2	11
Total..	2,362,236	14	37	48	40	16	45

BOOKS RECEIVED.

The Entomologist's Annual for 1856. London : Van Voorst. 1856.
River Thames. Report to the Court of Common Council from the Commissioners of Sewers.
Chemistry : Theoretical, Practical, and Analytical, as applied and relating to the Arts and Manufactures. By Dr. Sheridan Muspratt. Part XIX.
Charlestou Medical Journal and Review. November. 1855.
Aids during Labour. By J. R. Pretty, M.D. London : Churchill. 1856.
Hooper's Physician's Vade Mecum. By Dr. Guy. Fifth Edition. London : 1856.

TO CORRESPONDENTS.

ERRATUM.—In Mr. Bird's Letter on "The Medicinal Properties of Charcoal," published in our last Number, page 606, line 4 from the bottom, tho word *ather* should be *either*, and the passage should read, "the same cannot be said of either lime, magnesia, bismuth, or any other mineral absorbent."

We have received a paper "On the Use of the Potassa Fusa in the Local Treatment of Boils and Carbuncles," but the author appears to have inadvertently omitted his name. Perhaps he will supply it to us.

Dr. Fleming.—The copy of the *Dublin Hospital Gazette*, to which Dr. Fleming refers, has not yet been received. We shall be most happy to notice the subject, as soon as the passage is pointed out to us.

We are compelled, with great regret, to postpone Dr. Rigby's paper until next week.

Mr. Grimsdale's paper "On Disease of the Supra-Renal Capsules" has been received, and will shortly be published.

Mr. Square's paper "On the Treatment of Aneurism" will appear, if possible, next week.

THE MEDICAL SOCIETY OF LONDON.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I believe the Medical Society of London appoint referees before whom papers must be placed previous to reading. May I, therefore, inquire of the Secretaries of that Society, or of those referees who had to report on the admissibility of Mr. Brown's paper, to what extraordinary degree of negligence has it been owing that a passage was allowed to remain which endeavoured to fix opprobrium on another member of the Profession because of his opinion in a certain case? As the affair stands at present, the referees seem much to blame.

The thing is, I believe, unprecedented, and I hope will not be followed, leaving it a solitary instance of bad taste and feeling. But the Medical Society of London should recollect how injurious such a mode of proceeding must be to its interests as well as to those of the Profession generally.

"Farewell, a long farewell to all its greatness,"

if that be the way its dignity is to be supported. I am, etc.

MEDICUS.

OPERATION FOR PHYMOSIS.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—In the *Medical Times and Gazette*, of December 8, there is a notice of an operation for Phymosis by Dr. Dick, which he assumes to be original and claims as his own.

Dr. Dick will find this same operation described, and its principle explained in Mr. Skey's "Operative Surgery," pp. 492—3, with the difference only that the directions given by Mr. Skey are the simplest, and therefore the best. I am, etc. SUUM CUIQUE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—I am about to commence as a General Practitioner in the North of England, being M.B. Edin., L.R.C.S. Edin., and L.A.C. Eng. There is a gentleman in the neighbourhood, of ability and in large practice, who sees the poor frequently at his own house gratuitously, but sends them for their medicines to a particular chemist, with whom he shares the profits on the money paid for these medicines. He holds similar qualifications to my own. This plan has answered well, both pecuniarily and as an introduction to practice, and I should be inclined to adopt it if it is unobjectionable. Will you kindly favour me with your opinion on the subject at your earliest convenience? I am, etc. MEDICUS.

P.S. The prescriptions are kept and entered by the chemist.

[We cannot in any way approve such a practice.—ED. *M. T. & G.*]

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—At a meeting of the London Medical Society, held December 8, I stated that, after a large experience in the treatment of uterine disease, I now rarely found the speculum essential to a correct diagnosis in those affections; that I was convinced, with the author of the paper, that the great majority of those lesions arose primarily from general constitutional derangement, referable in a vast number of cases to the chylopoietic viscera; that in many cases, I had reason to believe that the use of that instrument was damaging to the *morale* of some patients, and that it should not be used except in cases where other methods of treatment, which had rarely disappointed me, had failed; or where, from the urgency of the symptoms the patient's life was endangered.

These are the opinions I hold and endeavoured to express at the meeting, and not those attributed to me and reported (erroneously no doubt, in the hurry of transcribing) in your journal of the 18th instant.

By inserting this explanation in the next number of your journal, you will oblige. I am, etc., R. GREENHALGH.

11, Upper Woburn Place, December 17, 1855.

Translator.—The German word "Fettbildner," should be translated "fat-former" or "fat-producer," as the other translation does not render the meaning according to the English idiom. There is no special name for the "Schwarz-wurzeln" which are the roots of the Scorzonera or Viper's-grass. The "Erdnüsse" are called in English "rush-nuts."

Mr. Hadaway's note shall appear next week.

Mr. G. Selwyn Morris—In our opinion the candidate who has the highest number of votes, ought to be elected the Medical Officer of the district.

Mr. J. R. Fothergill—It will be observed, that we have alluded to the circumstances in question, in our leading article of this day, on the Slow Poisoning Case at Burdon.

COMMUNICATIONS have been received from—

MR. JAMES BIRD; MR. CHATTO; MEDICUS; TRANSLATOR; MR. SOWERBY; DR. C. F. MOORE; DR. FLEMING; DR. DICK; DR. JAMES; MR. COWAN; MR. W. J. SQUARE; MR. H. F. STAINTON; A. B. P.; MR. GRIFFIN; MR. T. W. JONES; DR. RANKING; MISS ELLIOTT; MR. T. F. JORDAN; MR. W. B. KESTEVEN; CHIRURGICUS; THE ROYAL INSTITUTION; A. B. C. ONE WHO HAS READ THE ACT; DR. ALFRED TAYLOR; DR. HERBERT BARKER; MR. NEWNHAM; MR. HAYNES WALTON; DR. ANDREW SMITH; MR. SPENCER WELLS; MR. SCARGILL; DR. HUNT; MR. GRINSDALE; DR. GREENHALGH; MR. R. H. BAKEWELL; SUUM CUIQUE; MR. CHAMBERLAYNE; DR. RAMSBOTHAM; Staff-Assistant Surgeon STEUART; MR. JOHN R. FOTHERGILL; MR. G. SELWYN MORRIS.

APPOINTMENTS FOR THE WEEK.

DECEMBER.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
22. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m.: "On Flooding before Delivery, and especially on a New Principle of Treatment of Placenta Prævia."
24. MONDAY.....		
25. TUESDAY	Operations at Guy's, 1 p.m.	
26. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.	MICROSCOPICAL SOCIETY, 8 p.m.
27. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	ROYAL INSTITUTION, 3 p.m.: Professor Faraday "On the Common Metals," (adapted to a juvenile auditory).
28. FRIDAY	Operations at the London, 1½ p.m.; Moorfields' Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	

ORIGINAL LECTURES.

A COURSE OF LECTURES ON ORTHOPÆDIC SURGERY.

DELIVERED AT THE

Grosvenor-Place School of Anatomy and Medicine,

(ADJOINING ST. GEORGE'S HOSPITAL,)

IN THE

SESSION OF 1854-55.

By WILLIAM ADAMS, F.R.C.S.,

Assistant-Surgeon to the Royal Orthopædic Hospital; late Demonstrator of Morbid Anatomy, etc., at St. Thomas's Hospital; now Lecturer on Surgery at the Grosvenor-Place School, etc.

LECTURE IV.

Pathology and Principles of Treatment of non-Congenital and Paralytic Deformities.—Infantile and Adult Paralysis Contrasted.—Treatment of Paralytic Deformities, with Flaccid Muscles.

(Continued from p. 591.)

Second stage of infantile paralysis.—If the state of paralysis does not completely disappear within a few months, the muscles remain flaccid, and a series of changes take place, which may be said to constitute the *second stage* of the affection, and terminate in the production of deformity. This event brings these cases within the range of surgical practice, but the Surgeon cannot hope to treat them successfully unless acquainted with the general pathological history of the affection in reference to the changes which have taken place, the changes which are in progress, and those which may be expected to take place. An untimely interference may give rise to the most serious mischief, by creating much greater evils than those sought to be removed. Curvature of the spine especially may be produced in this way. But, on the other hand, by a judicious selection of cases, you may confer on your patients very great and lasting benefit.

Mode of production of deformity.—The consecutive deformities of the feet and extremities which occur in the second stage of *infantile paralysis* are produced by adapted atrophy of certain muscles, principally the opponents of those which have suffered paralysis. For example, if the anterior muscles of the leg and foot are paralyzed, the anterior portion of the foot drops, and the heel is raised; —not by active contraction of the posterior muscles, for division or paralysis of one set of muscles does not excite active contraction in the opponent muscles, but in consequence of the position assumed by the foot from its mechanical relations with the leg. The posterior muscles are no longer required of their normal length, nor are they ever called fully into action. They, therefore, accommodate themselves by a process of "adapted atrophy," as described by Mr. Paget, to their required length; and a permanently-raised condition of the heel, producing deformity, results. When both the anterior and posterior muscles are paralyzed, the same process takes place, but at a slower rate. The same method applies to all other parts. When the paralysis is persistent, and involves all the muscles of the leg, a general atrophy, with fatty degeneration and arrest of growth, takes place, as in the case above adverted to, that was examined by Mr. Quekett. Useless "swinging" legs, in this condition, are sometimes seen two inches or more shorter than the opposite legs.

These cases form the most numerous examples of the class of deformities we have been specially considering, viz., those *with flaccid muscles.*

The kind of deformity produced will vary according to the muscles involved in the paralysis. The most frequent form is that of talipes equinus. 2nd, equino-varus; 3rd, equino-valgus; 4th, calcaneo-valgus; and 5th, talipes varus. When both feet are affected, equino-varus of one foot generally coexists with equino-valgus of the other.

The mode of progression varies extremely, and is dependent upon the number of muscles involved, and kind of deformity produced. We frequently see children thus afflicted walking with a "throwing movement" of the leg, in consequence of paralysis of the rectus femoris, when only one leg is affected.

When both legs are paralyzed, all progression is necessarily at an end, and the child is kept lying down, attention being paid to its general health, and various remedies tried to restore power. If in the course of time some improvement should take place, walking will be attempted by the aid of crutches, etc.; but the feeble legs will, in many instances, be found unequal to the task imposed upon them, and evidently rendered less useful by the supervention of various contractions or deformities, which will certainly have been produced at this period. In such cases all further attempts at progression will be abandoned, and the *wheel-chair*, or some such contrivance as a substitute for legs, will be the only mechanical assistance that can be rendered.

Now, I have no doubt it has already occurred to many of you to ask, What good can be done by orthopædic surgery in the cases of paralysis you have described? Can you cure the paralysis? and, if not, of what use can it be to remove the deformities so long as the paralysis, which laid the foundation of the mischief, and which still exists, remains incurable? These are just the questions I am desirous of answering.

The possibility of benefit in such cases by any surgical proceeding seems scarcely ever to be entertained by any members of the Profession; and any proposition to interfere with them in consultation usually meets with the strongest opposition. The existence of paralysis is supposed to counterindicate any surgical interference. I have known in the case of a gentleman, treatment suspended at the moment of operation in consequence of a surgeon present strongly expressing an unfavourable opinion. Within the last two years I have had several visits from a gentleman who is the subject of a very severe paralytic deformity, and still hesitates to submit to treatment in consequence of the unfavourable opinions expressed by other surgeons. Yet I am about to show you that, from these very hopeless and essentially incurable cases some of the most striking, most brilliant, and most valuable results of orthopædic surgery are obtained.

Mechanical aid is frequently sought from the instrument-maker, but his art is powerless when any considerable amount of deformity exists; and it is only by a scientific combination of surgical and mechanical skill, added to an intimate knowledge of the nature of deformities, that much good can be effected. In this combination exists the great advantage of orthopædic surgery as a special branch of Medical science.

Surely it is no insignificant proof of the benefits of modern science if people walk who have never walked before; and at the Orthopædic Hospital you may frequently see children, and occasionally adults, who have never walked, rendered able to do so with a very moderate amount of mechanical assistance, and thus enabled to enjoy many of the pleasures of life to which they had hitherto been strangers. I shall presently illustrate this point by the case of a lady, aged 39 years, who had not been able to walk for 22 years before my seeing her; and who, previous to that period, had only derived some assistance from crutches from the age of five years. After treatment, this lady walked about with ease and comfort, and her unbounded gratitude will be among my most pleasing and most lasting recollections of practice. The late Mr. Bransby Cooper was particularly struck with a case of this kind under my care at the Orthopædic Hospital. The patient was a girl in whom both legs were paralyzed, and who had been previously under his care at Guy's Hospital, where she used to slide about the ward in a sitting posture, pushing herself along by her arms. Mr. B. Cooper, in one of his visits to the Orthopædic Hospital, three years ago, saw this girl walking about, without other assistance than steel supports to the knee-joints, which we apply after the cure of the deformities, and he was extremely gratified and surprised.

The *treatment* in all these cases essentially consists in the removal of existing deformities by tenotomy and mechanical appliances, and subsequently compensating for the paralysis or loss of power by mechanical support. A fortunate circumstance in the pathological history of these cases enables us to effect these objects with remarkable success. I allude to the state of the muscles surrounding the hip-joints.

In many cases in which the rectus and other muscles of the leg are paralyzed, the muscles in the neighbourhood of the hip-joint are not involved. And in the cases of infantile paraplegia, as well as those of general paralysis, which I have described as involving both the upper and lower extremities,

etc., the rule appears to be that the muscles surrounding the hip-joints so far recover, in the course of a few years, as to be available in the effort of progression, even when all the muscles below the hips remain paralyzed, or in a state of very imperfect recovery. Hitherto I have seen no exception to this rule; and, availing ourselves of this favourable condition, you will at once perceive how far it is practicable, by timely interference in appropriate cases, to enable such patients to walk. The deformities of the feet can easily be cured, and the feet afterwards retained in their normal position by mechanical supports, which must be extended to the thighs, and adapted so as to render the knee-joints immovable in the erect position; in fact, mechanically to anchylose the knee-joints. It can be so contrived that the knees may be bent at pleasure in the sitting position, and again straightened on the erect position being assumed.

The general result and advantages of this mode of treatment may be well illustrated by the following case of a lady, whom I was requested to see by my friend, Dr. Goolden, of St. Thomas's Hospital, on the 5th of March, 1852, and found in the following condition:—

M. M. R., aged 39, of small stature, and very thin. She was totally unable to walk, or even to stand, either with crutches, or any other assistance, in consequence of the completely paralytic condition of both her legs, which had followed an attack of paralysis at the age of 5 years. She was always carried about by a servant, and in the drawing-room and garden made use of a *wheel-chair*. Both her legs were atrophied to an extreme degree, with the muscles in a flaccid condition, and the feet contracted in the positions represented in Figs. 8 and 9, viz.:—equino-varus of the right, and equino-

Fig. 8.

Paralytic Talipes, Equino-varus.

Fig. 9.

Paralytic Talipes, Equino-valgus.

valgus of the left. She had no power whatever in any of the muscles of the left foot and leg below the hip; excepting a very feeble power in the ham-string muscles. In the right leg there had been a slight general return of power in the muscles, but the rectus muscle of the thigh was now as powerless as that of the left side, (probably from rupture of the ligamentum patellæ, the result of an accident,) so that both the legs were in the so-called "swinging" condition; without the least power of extension. Yet voluntary power existed in the muscles around the *hip* joints, sufficiently to enable the patient to bend and extend those joints with tolerable force. She also suffered from a lateral curvature of the spine to the left side, of extreme severity, and accompanied with very severe symptoms, to be hereafter alluded to.

History of the case.—This I will give you from an account written by herself:—"When 5 years of age, I was suddenly seized with an attack of paralysis, affecting both arms and both legs, while sitting on a chair in the daytime. It was found that I could neither get off my chair, nor even move a finger. After some days I recovered the use of my hands and arms, but to this day the left arm is weak. After some months I so far recovered the use of my legs as to be able to walk with the assistance of an arm, and a stick in my right hand, pressing it against the right hip. From the time of my illness, I used to lie almost all day on a reclining board. Between 8 and 9 years old, I was examined by Dr. Arnott and Mr. Cline, and pronounced straight in the spine, but as they feared my mode of walking might curve the spine, they recommended crutches. My own impression is that, at this time, my right heel did not touch the ground, and that the left ankle turned over in the way you found it, though not nearly so much. I now wore instruments on my legs for three years; they were invented by Dr. Arnott.

"At 12 years of age, my spine must have been curved, because Dr. Arnott ordered me to use his *tripod*, a sort of crane on a three-legged stand placed behind a small chair with an upright back; a steel arch went over the head, with a strap under the chin; a strap was also passed under each arm, both head and arms were then balanced by weights hung over pullies. In this machine I used to sit the whole day, with the exception of the time passed in exercise, or on the reclining board, until I went to France in 1829 (then 16 years of age). I could at this time walk about a mile, and ride perfectly well. I was thrown from my horse, and broke my right knee; and after this accident, always *swung my legs* in walking.

"In August, 1830 (then 17 years of age), I had fainting fits, and used to remain insensible for an hour and a-half or two hours at a time. Then I was seized with those spasmodic attacks described to you by Dr. Goolden; and from this time I never walked, excepting one day after my return to England I managed to walk across the room."

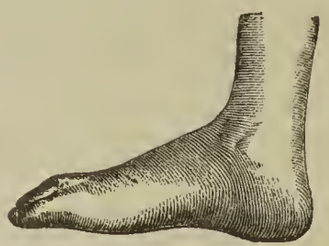
This case was evidently an example of the most severe form of infantile paralysis, involving both the upper and lower extremities, and probably, to a less extent, the muscles of the trunk. As far as I could learn, the attack was neither preceded nor accompanied by any cerebral symptoms, nor marked febrile attack. Nearly perfect recovery took place in the upper extremities, as usual; but very partial improvement occurred in the lower extremities, and this was almost entirely confined to the right leg. From the fact of her having walked, there can be no doubt that the rectus muscle of the right leg had partially recovered, together with the other muscles of this leg, but the accident referred to (probably rupture of the ligamentum patellæ, which I found more attenuated and longer than that of the opposite leg, and the patella displaced to some extent upwards and outwards) reduced this leg to the same "swinging" condition as that of the left, in which no recovery had taken place. Loss of health followed this unfortunate accident, which deprived her of the little muscular power she possessed in her legs available for the purpose of progression.

The fainting fits and spasmodic attacks, in which Dr. Goolden tells me the diaphragm was affected so as to cause the most serious apprehensions, probably depended upon spinal irritation produced by a rapid increase in the spinal curvature. This will be again alluded to in the Lecture on Curvature of the Spine. The effect was, that from the year 1830 to the year 1852, when I first saw her, a period of twenty-two years, she had not been able to walk, even with any amount of mechanical assistance that could be rendered her.

Relying upon the favourable condition which I above adverted to, viz.:—the existence of voluntary power in the muscles in the neighbourhood of the hip-joints; the psoas, iliacus, glutæi, etc., I undertook the treatment of this case without the least hesitation, and promised to make her walk after a manner—stiff-legged I may call it—but at any rate sufficiently well for the more important purposes of exercise and health.

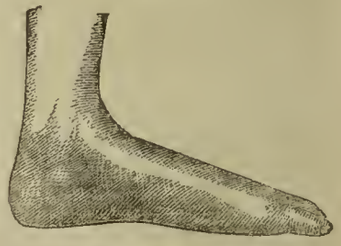
By division of tendons and mechanical treatment, the feet were easily brought into their normal position, as exhibited in Figs. 10 and 11, in less than three months; and, with the

Fig. 10.



Cure of Equino-varus shown in Fig. 8.

Fig. 11.



Cure of Equino-valgus shown in Fig, 9.

assistance of steel supports, extending above the knee-joints, she was enabled to walk, to the extreme surprise of her oldest friends, who had always heretofore seen her either carried in the arms of a servant, or lying down, or sitting in a wheel-chair. For the purposes of confidence and balance she usually walked between her two sisters, and in a few months could take exercise

for half-an-hour at a time. Muscular power improved, and with it came fresh accomplishments, such as walking up and down stairs without other assistance than taking hold of the bannisters, etc. She rapidly gained flesh, and her general health greatly improved. A new life seemed to open itself to her. The pleasure of being able to walk to church, visit her friends, see exhibitions, and in various ways to enjoy many of the pleasures of life to which she had been a stranger, may be better conceived than described.

Now, Gentlemen, I have but a few remarks to offer you, with respect to the last of the three classes into which I proposed to divide the paralytic deformities, viz.:—

Deformities, with the muscles in a healthy, or nearly healthy condition.—You will doubtless remember I told you that infantile paralysis is very frequently a transient affection,—that voluntary power is more or less completely restored in the majority of cases; and that imperfect recovery not infrequently takes place long after the seizure,—two or three years, for example. At a shorter interval recovery is often perfect. The production of the deformity by adapted atrophy is, however, a progressive change from the beginning, and remains as a persistent condition, notwithstanding the partial or complete recovery of the paralyzed muscles.

These facts will explain to you how it is that we frequently meet with *deformities in which the muscles are in a healthy, or nearly healthy, condition;* but which, from their history, have evidently been produced by an attack of infantile paralysis:—spontaneous recovery from the paralysis has taken place, but the consecutive deformity remains as a permanent condition. As I have already explained to you the general pathology of these cases, it will be unnecessary for me further to allude to them, except to say that they are the most favourable cases for treatment. Talipes equinus is the most frequent form in which they occur; and after the cure of the deformity, little or no mechanical support is necessary.

The details of treatment will be referred to in the subsequent lectures. My present object has been to elucidate the general pathology of the subject, and show you the amount of benefit it will be in your power to afford in these cases.

ORIGINAL COMMUNICATIONS.

TWO CASES OF CONGENITAL ABSENCE OF THE UTERUS AND VAGINA.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.,
Obstetric Physician to the London Hospital, etc. etc.

At the Meeting of the Pathological Society, held on the 4th instant, the report of the proceedings of which was published in the *Medical Times and Gazette* for the 15th, Dr. Quain brought forward a preparation demonstrative of the congenital absence of the vagina, the uterus, and the uterine appendages, in a woman 33 years old. It was stated that, at the time of puberty, the usual changes in the appearance of the person supervened, the breasts, pelvis, and other parts, undergoing their development in due womanly proportion. The external genitals were perfect in form, but the vagina was a mere cul-de-sac, only capable of admitting the last joint of the forefinger. The most prominent object on opening the vulva was the orifice of the urethra; and no trace of the uterus or ovaries could be discovered on dissection. The patient had never menstruated, but had been liable to a tolerably regular recurrence of hæmorrhage from the nose. Similar cases were mentioned by Messrs. Arnott, Obré, and Erichsen; and an opinion was expressed that these malformations are not so rare as is usually supposed.

In this opinion I myself concur; and below are given the notes of two such cases, that have occurred under my own observation:—On June 3, 1852, I was requested to meet a Surgeon of great eminence, to determine, in consultation, whether any operation could be had recourse to for the purpose of obviating the distress resulting from a malformation of the kind under consideration. The lady was 25 years old, and had been married two years. She had never menstruated. She was a remarkably fine, handsome, and healthy young woman, well developed in every respect, with full mammæ, and prominent nipples. The mons veneris and labia externa were quite natural; but, on separating the latter, an entire want of the vagina was discovered, there being merely a shallow fossa—a complete cul-de-sac. At the upper part of this was the meatus urinarius. A catheter, passed into the bladder, could be traced by the finger introduced into the rectum with the greatest distinctness; and on its point being turned backwards, the sensation communicated was as though there was only a thin membrane intervening between them. It was quite evident that neither uterus nor vagina existed; and the idea of an operation was at once abandoned.

This malformation necessarily renders the female impotent, and would be a valid cause for a divorce; but in the instance I am quoting there seemed to exist such a sincere reciprocal attachment, that it was thought improbable any attempt would be made to procure a separation.

The other case is now under my observation:— Susan C., aged 24, a strong, thick-set, Irish girl, became an out-patient of the London Hospital, under one of the Physicians, in the early part of last summer, for a difficulty in voiding urine, supposed to depend on hysteria. On the 13th of June she applied at the Hospital, stating that she was unable to evacuate the bladder, and about eighteen ounces of water were drawn off by the catheter. It was then found that the finger could not be passed into the vagina; and she was referred to me. As in the first case, I found the form perfectly developed, the mammæ larger than ordinary, the mons veneris and labia pudendi prominent, and perfectly natural in appearance; but there was not a trace of vagina. A catheter introduced into the bladder could be clearly felt by a finger in the rectum, throughout its whole extent; and no doubt could exist as to the absence of both uterus and vagina. She stated that she had never menstruated; but that at regular periods, once a month, she suffered great inconvenience from pains in the loins, extending round to the groins. These pains were attended by a heat in the pudendum, and generally lasted five days. For the last ten weeks she had occasionally found difficulty in passing urine. I took her into the Hospital for a few weeks, during which time the catheter was not required, and she left much in the same state as when she was admitted. Since then she has attended as an out-patient. The reason for the alleged difficulty in passing water is by no means clear; it certainly does not depend on any mechanical cause.

My impression was, that in both these cases *the ovaries were present*, although *there was neither uterus nor vagina;* because I did not think it possible that the womanly form would be so perfectly developed, if the ovaries had been wanting alse; but in the case brought forward by Dr. Quain there were no ovaries; and yet the development of the person was altogether normal. In this respect the case contrasts strongly with that given by Mr. Pears, in the 95th volume of the Philosophical Transactions (A.D. 1805), where a young woman died at the age of 29, having all the characters of a child, both in mind and body. The breasts and nipple were not larger than those of a male, the pelvis had not widened, and there had never been any menstrual discharge. On post-mortem examination it was discovered that the uterus was not larger than an infant's; and the ovaries were so indistinct, that they appeared as mere rudiments of what they should have been.

Another case has come under my notice, somewhat analogous to these two. Towards the close of the year 1848, a lady, aged 29, came from a distant part of England to place herself under my care, in consequence of the vagina having become completely obliterated, subsequently to her labour, which had occurred rather more than a year before. On examination I found that, from the situation of the hymen upwards, the vagina was perfectly closed, not the least aperture remaining at any point; the appearance of the parts greatly resembled that in the two cases of congenital imperfection. The meatus urinarius was natural; and neither was the action of the bladder nor the rectum interfered with. A catheter passed into the bladder could be felt, but very indistinctly, by the finger through the rectum. Though she had not menstruated since her labour, still she was in good health, and very anxious that some operation should be performed for her relief. I, therefore, got Mr. Adams, of the London Hospital, to see her with me, and we determined, if it were possible to form a new vagina, by cutting upwards towards the uterus. Mr. Adams undertook the operation; but after

dividing the structures, through what appeared to be condensed cellular substance, for about an inch, without arriving at the vaginal cavity, he desisted, fearing, as he said, that he might wound the peritonæum. The operation was certainly one of difficulty and delicacy, since there was no fluid retained, as is the case in imperforate hymen; and, consequently, the danger apprehended was by no means remote. By a little management the healing process was effected without union of the cut surfaces taking place; but no advantage was gained worth speaking of.

Her Medical attendant was kind enough to send me the following history of her labour:—It was her first child; he was called to her at twelve on the night of October 2nd. Everything appeared to be going on satisfactorily; but about five in the morning she was suddenly seized with a convulsive fit. The os uteri was then well dilated, and the head entering the pelvis. She remained quiet, but unconscious. She was bled freely, and other appropriate means adopted. In an hour she had another fit, and was bled again; after that three occurred in tolerably quick succession, and, in consultation with a Professional friend, it was determined to deliver her by the forceps, as the head was then on the perinæum. The delivery was effected without unusual difficulty; no laceration occurred, nor was there any indication of internal injury. Though the child gasped, it could not be restored. She remained insensible after delivery, and in the first twenty-four hours she had twelve more fits. More or less of stupor continued for four or five days. The catheter was required twice after delivery; she then passed urine naturally and freely, though the act was attended by smarting pain; the motions always passed easily. She gradually recovered from the cerebral symptoms. A fortnight after labour, an examination was made, in consequence of the pain felt in passing water. It was then discovered that the entrance of the vagina was in a sloughy state, which extended also some distance up the canal. Means were taken to insure the healing process, and preserve, at the same time, the vagina pervious; but she could not be persuaded to persevere with them. She afterwards got into the hands of a Homœopathic Practitioner, and her previous attendant lost sight of her, nor did he hear of her again until I communicated with him.

Although I have seen many cases in which the vagina was greatly narrowed by a cicatrix, the result of previous sloughing after labour, I never met with any but this one in which the canal became *entirely obliterated;* and I could scarcely have supposed such an extensive destruction of the coats of that organ could occur, without involving either the bladder or the rectum, or both, in the mischief.

7, Portman-square, December 19, 1855.

INFLAMMATION OF THE OS AND CERVIX UTERI.

By Dr. RIGBY.

Mrs. J. A., aged 42, twelve children; has also had several abortions and one miscarriage, between her last confinements. Stout, moderately tall, fair, occasionally flushed.

February 8.—Much dull pain in both groins, increased at the catamenial periods. Catamenia regular. Much sciatic pain of right thigh; exercise produces a good deal of general pelvic discomfort and occasional darting pains. Much gastric derangement, with mucous irritation of the bowels. Tongue covered with a thick rough fur, ceasing with a sharp-defined line at the edges, which are quite clean. Weak pulse, cold extremities. Urine of late has been turbid. Was formerly subject to hæmorrhoids. Vertex headache; no leucorrhœa.

Examination per vaginam.—Os uteri large, feels soft and pulpy internally; cervix short and very hard, as is also the body of the uterus. I can plainly feel the fundus behind the symphisis pubis, and pressure between the hand externally and the finger per vaginam shows that the uterus is tender.

Hirud. iv. ano.

℞ Liq. taraxaci ʒi., liq. potassæ fl. ℥iv. ex decoct. sarzæ co. et liq. calcis, part. æqual., ad ʒviij. M. Ft. mistura; sumat cochl. magna ij. bis terve die.

15th.—Better. Bowels more healthy; has still the same pain in front; headache and pain of limbs better. Urine clear. Tongue as before.

Rep. mistura. Pil. hydr. chloridi comp. gr. v. o. n. per tres noctes.

19th.—Tongue is better. Bowels acted copiously; says that their colour is unusually bright. The uterine pain is better. Pulse feeble, skin moist; expects the catamenia; appetite poor.

℞ Acidi hydrochlorici dil., acidi nitr. dil., āā ʒi.ss., confect. rosæ ʒi., decoct. cinchonæ ʒxij. M., cola. Ft. mistura; sumat cochl. magna ij. ter die.

25th.—The catamenia appeared on the 19th. Feels and looks better. Bowels have acted more comfortably, although they are relaxed, and their colour still too bright.

Examination per vaginam.—Uterine sound passes 3½ inches without pain. On using the speculum, the os is seen covered with red, inflamed, raw-looking spots. Applic. argenti nitras. Rep. mistura.

February 28.—Has had a slightly-coloured discharge since applying the caustic, but felt decided relief; tongue and pulse better; bowels less yellow; considers that all her various pains are better, except that of the back, which I attribute to the effects of the lunar caustic; has less headache.

Rep. mistura. ℞ Plumbi diacet., extr. conii, āā gr. x., pulv. acaciæ ʒss. M. Ft. suppositorium, o.n. ori uteri applicandum.

March 4.—Feels better, but pain of back and "sciatica pains" (as she calls them) are rather worse, otherwise she is more comfortable; bowels have been acted upon by a rhubarb draught, and were of a more healthy appearance; tongue better; says she can stoop better.

Examination per vaginam.—Os and cervix less tender, but hard; there is a large abraded spot on the anterior lip. Appl. argenti nitras.

Rep. pil. hydr. chloridi comp. alt. noctibus. Rep. mist. cinchonæ. Pulv. guaiaci, magnesiæ, āā gr. x. M. Ft. pulv. o.m. sumendus.

March 7.—Some pain of groin, but feels brighter and generally better; has lost all shooting pains in the centre; tongue and pulse better; bowels more healthy; appetite better. Rep. omnia.

11th.—Still pain of back, but head decidedly better; pulse good; tongue more natural.

Examination per vaginam.—A small, soft, pulpy excrescence is felt within the lips of the os uteri, upon the posterior surface of the canal; it seems to bleed when touched, as there was a streak of blood in the speculum; os uteri red, unhealthy-looking, and covered with elevations like aphthæ. I applied the argenti nitr., very freely.

Rep. pulv. ℞ Ferri sulph. gr. ij., extr. lupuli gr. vj. M. Ft. pil. ij., bis die sumendæ.

18th.—The catamenia, which of late months have been dark, came on this morning a few days earlier than usual, and of a better colour. She thinks the discharge had just commenced when I applied the caustic; tongue much better, but still (to my mind) showing the characters of organic irritation; has constant pain of back; bowels opened by a seidlitz powder; says that the pills give great relief; pulse very weak; vertex headache.

Rep. pil. ferri sulph., ter die. ℞ Hydrarg. e. cretâ, pulv. ipecac. co., āā gr. v., hâc nocte. Let her take a seidlitz powder in the morning.

19th.—Bowels not sufficiently open. Mist. ferri et magnesiæ sulph. o. m. Acid. nitro-mur. c. liq. tarax. ex infuso gentianæ comp., ter die.

24th.—The first dose of the mist. ferri et magnes. sulph. brought away much solid accumulation from the bowels. Still has pain running down the back.

Examination per vaginam.—Os uteri feels more natural; the cervix is distinctly longer; the lower part of it only is hard, and that less so than hitherto; the anterior and inferior

portion of the uterus is no longer hard—in fact the whole cervix feels nearly natural. Seen through the speculum the os is still flabby; on wiping off a slight tinge of blood the anterior lip is left pale and denuded of epithelium. It was touched slightly with argenti nitras.

Rep. mist. et mist. ferri, et magnesiæ sulph. Let her add a little alum to some decoct. papav. and use it as an injection.

31st.—Has scarcely any of what she calls the sciatic pain; symptoms generally improved; tongue much better; has the sensation of the catamenia being about to come on; urine turbid. I suspect that the bowels are not sufficiently open. Rep. mist. Adde mist. ferri et magnesiæ sulph., dosi sing., magnesiæ sulph. ʒss.

April 2.—Feels bilious. Bowels not sufficiently open; a good deal of tenderness in the pubic region and left hip.

Examination per vaginam.—Os uteri looks more healthy, but on the anterior lip is a red spot from which minute points of blood ooze. ℞ Hydrarg. chloridi gr. iij., extr. hyoscyami q. s. M. Ft. pil. h. s. s. ℞ Sodæ potassio-tart., mannæ opt., ää ʒij., pulv. rhei gr. xv., aquæ carui ʒiss. M. Ft. haustus cras mane sumendus. Rep. mistura.

April 7.—Medicine acted well, and gave relief, but the sciatic pain has returned slightly; the catamenia have just appeared, with less pain than usual.

Let her repeat the 3-grain calomel pill once a-week. Rep. mist. ferri, et magnes. sulph. o. m.; et mist. acid. nitro-mur., liq. taraxaci, et infus. gentianæ comp. ter die.

May 19.—Feels better. Catamenia appeared last week, without much pain; discharge moderate and pale. She has no pain until she rises, and then it is on the right side.

Examination per vaginam.—Os uteri quite natural, but cervix is hard, and rather tender; uterus feels bulky, but is movable.

Rep. mist. ferri et magnesiæ sulph. primo mane, decoct. quercûs cum alumine pro inject., hirud. iv. ano.

22.—Leeches bled well, with relief. The injection agrees. For two days the pain of groins was entirely removed.

June 16.—Looking well. Has still a good deal of pain wandering about the pelvis, thighs, back, abdomen, etc. Bowels opened by the morning mixture. Tongue has a yellow fur behind, but its appearance is much more natural; has sense of weight and bearing down at lower part of abdomen; has discontinued the decoct. quercûs c. alumine.

Rep. hydr. chloridi gr. iij. h. s. Rep. hirud. iv. at the half-way time.

18.—The calomel acted four times copiously. Tongue much improved; has nearly lost the peculiar appearance of the clean wet edge, with a dry, rough, thick-furred dorsum; fewer darting pains; urine quite clear; appetite better; pulse better.

Rep. misturæ.

There was much in the features of this patient's case to make me fear that organic disease of a malignant character had already commenced. The continued dull pain of pelvis, especially of both groins, the occasional lancinating pains, the hard bulky and tender uterus, the fundus of which could be felt behind and above the symphysis pubis, and the peculiar appearance of tongue which is so constantly seen in connexion with visceral disease, formed a group of symptoms which could not but excite anxiety; the more so as she had had a large family of children, had gone through her pregnancies in perfect health, until of late, when several abortions and one miscarriage had occurred. This is always a suspicious sign, for it is constantly observed in mothers of families suffering under malignant uterine disease, and is frequently one of the earliest indications of approaching mischief. I hold the occurrence of abortion in a woman about 40, who has hitherto passed her pregnancies successfully, and taking place without any very distinct or assignable cause, to be a symptom of great importance, and a warning to her Medical man that it would be well to watch her symptoms closely.

On the other hand, there were many circumstances of a more favourable character, which made me hope that it was still a case of disorder rather than of disease. The catamenia were regular; she had no leucorrhœa, but there was much derangement of the digestive organs; intestinal mucous irritation; the uterus was large and congested, but the sound showed that no inflammatory tenderness existed in the cavity, and the bulky state of the organ, and the short, thick cervix must, in part, be attributed to the many children she had borne.

The first step was to relieve the congested uterus with the smallest amount of irritation; this was best effected by applying four leeches to the anus; the more so as she had formerly suffered from hæmorrhoidal fulness.

The bright yellow appearance of the evacuations was unusual, and reminded me of that peculiar diarrhœa which is sometimes met with in young infants, where the brilliant yellow colour of the discharges constitutes its chief characteristic. In a state of ordinary diarrhœa I should have feared to have given her nitro-muriatic acid and decoction of bark; but observing the appearance of the evacuations I did not hesitate to do so, knowing its excellent effects in the infantile form above alluded to.

It may be justly urged against me that this is not strictly a case of inflammation of the os and cervix, and I willingly acknowledge it—its strict denomination would be "Uterine congestion of a chronic character, showing a tendency to pass into organic disease." Although the whole uterus was tender when handled, the introduction of the sound, which showed a cavity beyond the usual size, produced no pain.

It is interesting, and, in a practical view highly important, to consider how far the applications of caustic were of service. There can be no doubt but that they produced a very decided amount of relief for the time, and were so far perfectly justifiable; but this relief was of too temporary a nature to allow me to consider it in any other light than that of a topical adjunct to the more important and general treatment. During the first month, I was slowly getting the bowels, etc., into a more healthy condition, and the first time I was able to give her a brisk warm rhubarb draught a manifest improvement was observed, and one striking result, viz., that she found she could stoop with greater ease.

I would remark, also, that the os uteri showed, after the first two applications, no disposition to put on a healthier condition, or to heal; indeed, on March 11, its appearance gave me considerable apprehensions as to the result of the case,—the hardness and tenderness of the part, the lancinating pains, the congested unhealthy appearance of the os, the being able to feel a soft pulpy growth within the cervix, which bled easily, the peculiar appearance of the tongue, with its dorsum covered with a thick dry rough fur, terminating in a sharp line at the edges, which were wet, and pale and preternaturally clean; and, lastly, the premature terminations of her latter pregnancies, formed a body of evidence, which could admit of no favourable conclusions. I therefore determined on one strong application of the caustic, to destroy, as deeply as possible, the unhealthy surface of the part. I gave her ferri sulph. gr. ij. twice a-day, and was so well satisfied with it, that I increased it to three times daily besides the morning laxative of magnesia and ferri sulph., which contained 2 grains more. This removed much solid feculent matter from the bowels, with great relief; the os and cervix uteri became more natural. On March 24, the anterior lip, which was pale and flabby, was still denuded of epithelium, and, though I slightly brushed it over with argenti nitras, in the hope of inducing it to heal, it was in much the same state when I again examined it, April 2; but, in addition to its raw surface, a part of it had now become red, and minute points of blood were oozing from it. It was evident that the caustic, however much it might have previously relieved her, had failed to induce a healing surface; and attentively observing her general health, I could but connect this state of the os uteri with the coexisting bilious and intestinal derangement. A dose of calomel was given with good effect, and was repeated once a-week with decided improvement. In the course of five or six weeks, the os uteri had become quite natural, both in appearance and to the touch; the uterus was still large and heavy, and her chief discomfort appeared to arise from want of proper support when she assumed the upright posture. I therefore determined to relieve the disposition to venous congestion, by applying 4 leeches to the anus, and to increase the contractile power of the vagina by moderately astringent injections; the immediate relief to the pain of the groins showed that this symptom was also, in great measure, depending on the same cause. The health continued to im-

prove, the tongue began to lose its peculiar and unfavourable character, the darting pains gradually diminished, and she has since been enjoying a fair amount of good health, as long as she continued to pay strict attention to the state of the bowels, etc.

TREATMENT OF ANEURISM BY INTERRUPTED COMPRESSION.

By WILLIAM JOSEPH SQUARE, Esq.,
Surgeon to the South Devon and East Cornwall Hospital.

In a recent letter to Professor Lizars, of Edinburgh, I alluded to a case of Popliteal Aneurism treated by me in 1854, in which a cure was effected by compression employed for short periods during the day, and entirely discontinued at night.

Professor Lizars, in his answer to my communication, comments on the case and says, "I consider it very important, and demanding publication as early as possible." Accordingly, I hesitate not to comply with his suggestion.

In September, 1854, at the request of my friend, Dr. John Budd, of Plymouth, I examined Mr. J. M., a bookseller, aged 35 years, pale and feeble, and of intemperate habits.

He had been lame for four or five months, from stiffness of the left knee, which was much flexed, and the popliteal space of that limb was filled up by a strongly pulsating aneurism, of which the patient had been conscious six or seven weeks. The swelling was compressible, and became very considerably reduced in size on pressure being made on the femoral artery. The correct diagnosis of the case had been before established by Dr. Budd.

On the 28th day of September the following treatment was commenced:—The foot and leg to be carefully bandaged to the knee, and compression made with Signorini's tourniquet, at any part along the upper two-fifths of the course of the femoral artery, several times during the day, according to the amount of pain induced, and the tolerance of the patient; the pressure to be just sufficient to arrest the pulsation in the aneurism and no more, and to be discontinued at night. The patient to be confined to the bed only while compression is in use. A moderate diet of meat, bread, and vegetables, without fermented liquors.

The following Table shows the duration of compression on each day:—

	Hours.	Min.		Hours.	Min.
Sept. 28	3	0	Oct. 17	1	50
— 29	2	35	— 18	5	0
— 30	4	15	— 19	7	0
Oct. 1	7	30	— 20	6	0
— 2	5	20	— 21	5	35
— 3	7	30	— 22	5	50
— 4	3	35	— 23	6	40
— 5	5	30	— 24	6	10
— 6	4	0	— 25	7	10
— 7	4	45	— 26	6	30
— 8	5	10	— 27	6	5
— 9	5	30	— 28	5	0
— 10	6	0	— 29	4	30
— 11	5	40	— 30	6	0
— 12	5	40	— 31	4	15
— 13	7	0	Nov. 1	2	45
— 14	6	0	— 2	2	45
— 15	6	15	— 3	2	45
— 16	6	15	— 4	2	30

On examining the daily record of his case I found that the duration of each individual application of the tourniquet was very variable, the shortest being 20 and the longest 80 minutes, the average from 30 to 35 minutes.

Eight days after the commencement of the treatment, the aneurism was found harder and less compressible, and the pulsation less distinct.

On the 20th day the tumour was much harder, less compressible, and the pulsation barely perceptible. The patient was allowed to return into the country.

On the 25th day of October, *i. e.* the 28th day after the treatment was commenced, the pulsation ceased entirely, and the tumour was found to be very hard and incompressible.

To confirm the cure, I advised the continuance of pressure until the 4th of November.

In answer to a letter dated 23rd of September, 1855, the patient writes, "the swelling gradually subsided and left my leg six months ago. The leg is now very nearly as straight as the other. I have no pain or inconvenience of the slightest kind, except a little feeling of weakness after walking a mile or two, or three miles sometimes in the course of the day."

To the best of my knowledge the only cure of popliteal aneurism, which has been effected by a similar mode of compression, is one recorded by Mr. Teale of Leeds, in the *Medical Times and Gazette*, for October 28, 1854.

By a singular coincidence, the treatment of both cases was commenced in the same month.

The cure of Mr. Teale's patient was complete in twelve, of mine in twenty-eight days.

In Mr. Teale's case, the pressure was much more continuous than in mine, it having been employed nearly all the day, *i. e.* from 12 to 13 hours.

The longest time to which my patient was subjected to compression in one day, was 7½ hours, and the mean time during the 28 days of treatment was 5 hours, 27 minutes. 181 hours sufficed to arrest pulsation finally in Mr. Teale's case; 152 hours, 45 minutes in mine.

I believe that the method of applying compression, adopted in the present, and in Mr. Teale's, case is a valuable one. It is attended by very little pain, and has cured two cases.

In the one just related the patient was so feeble, and so irritable from the excessive use of alcohol, that he could not have borne continuous pressure, and from the same cause I apprehend that ligature of the femoral artery would have been followed by fatal consequences.

From a perusal of Mr. Skey's Lectures, on the cure of aneurism by compression, and of many cases recorded in the Medical Journals, it would appear that the Profession does not unanimously approve of this plan of treatment, although there is an evident and strong impression in its favour.

From the frequent failure of compression in effecting a cure, from the various modes of its application now in use, and from the extraordinary difference in the length of time, and the intensity of pressure necessary to arrest pulsation in different aneurisms, it is evident that there is much to learn before we can say with certainty what is the best mode of applying pressure, or what is the condition of the patient or state of the tumour most susceptible of cure in this way.

The case, however, just related (like that of Mr. Teale) is deserving of attention, and I trust it will meet the eye and secure the due consideration of all scientific, practical Surgeons, and may thus prove suggestive of principles to guide us in the treatment of aneurism by compression.

One of the principal objections alleged against compression, is the excessive pain and sleeplessness caused by it.

Its interrupted use now advocated, gives the sufferer a quiet night, and allows him to remit the pressure before it becomes intolerable.

My own personal experience of the employment of compression in the treatment of aneurism is but limited, extending only to four cases, among which the present one is included.

A second was a popliteal aneurism, cured by my friend and colleague, Mr. Whipple, in the South Devon and East Cornwall Hospital.

The third was a femoral aneurism under my own care in the same Hospital. Compression failed. I tied the artery. The man died of phlebitis and pyæmia.

The fourth was also treated by me in the same Institution,—a traumatic aneurism of the radial artery, the size of a large hazel nut. Interrupted compression with Signorini's tourniquet was employed for three weeks. At the expiration of that time, the tumour was not smaller, neither were its walls firmer, nor its contents less liquid. I therefore tied the artery above and below the sac, and a cure was effected.

In conclusion, I would observe, that so strongly is my mind impressed with the importance of treating aneurism by interrupted compression, that I intend to employ it in all cases before having recourse to deligation of the artery, which I look on as a last resource.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

SERIES ILLUSTRATING THE CONNEXION BETWEEN BRONZED SKIN AND DISEASE OF THE SUPRA-RENAL CAPSULES.

(Continued from page 623.)

GUY'S HOSPITAL.

THE little importance which had, until quite recently, been held to attach to the supra-renal capsules, led to their being almost universally neglected in the performance of *post-mortem* examinations. An inquiry, therefore, of much consequence in relation to the subject of the present series is, as to whether diseased conditions are not frequent, and do not often occur, without any attending alteration in the colour of the skin. On such a point no information could, as far as we are aware, be obtained from pathological works. Although this valuable negative evidence is somewhat strangely omitted in Dr. Addison's book, yet much attention has been given to it in the *post-mortem* theatre of Guy's Hospital; and we are glad to be able to bring before our readers the following report upon it from the pen of an indefatigable and most accurate observer:—

REPORT ON THE PATHOLOGY OF THE SUPRA-RENAL CAPSULES — DISEASED STATES NOT MET WITH EXCEPTING IN CONJUNCTION WITH BROWN SKIN.

(Communicated by Dr. WILKS.)

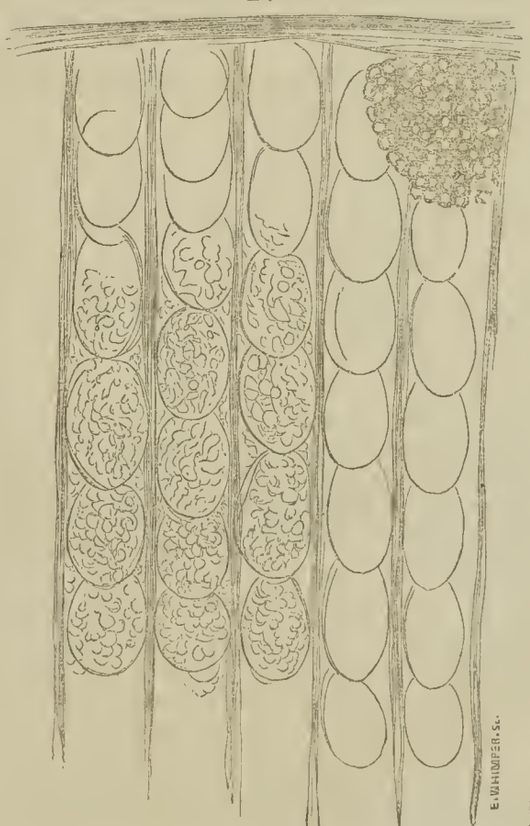
IN confirmation of the views held by Dr. Addison respecting the connexion of disease in the supra-renal capsules, and a peculiar discoloration of the skin, I may state that the negative facts, which we have now obtained in large numbers at Guy's Hospital, all tend to prove the same point. Since that Physician commenced his researches on the subject, every opportunity has been taken to test his conclusions by a careful observation of the supra-renal organs in the bodies of all that have undergone a post-mortem examination, and during the last two years no case has failed to pass under the observation either of Dr. Habershon or myself. During this period, in the making of above 500 inspections, only two cases have been met with where disease of these organs was found without having been previously diagnosed. In the first (published in Dr. Addison's book, Case 11, p. 39), a patient had died of cancer, and in one supra-renal capsule was discovered a large mass of cancerous disease which involved its entire structure. Before death, no particular notice had been taken of the browning of the skin, but, on referring to the clinical clerk's report, it was found stated that "the patient's face presented a dingy hue." This report was confirmed on more careful inspection of the skin, there being freckles on the face and a slight brown discoloration at the root of the nose and at the angles of the mouth. In the second case, a few malignant tubercles grew from the surface of one of these organs, but did not encroach upon its structure. In this the skin was not browned (a). In no other case has any appreciable disease been discovered, although it might have been supposed that the supra-renal bodies would not have escaped in those instances where the whole of the abdominal organs have been infiltrated with cancer or tubercle. Such, however, has not been the case; for, on the contrary, when they have been affected, the disease has generally been isolated or has occurred in independent growths. These facts, then, tend to strengthen the conclusions arrived at by Dr. Addison.

When I speak of disease of those organs, I mean the palpable destruction of their substance, by adventitious deposits, as cancer or tubercle, for the morbid changes in the supra-renal capsules, allied to the results of inflammation or degeneration of other viscera, have yet to be studied, nor can they be appreciated unless the observations of those peculiar bodies be much further pursued, and their healthy anatomy better ascertained. That the healthy or normal appearance is not understood, is seen in the fact, that anatomists have taken different conditions as illustrating the standard of the healthy organ. Thus Frey in the Cyclopedia of Anatomy, says that the supra-renal capsule is divided into a cortical and medullary substance, the former being yellowish-brown and the latter reddish-brown; the delicacy of the medullary substance and its vascular nature making it very decomposable, and causing the appearance of a cavity after death. Kölliker gives a similar description of the cortical substance, but states that the medullary is of a greyish-white colour, that its consistence is less than that of the cortical, and that after death the two portions of the organs become separated, and that often a cavity is thus formed in the centre. These appearances given by Frey and Kölliker are both met with, but that by the latter is no doubt the normal one; the former author's description is, therefore, very apt to mislead, for if the usual healthy appearance of the organ is red as he states, the white substance when found may be mistaken for the result of disease, which has been sometimes the case. The account given by Kölliker, I believe, to be the more correct, because in persons who have been killed by accident, in whom I have purposely examined these organs, the central medullary portion has been of nearly a greyish-white colour, and in those who have been the subjects of cardiac or pulmonary obstruction, or in those long dead, the centre has been generally red and soft. This, however, is not sufficient to account for the different appearances met with, and it still remains to be decided, whether they be due to disease, age, or post-mortem changes; I believe myself that the latter is the cause.

If a section be made through what I believe to be the normal organ (*a*), the cortical portion will be seen in a narrow rim forming its periphery, and consisting of a rather soft substance of a yellow or yellowish-brown colour, the inner edge being generally the darker. This structure, as is well known, is composed of radiating rows of tubes (*b*), or apparent tubes, (at all events the fibrous envelope sends in processes between the rows of vesicles,) contained large oval vesicles, arranged end to end, and which structure is readily displayed by the addition of liquor potassæ to the microscopic section (*c*). The medullary portion is white and harder (not softer, as Kölliker says) than the cortical; it is composed of another tissue containing nucleated cells and nuclei (*e*). Within this again is a brownish substance of greater or less extent, immediately surrounding the supra-renal vein, sometimes altogether wanting, at other times existing,

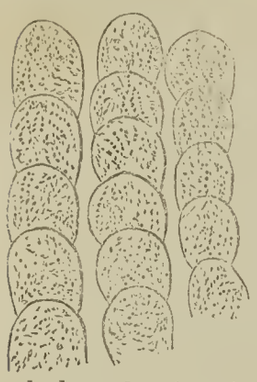
A.

B.



(a) It will be seen that, in both these cases, but one organ was involved, its fellow remaining structurally perfect.

C.



to the total absence of the normal white substance (*d*). In a good specimen, this white medullary part may reach to either end of the organ, but if not, it is generally found in the middle portion surrounding the large venous trunk, for at this part a piece of the organ being as it were pinched up, (and thence its resemblance to a cocked hat,) it is of considerably greater thickness. It may, however, as before stated, be altogether absent and replaced by the brown soft medulla described by Frey. It is of primary importance to know the usual appearance of the organ as presented to the naked eye, but its minute anatomy is very interesting, as well as its vascular and nervous supply. The arteries coming from three different sources make it more difficult to inject through them, but through the single large venous trunks it is very readily done. The distribution of nerves is remarkable from its extent.

D.

It will be seen that the organ requires much further study in order to ascertain if the differences in its appearance, above given, be really due to decomposition, or are in fact pathological; —other morbid changes also have yet to be observed. With reference to the amount of fat present, I may state that this varies very much in the cortical portion, both as granules in the cells, and as free globules, in the same way as in the liver and other organs. In some cases, I imagine the excess amounts to a true fatty degeneration.

E.

[*Explanation of the engravings.*—A. Section-diagram of a healthy organ, showing the soft, yellow cortical portion—the inner dark border of the cortical portion—the white and firm medullary substance. In the centre of the latter are seen the cut extremities of two veins. (Not magnified.)

B. Magnified horizontal section of the cortical structure, showing the fibrous envelope sending in trabeculæ by which the columns of vesicles are separated and converted into apparent tubes. In the upper right-hand corner is seen a cluster of fat vesicles, with pigment.

C. The cortex after treatment with acetic acid, the fibrous partitions having been rendered transparent, and the rows of vesicles alone remaining visible.

D. Section-diagram of an organ, in which the medullary portion has been converted from a whitish to a dark-brown structure. (Less than the natural size.)

E. Cells from the medullary portion.]

THE CITY HOSPITAL FOR CHEST DISEASES.

BROWN SKIN, ASSOCIATED WITH GREAT DEBILITY—DEATH—AUTOPSY.

(Case under the Care of Dr. PEACOCK.)

The following case was, for many months, under the notice of the writer, its subject being an out-patient at the Hospital for Chest Diseases, during the summer of 1854:—E. D., aged 14, was admitted in the spring of that year, on account of symptoms which had led her friends to suspect a tendency to phthisis. She was well grown, and of good development, of naturally dark complexion, and tending to be thin rather than stout. Her health had been good until within a few months of her admission, when she began to suffer from lassitude, slight cough, and want of appetite. Originally of a clear skin, her complexion had become muddy, and a tint of brown, much darker than natural, had extended over the hands, arms, and shoulders. Physical examination detected nothing amiss with either lungs or heart. The tongue was a little furred, and the appetite variable. She had not menstruated.

At the date of admission the colour of the skin, although sufficiently marked to attract attention and lead to conjectures as to the state of the supra-renal organs, was rather muddy than actually bronzed. Dr. Peacock was at first inclined to think that it might prove to be nothing more than an exaggerated degree of that sallow earthiness of skin not very infrequently observed just before the establishment of the menstrual function. This opinion derived strength also from the presence of a darkish areola round the eyes. There was no mottling of the skin whatever. The patient being a twin, and her sister resembling her so accurately in all respects that prior to her illness there had been difficulty in distinguishing them, a good standard by which to estimate the degree of change in complexion was afforded. At a subsequent period of the case, when the browning was more marked, the contrast between the two girls was very curious. With features the exact counterpart of each other, the one had the hue of a mulatto, the other a clear white skin. The expression of languor in the countenance of the patient was also very striking when contrasted with the healthy vivacity of that of her sister.

The treatment adopted consisted in the use of tonic medicines of the class thought most likely to excite the menstrual function. Her parents were in fairly comfortable circumstances, and she had never been subjected to any privations as to diet.

In July she had the scarlet fever, several of her brothers and sisters being ill with the same disease at the time. In her case, the rash did not come out well, but she had sore throat, great prostration, and a peculiar train of nervous symptoms, apparently half hysterical, half delirious. After recovery, she seemed to gain ground in respect to strength somewhat, but did not improve in colour. During the time she remained under observation, which was until February, 1855, the browning of the skin continued progressively to increase. She was liable to faintings and to short seizures, which her mother described as "fits," but which, as she was never seen during one, no accurate description can be given.

From February, 1855, to the time of her death, in August, she did not attend the Hospital. From the account of her mother, she remained in much the same state as during the previous summer; menstruation did not occur; the skin remained as brown as ever; and she continued extremely weak. At the time of her death she was at Chatham on a visit, and was thought to have derived some benefit from the country air. She had, on the preceding day, been out walking as usual, and had appeared in better spirits.

Mode of death.—August 17.—After complaining for some hours of feeling weak and ill, a violent fit of convulsions occurred, such as she had never before had. From this she soon passed into a state of insensibility, which, having lasted several hours, ended in death. Mr. Fayle, Surgeon, of Chatham, who has kindly supplied the subjoined account of the post-mortem inspection, saw her a few hours before death, but her state was then one from which recovery was hopeless.

Notes of post-mortem, performed thirty-five hours after death, by Mr. H. Fayle.—"A calcareous concretion as large as a pea was found in the substance of the medulla oblongata. It occupied the two anterior pyramids, and was situated betwixt the floor of the fourth ventricle and the surface of the medulla oblongata. When the brain was first viewed after its removal from the cranium, a dark grey spot was seen upon the anterior pyramids, about five lines below the pons varolii. On placing the finger upon the spot, the structure of the medulla was found to be softened, and the concretion was felt at a depth of about $\frac{1}{8}$ of an inch, or possibly $\frac{1}{4}$ of an inch. The distance was not measured. The softening of the medulla in the spot mentioned was well marked; it had the appearance as if a passage were about to be formed for the concretion. Notwithstanding this, the concretion was firmly seated, requiring the knife to be used for its removal; the consistence of the central portions of the brain was somewhat diminished; the optic thalami and corpora striata were sound; the amount of serum in the ventricles and at the base of the brain was augmented; the veins of the brain and the sinuses of the skull were loaded; the thoracic and abdominal viscera were healthy."

In answer to an inquiry as to whether, in the statement in the above letter, that "the abdominal viscera were healthy," it was intended to imply that the supra-renal organs had been examined, Mr. Fayle subsequently informed us, "The kidneys and supra-renal capsules were objects of special attention, but there was not the slightest evidence of disease."

Here, then, we appear to have a case exceptional to the theory under review, as the brown skin was not attended by any noticeable change in the supra-renal organs. The resemblance of the case to that of the boy C. G., (see page 594,) both in symptoms and mode of death, is very close, indeed. The occurrence of disease in the medulla oblongata is a point of much interest, and which must be kept in remembrance; though, for the present, we must forbear to attempt to interpret its connexion with the symptoms observed during life.

JONATHAN HUTCHINSON.

[This series will be continued.]

NOTES AND QUERIES.

He that questioneth much shall learn much.—Bacon.

No. 75.—TREATMENT OF PORRIGO DECALVANS (ALOPECIA).

[*To the Editor of the Medical Times and Gazette.*]

SIR,—Will you permit me to ask your Correspondents, through your Notes and Queries, for some really rational and effective mode of healing porrigo decalvans? In a case I have under treatment, the disease first bared the scalp, and then remained dormant for some years. Latterly it has broken out with great violence, and is perfectly shaving off eyebrows, whiskers, etc., in spite of all treatment, including various stimulating applications, and the use of a saturated solution of sulphurous acid.

Any information on the subject will be most welcome to your obedient servant and subscriber, M. B.

No. 76.—LEPRA VULGARIS.

SIR,—I have been troubled for about eleven years with lepra vulgaris; for the first eight I had only a spot or two upon my legs, which without treatment would occasionally disappear, but speedily reappear in a new site; for the last three years I have treated myself without intermission.

By the application every morning of tar ointment on lint covered with oiled silk, the spots, after two or three dressings, soon become covered with a thin pellicle, which in a few days separates, and a slight redness only remains. When a spot is small and recent, I usually apply the nitrate of silver, after which, on exposure to the light, there is a black pellicle formed, which appears to be equally efficacious with that following the use of the tar. The elastic collodion would, doubtless, prove to be of similar benefit. I have followed these methods for twelve months, and have no difficulty in getting rid of the patches as they appear; but the disease is not cured; for, on an average, every fortnight I observed a new spot on some part of the body or extremities.

Fancying that my skin might be too dry, I took warm baths twice a-week for some time, and lately have taken three ounces of cod-liver oil daily. Believing that the malady was constitutional, I took Fowler's Solution on two occasions, till the physiological effects of arsenic were produced. Knowing that the disease seldom appeared on the face, I thought that washing might cause its non-appearance there, and therefore have sponged myself daily with cold water. From the cod-liver oil and cold sponging I have derived some benefit; from the warm baths and arsenic none.

I am temperate, of very healthy family, and in other respects am strong, and enjoy very good health.

Will any of my brethren kindly inform me how I am to prevent the recurrence of this disease, or suggest a better plan of treatment?

I will with pleasure make any rational experiments upon myself, for which I regret that I possess such unusual facilities. I am, etc. JUNIUS.

Hull, December 25.

THE LATE RIGHT HON. JAMES GRATTAN having left by will £4400 to the Queen's County Hospital at Maryborough, as well as a similar amount to the Meath Hospital, in Dublin, the governors of the former institution have erected, to commemorate the bequest, a bust in white marble by Hogan.

Medical Times & Gazette.

SATURDAY, DECEMBER 29.

THE NEW MEDICAL OFFICERS OF HEALTH.

As the time draws nearer for the appointment of the new Medical Officers of Health for the Metropolitan Districts, created by Sir Benjamin Hall's Act, so do the difficulties of the elective bodies seem to increase. We cannot forbear from the remark, that, as far as our experience goes, many of the District Vestries appear entirely to misunderstand the position and functions of the Medical Officers whom they are called upon to elect. In one of the Districts a fierce contest is waged between Dr. A who belongs to the Radical section in the parish, and Mr. B who upholds the Conservative policy; in a second, the rector supports one candidate because he has twelve children, and the churchwarden supports another candidate because he has doctored his family for the last five years, and so on.

But, although the final steps in the election of the Medical Officers have not yet been taken, still in several cases the salaries of the new functionaries have been fixed, and in certain instances the Vestries have recorded their opinion as to the qualifications required of the candidates, as in the case we noticed last week, where it was held that a theoretical acquaintance with sanitary science was a *disqualification* for the duties of an Officer of Health!

On the subject of remuneration, we are sorry to find that a niggardly feeling has too frequently been allowed to exhibit itself. We are assured that the Vestry of St. James's, Westminster, has fixed the salary of the Medical Officer of Health at £100 per annum! And if this spirit of false economy is allowed to exist in one of the most central and most intelligent districts of the Metropolis, what can be expected in those suburban quarters where contempt of the Medical Profession is the rule rather than the exception, and where the saving of the rates is the one all-absorbing idea in the Vestryman's mind?

Now that this spirit of economy, thus evinced, is a thoroughly false one, can be readily proved by the sanitary history of the very parish which we have just mentioned. The amount of physical and moral misery occasioned by the dreadful epidemic of cholera in that parish during the summer of 1854 is still too fresh in the memory of all to require us to recapitulate its extent or its intensity; but, as an *argumentum ad crumenam*, we may mention that, in consequence of that memorable outbreak, and the lamentable results which it entailed, the parish rates have been enormously increased. Surely, then, it is an unwise economy which pares down to the lowest minimum the salary of the Officer of Health, which cramps his energies, and which limits his usefulness, and which renders him incapable of exercising that vigorous control over the sanitary state of the district which might guard the community from the influence of disease, and the parish funds themselves from eventual dissipation.

The example of the City of London might certainly serve as a model for imitation by the Metropolitan districts. The population of the City is somewhere about 80,000, and the salary of Mr. Simon, the late Medical Officer, was £800 per annum; being at the ratio of £100 for each 10,000 of the population. It is true that the salary to the present Medical Officer to the City is only £400; but it must be remembered that this sum is provisional only, and will be raised in future years; and, even at the existing rate, the payment is in the

proportion of £100 to each 20,000; while, in some of the districts numbering as many inhabitants as the City, the proposed remuneration is totally disproportionate.

As we have advocated throughout the adoption of a high standard in the choice of Medical Officers of Health, and as we have ridiculed the petty intrigues by which the office was likely to be brought into contempt, we quote, with no little satisfaction, the instructions which have been forwarded to the District Vestries upon the subject of the forthcoming appointments. It will be perceived that the document is written with great ability, and that its tone, although decided, is moderate and conciliatory. It is to be hoped that the parties to whom it is addressed will receive it in the spirit which is obviously intended by the President of the Board of Health; and that the paltry, personal, political, and parochial jobbery which has begun already to develop itself, will be at once abandoned, and the energies of the electors be directed to secure the appointment of gentlemen who will shed lustre upon sanitary science, and who may be the means of conferring inestimable benefits on nearly two millions and a half of our fellow-creatures.

But we cannot help remarking, that the author of the paper which we publish at p. 654 has, in our opinion, committed a mistake in recommending that Officers of Health should not be in private practice; and this for many reasons. One is, that no parish, nor combination of parishes, will be likely to afford the salary necessary to enable a man to live like a gentleman. The Health Officer should have certainly not less than the clergyman, or how can he maintain his social position? Besides, what inducement will a beggarly appointment—and that not for life—hold out to any good and rising man in our Profession? Such a man's early career might be fostered by a Health appointment, and he might work it well while he has youth and energy; but the ease and dignity of consulting practice is far better for the evening of life; besides, a man not in private practice may fancy that he will keep pace with the Medical science of the day; but in vain. Inducement is wanting. When out of practice, he will fall behind his brethren, and thus far cease to command their respect.

It must never be forgotten that the District Vestries may *remove* their Medical Officers whenever they please, and without any appeal; and while this clause exists, it would be madness in any Medical man to relinquish private practice for one of the new appointments.

THE WEEK.

Mr. Baron Martin, the judge who presided at the trial of the late case of slow poisoning at Darlington, has written a letter to the *Times*, explaining away the extraordinary remarks he is said to have made in his summing up of the evidence. The letter, which is of a somewhat unsatisfactory character, seems to be intended to convey the impression that the judge, in pointing out the deficiency of evidence against the prisoner Wooler, intimated that suspicion might rest on *any* one who was engaged about the deceased lady as much as against her husband. The mystery hanging over this dreadful affair is, therefore, greater than ever, and it is not very probable that any further light will be thrown upon the real perpetrator of the horrible crime. Whatever may be thought of the judgment exercised by the Medical attendants, it is sheer folly to implicate *them* either as principals or accessories in Mrs. Wooler's death.

Mr. Duigan, the Naval Surgeon serving before Sebastopol with the Naval Brigade last winter, whose interesting communications have on several occasions appeared in this Journal, and who has been so strangely and so absurdly confounded with Dr. Davega, of the Russian service, has returned to Great Britain; and we learn with great pleasure, that a public banquet has been given in his honour, upon the occasion of his return to his native town of Kilkenny. Mr. Duigan's speech, on returning thanks to the company for drinking his health, was characterised by modesty and good feeling, and that unadorned eloquence which flows from the heart. We are happy to find that at least *one* member of our Profession serving in the Crimea has received a due meed of honour, and that the citizens of Kilkenny know how to appreciate the services of those who endeavour to save human life, as well as those whose business it is to destroy it.

Dr. Guy's scheme for making Hospital patients pay a something towards the expenses of their cure is attracting much attention, and will receive due consideration at our hands. We must take care, while we are advocating measures for the welfare of the public and the improvement of the Hospitals, that the General Practitioner is not deprived of any legitimate source of income, nor the middling classes be induced to prefer public to private Medical attendance.

In a leading article which we published in December, 1853, we alluded in very strong terms of reprehension to the open alliance formed between a Dr. Cockburn, the son of a Scottish judge, and a person who professed to cure cancer by a quack medicine. We have learned, with no little astonishment, on the authority of Dr. Tyler Smith, in a letter to a contemporary, that the same Dr. Cockburn, having failed in making the cancer-cure a paying concern, and having fallen into pecuniary difficulties in Edinburgh, has turned his thoughts towards military employment; and that, immediately on escaping from his troubles, he was appointed by Lord Panmure to a high Professional post in the Turkish Contingent, with pay and allowance equal to those of Dr. Hall, the Chief Medical Officer in the Crimea. Had this statement been made anonymously, we should unquestionably have disbelieved it; but, verified as it is by the respectable name of Dr. Tyler Smith, we can have no doubt as to its accuracy. We do indeed want Medical representatives in Parliament if such appointments can be made without a question being asked. Without pressing too hard on the subject of Dr. Cockburn's antecedents, we can only remark that he made himself an open and avowed partisan in a flagrant system of quackery. What were the peculiar merits which procured for him the distinguished notice of Lord Panmure we are wholly at a loss to discover, and we hope that on the assembling of Parliament some member may be able to elicit from the Government the motives for so extraordinary an appointment.

A deputation, headed by Sir Charles Hastings, has lately had an interview with Sir George Grey, the Secretary of State for the Home Department, on the subject of the Medical Reform Bill, to be introduced into the House of Commons by Mr. Headlam. Although promising to give the measure his individual support, the Right Honourable Baronet did not pledge the Government in favour of the Bill, and indeed his own approval of it was somewhat modified in tone, and his language to the deputation rather discouraging. We are sorry that there is no chance of the interference of the Government in favour of Medical reform during the ensuing session, and we agree with some of the deputation in thinking that very little hope exists that the Medical corporations will do much towards the correction of existing evils. Still we cannot help thinking that, in the mean time, an improvement in our *present* Medical institutions might be advantageously made as a prelude to more sweeping general changes.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, December 15, 1855.

EXTENSION OF THE SCOTTISH UNIVERSITIES.

This interesting and important subject has, perhaps, from press of other matter, been too long delayed; for although in its first form and in its earliest movements it does not propose to interfere with the Medical Chairs, yet it is quite evident that no reform of this kind can proceed without ultimately involving many important questions regarding these Chairs which require adjustment.

An Association was formed last year, having for its object, "To enlarge the sphere of action of the Scottish Universities, and to increase their efficiency." The reasons which led to the formation of this Association, are stated to be the following:—

1st. That the University endowments in Scotland are now, relatively to the public health, much less than at a former period.

2nd. That without attention to the higher instruction, no beneficial movement for popular education can go forward.

3rd. That there are important branches of learning, which have attracted the public attention through courses of popular lectures, and otherwise, but for which no provision has yet been made in the Universities of Scotland; and there are other subjects of the highest importance, which, from their nature, can neither be popular nor remunerative, and, for the prosecution of which there is not sufficient encouragement afforded by any of the learned Professions, or otherwise, in Scotland.

The Committee who direct this movement indicate no fewer than ten new subjects requiring to be taught in the Scottish Universities, four of which are rendered indispensable by the recent arrangements of the Indian Civil Service.

They also point to the fact that, while both in England and in Ireland large public grants have of late years been made for the establishment of new Universities and Colleges, the interests of Scotland in this respect have received no such attention, and even the recommendation of the small additional endowments in the Report of the Commission on the Scottish Universities has not been carried out.

We have said that the measure of proposed reform does not as yet appear to affect the Medical Chairs directly. Meanwhile, it is evident that every portion of such an Institute must benefit from improvements in the whole, and we shall hope that, if judiciously managed, an Association for such purposes will prove beneficial.

The Committee contains some excellent names, and it is said the Lord Advocate holds out hopes of introducing some measure at no distant period.

INCREASE OF LUNACY IN CONNEXION WITH THE SOLITARY SYSTEM.

The attention of the ratepayers of Edinburgh has been directed to the remarkable increase of pauper lunatics. The subject has not been taken up by philanthropic individuals, or societies seeking to alleviate the distress of their countrymen, but by the authorities of the workhouse eager to keep down the expense of pauper-keep.

While we write, there lies before us "The Report of the Proceedings of the Law Department of the Parochial Board," a clear and perspicuous document, from which we extract the following sentence:—

"The Reporter regrets to say, that the disease of lunacy appears to be on the increase, not only in this but in other parishes; and that a considerable number of persons, who have undergone imprisonment in the Penitentiary, have, previous to the expiry of their sentences, been found to be insane."

If this be the case, it is evident that lunacy is on the increase, and this increase is attributed to what is called the separate system in the General Penitentiary. Surely, this is matter for the gravest study, both of practical legislators and of Physicians.

Not many years ago the General Penitentiary was visited by an epidemic scurvy, and we owe it to the admirable report of Dr. Christison and Mr. Lagan that the error in the diet table which appeared to induce this was detected and remedied.

Now, we are informed, on competent authority, that the system pursued in the same prison reduces the hapless culprit to a state of imbecility, and casts him as a burden on others for his support.

It comes before the community in its present form as a mere question of finance, and even in that view it demands attention; but if we regard the cases of individual hardship which it entails, and the many thus confined who must leave with their intellects weakened—if such a large number have them utterly destroyed, and who may transmit to their posterity the seeds of mental disease—surely a system of such horrible atrocity ought to be investigated, as well from motives of interest and policy as from those of justice and humanity.

The effect of solitary confinement on the mind, body, and affections, has not to be learned now. So far back as 1837, Dr. J. G. Malcolmson addressed "A Letter to the Right Honourable Sir Henry Hardinge, K.C.B., M.P., on the Effects of Solitary Confinement on the Health of Soldiers." He pointed out its tendency to injure the constitution, destroy the digestion, and diminish the nervous power.

The following sentence, from Dr. Malcolmson's pamphlet, is peculiarly applicable to the subject we are considering:—"I have observed the minds, also, of prisoners confined for long periods, more especially when on a diet they believe to be destructive to their health, to become gloomy, or even furious, and disposed to commit every crime; a fact which was forcibly stated many years ago in the House of Commons by Sir Robert Peel, in reference to the substitution of solitary confinement for other punishments in this country."

It is also well known in America that the system called the "Philadelphia system," the main principles of which consist in the entire isolation of the prisoners, has been followed by insanity to a great extent. The calculations of Coindet, of Geneva, with respect to the prevalence of insanity in the Penitentiary of that city, are well known, and justly relied on.

There is at present a Government Commission sitting in Edinburgh, to inquire into the state of the places of confinement in which lunatics are detained. We think it might be well were they instructed to extend their labours to places of confinement where lunatics are manufactured.

GENERAL CORRESPONDENCE.

MR. FOTHERGILL'S EVIDENCE IN THE BURDON POISONING CASE.

[To the Editor of the Medical Times and Gazette.]

Sir,—As my evidence in the Burdon poisoning case has been incorrectly reported, I beg a space in your columns to state simply the facts.

Shortly after giving evidence before the magistrates of having discovered arsenic in the tube of the enema-syringe borrowed by Mr. Wooler, I found, during some further operations on the acid used in my test, that it contained a minute trace of arsenic. I then proceeded, as speedily as urgent Professional calls would allow, to ascertain whether the arsenic contained in the acid could account for the whole already discovered. The result of my experiment was, that a given quantity of acid with the enema-tube yielded a larger portion of arsenic than an equal quantity of the acid alone, the former throwing down a ready precipitate, with ammonio-nitrate of silver, whilst the latter yielded none, the arsenic being only discoverable under a high power of the microscope.

On the first opportunity after completing this investigation, I stated the whole of the facts to the magistrates.

Trusting that this statement will save me from further misrepresentation, I am, &c.,

Darlington, Dec. 23, 1855. John R. Fothergill.

MR. WINCHESTER'S FRACTURE APPARATUS.

[To the Editor of the Medical Times and Gazette.]

Sir,—You will oblige me by inserting in your next number the enclosed letter, which I have received from Mr. De Morgan, relative to the use, in the Middlesex Hospital, of my

fracture apparatus, as described in your Journal for September 1. The advantages of the practical application of the principle I have endeavoured to lay down are therein so fully and clearly pointed out, and for the carrying out of which the splints are constructed, that it is unnecessary for me to say anything in addition. It has afforded me great gratification to find my views confirmed by a gentleman holding the position Mr. De Morgan does, and, I doubt not, they must and will ultimately be recognized and adopted by the whole Profession. I am, etc.

W. H. Winchester, F.R.C.S.

14, Westbourne Terrace Road, December 6, 1855.

"51, Upper Seymour-street, November 18, 1855.

"My dear Sir,—I have used your double-inclined adjustable splint in five cases of fracture in the Middlesex Hospital, four of fracture of the tibia, and one of fracture of the lower end of the femur extending into the joint. The fractures of the tibia were all oblique, and in three there was a strong tendency to displacement until they were placed on your splint; after which they gave no further trouble. The last case in which it was used by me in the Hospital will serve as an illustration of the advantage of attending to the principle carried out by you in your mode of adjusting your apparatus. It was that of a soldier in the light dragoons, who had fractured the tibia obliquely at its lower third. The limb had been placed in good position on a M'Intyre's splint; but when I saw the patient two hours afterwards the bone was displaced, the lower portion being drawn upwards and inwards. It seemed a good case for testing your splint; and on adjusting it to the sound limb, we found that a considerable inclination of the lower joint of the splint inwards was necessary, in order to fit it properly to the natural curve of the leg. An equal inclination was then given in the opposite direction, so as to fit it for adjustment to the fractured limb; and on now placing the leg in it, and putting the fractured ends of the bone in apposition, they remained in place. Nor was it found necessary to interfere further until union had taken place, at the end of four weeks, when the limb was found to be quite strong, and without the slightest irregularity in form or length; yet during the time he was on the splint the man changed his posture easily and frequently. This he was enabled to do in consequence of your contrivance of a movable rest at the lower end of the splint, which seems to me to answer even better than the suspending apparatus usually employed.

"This is the history of the other cases in which I have used the splint, and in all instances the patients have found great comfort from its application. In one case, I was obliged to remove it from a patient who had been using it for some time, and where there was no longer any risk of displacement of the bones, in order to apply it in a recent case. The patient from whom it had been removed, and whose limb was placed on an ordinary M'Intyre splint, said that he had found very far greater ease in using your apparatus.

"It cannot, I think, admit of doubt, that the adjustment of the splint to the natural curves of the bone is greatly calculated to ensure a good result. This is easily and effectually done with your splints, but can be effected only with difficulty, if at all, with any other with which I am acquainted; indeed, I am not aware that the attempt had been made, or the principle recognized, before your invention of the adjusting long splint. The movable rest is hardly less useful, as it allows the patient to move and shift his position without risk of displacement of the fractured bones.

"I have not found anything to object to, nor can I suggest any improvement, in your splint.

"Believe me, dear Sir, yours very faithfully,

"Campbell De Morgan.

"W. H. Winchester, Esq."

ONE OF THE UNQUALIFIED.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is now about seven months since I had occasion to address you under the head of "Veritas," respecting the qualifications of a Mr. Duncan, residing at 12, Cambridge-street, Golden-square, and practising as a Surgeon and Apothecary. I quoted cases I met with which he had been called in to treat. His name does not appear in the "Medical Directory" (but, on reference, I think you will find his name down in several of the return papers for the "Black List" for 1856). Your reply to my last was, that if we stated the case to the Society of Apothecaries we should get some redress and protection: I beg to say that a friend of mine wrote to Mr. Upton, the Solicitor to the Society, several times before he would take any notice of it, and enclosed several receipted bills which Mr. Duncan had sent out and been paid for; my friend also called more than once, and had an interview with Mr. Upton, who promised to attend to it, but as yet nothing has been done. It is now about three weeks since Mr. Duncan tried to frighten some of the persons who owe him money, by summoning them at the County Court. In the interval between the taking out the summons and the day of hearing, he called several times, and tried to make an arrangement with them instead of going to the Court; but they, hearing that he could not legally claim it, refused to comply. On the day of the hearing he called and told them not to attend, as he should not appear against them, showing pretty clearly what he would have done if qualified.

On Saturday morning last Mr. Duncan was sent for to attend a case of Midwifery (a woman whom he had continually asked to let him attend her); the messenger was told Mr. Duncan was ill in bed, and had got a blister on, but his brother would attend, which was objected to, and I was then called to take the case (he having refused to come). In about ten minutes after my arrival Mr. Duncan also came, and said it was his case, and requested me to retire, which I refused to do, telling him he was not qualified to attend the case, when he said he was a M.R.C.S. I have since inquired at the College, and find this untrue.

I think his blister must have healed very quickly, to have followed me so soon.

I should be very much obliged if you could advise us what would be the best course to adopt to put a check to his going on as he is, as the Society of Apothecaries are so slow to prosecute in a case where such abundant direct evidence has been supplied to them by us. By so doing you will confer a great favour on Yours, etc.

James Hadaway, M.R.C.S., L.S.A.

36, Berwick-street, Dec. 11, 1855.

MEDICAL PROTECTION AND BENEVOLENT SOCIETY.

[To the Editor of the Medical Times and Gazette.]

Sir,—"M.D.," whose letter appeared in your Journal of the 8th instant, should have made himself acquainted with his subject, before venturing to advise his Professional brethren on a matter so important to them as that relative to which he has written. "M.D.'s" motives may be good, but his zeal is indiscreet.

The system of collecting made use of by Trade Protection Societies, was tried years ago by the Medical Protection Society, and was found to be perfectly inoperative towards getting in Medical debts generally. A more expensive plan had therefore to be adopted, which has led to the highly satisfactory results set forth in the Society's "Circular" published on the 1st instant.

It must be remembered that tradesmen are not compelled, and therefore do not give credit to classes which Medical men are obliged to trust. Many other causes also conspire to render the businesses of the two Societies distinctly different.

I am, etc.

December 27, 1855. John Capes, *Secretary*.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

Saturday, December 22, 1855.

Dr. Snow, President, in the Chair.

Dr. Camps mentioned the case of a man who was afflicted with a loss of memory, and shortly afterwards died suddenly, suggesting that the two events were connected.

Dr. Barnes read a paper on

FLOODING BEFORE DELIVERY, AND ESPECIALLY ON A NEW PRINCIPLE AND METHOD OF TREATMENT OF PLACENTA PRÆVIA.

The author passed in review the actual state of obstetric science and practice in relation to the pathology and treatment of placenta prævia. He showed that the prevailing belief was, that so long as the delivery of the child was not effected there was no security against hæmorrhage, and that hence the rule in practice of proceeding to forced delivery as early as practicable was almost universally inculcated, the only exception consisting in the more or less general substitution of the plan of totally detaching the placenta. The author thus showed that, while the Practitioner was anxiously waiting for the moment when the dilatability of the cervix uteri would permit the passage of the hand, for the purpose of turning, the patient might perish of flooding; and that, therefore, in the most severe class of cases, those of central placenta, some other resource, some means of placing the patient in security against renewed flooding, before the full dilatation of the os, was eminently desirable. Dr. Barnes then explained the physiological course of a labour with placenta prævia, and the mode in which Nature sometimes arrests the hæmorrhage before the expulsion of the child. He illustrated, by the help of an ingenious and interesting diagram, that a stage of labour arrives when the recurrent contractions of the womb do not entail any further flooding; that the pains return in their usual course, with the usual effect of further dilating the os uteri, and forwarding the labour, but without causing any further flooding; that the labour was in fact resolved into a natural one, and would be safely concluded by the natural powers. Reflection upon these cases had led Dr. Barnes to doubt the truth of the obstetric dogma, which declares that there is no security against hæmorrhage, so long as the presence of the liquor amnii or the child in the womb prevent full contraction. Dr. Barnes then unfolded the anatomical, physiological, and clinical facts which led him to the conclusion that, under proper restrictions, Nature might in many cases be trusted to with more confidence than was generally believed. The clinical facts, he said, had come to him first, and led him to examine into the anatomical and physiological bearings of the case. He related cases in illustration, and quoted a commentary upon one of these cases from a memoir he had published (*Lancet*, 1847), in order to establish his priority in the enunciation of the views he now laid before the Society; and adverted to the fact, that he had, since the publication of that memoir, constantly taught, in his lectures on Midwifery, the same doctrine; and stated, that even the original of the diagram now exhibited, rudely sketched, was also figured in the memoir referred to. He had, therefore, believed his views to be original, and was surprised to find, in several numbers of the "Berlin Monatschrift für Geburtskunde" for the present year, a controversy between Dr. Cohen, Dr. Credé, and Professor Hohl, in which Dr. Cohen for the first time expounded similar views to his own, whilst Dr. Credé, referring to writings of 1853-54, also claimed them; and Professor Hohl assigned them to Dr. Zeitfuchs so far back as 1843. Dr. Barnes acknowledged, with pleasure, that Dr. Cohen's views of 1855 fully confirmed those put forth by himself in 1847; but he found, in the writings of Credé and Zeitfuchs, nothing whatever to show that either had, in the remotest degree, possessed himself of the points in question. But Cohen had gone beyond the author in proposing a new operation based upon the physiological and clinical facts expounded. This operation consists in—1. Determining the side of the uterus to which the smaller flap of the placenta is attached; 2. In rupturing the membranes and detaching the placenta from this half of its circumference; 3. Exciting uterine contraction; 4. Hooking finger over edge of placenta, tearing membranes from the freed border of the placenta; and 5. In separating the placenta in a circumference of 190° to 200°. The greater half of the placenta, now freed from the dragging of the lesser half and membranes, is now drawn back, just as in placenta lateralis, with the uterus. From this moment there is no further danger. Cohen insists, like the author, on the impropriety of hastening labour unless urgent complications arise. Dr. Cohen refers to his experience to prove the efficacy of this method, but does not recite any cases in illustration. Dr. Barnes pointed out that the difference between his memoir and that of Dr. Cohen consisted simply in this:—Cohen had, in 1855, carried forward the principle Dr. Barnes had enunciated, in 1847, by proposing the artificial partial detachment of the placenta, instead of trusting, as Dr. Barnes had recommended in certain cases, the execution of this operation to the powers of Nature. The author then quoted from Sir Charles Hill passages, showing that the anatomical distribution and physiological action of the muscles of the uterus accorded with and explained the clinical facts observed in the course of intermissions and cessations of hæmorrhage from placenta prævia as set forth by Dr. Barnes. The author then explained the mode and mechanism by which the hæmorrhage in placenta prævia is arrested. The opening of the mouth of the wound, and the detachment of the placenta adhering to this part, are effected by the active contraction of the longitudinal muscles of the uterus; this active contraction shortens the cervix, when it intermits a passive contraction goes on, which maintains or even increases the shortening of the cervix. This shortening necessarily compresses the torn mouths of the vessels, and checks the flooding caused by each successive detachment of fresh placenta, until the detachment has gone to the boundary line, beyond which point the further expansion of the cervix has no effect, and when all fear of flooding is at an end. It was not therefore necessary that the uterus should be empty in order to arrest the flooding. This arrest depended upon the contraction of the cervix, which went on, although the fundus and walls were prevented from contracting. Dr. Barnes submitted the following as some of the conclusions deducible from his researches:—

1. In cases of placenta prævia the hæmorrhage is sometimes arrested spontaneously before the complete detachment of the placenta, before the discharge of the liquor amnii, and consequently before the expulsion of the child or the pressure of its head against the cervix.

2. That this spontaneous arrest of the flooding is owing to the sealing up of the vessels torn by successive detachments of placenta, and the attainment of a stage of labour when no further detachment can take place until after delivery.

3. That dangerous and even fatal flooding sometimes occurs while the os uteri is still closed, and so undilatable as to render it impossible or inexpedient to have recourse to forced delivery.

4. That in such cases it is eminently desirable to possess some means of diminishing the hæmorrhage until the hand can be passed through the os uteri.

5. The spontaneous or artificial detachment of the cervical portion of the placenta competes with two most formidable operations, dangerous to mother and child—forced delivery, and the total separation of the placenta. The new principle of treatment may, in many cases, supersede forced delivery altogether; since the patient being secured against further flooding, to resort to turning when the flooding has ceased is an unnecessary proceeding, although the os uteri may admit of it. In many more cases this principle will be the means of gaining the necessary time to admit of turning or other modes of forced delivery being performed with safety. In almost every case it may supersede the practice of wholly detaching the placenta, since the end in view being the arrest of the flooding, it is better to detach only just so much of the placenta as will effect this end, than by detaching all, to destroy the child.

Dr. Barnes concluded by a particular exposition of the application of his views to the varieties of placenta prævia occurring in practice.

Dr. Murphy had no doubt that, in the case of a healthy woman, in whom the blood would coagulate rapidly, partial separation of the placenta would answer the desired purpose; but he thought it would not arrest the discharge in a feeble woman of anæmic character, in whom the blood would coagulate but slowly and imperfectly. In such a case he should be afraid of profuse arterial hæmorrhage from the uterus through the placenta itself.

Mr. I. Baker Brown readily subscribed to the propositions laid down by Dr. Barnes, which, he was satisfied, were based upon accurate observation. Of late years he had been in the habit of following the plan which had been detailed. He had been lately called to a patient in labour who had been flooding all night. Finding it a case of partial placenta prævia, he ruptured the membrane, and detached a portion of the placenta; uterine action came on pretty strongly, and after the first gush, which occurred invariably in such cases, the

hæmorrhage ceased, and the labour terminated naturally without an unfavourable symptom. He had seen many such cases terminating in the same manner. Much mischief was done by "meddlesome midwifery," and it was highly desirable to lay down laws, if possible, which should prevent the introduction of the hand into the uterus, and the frequent attempt to turn the child.

Dr. Mackenzie mentioned various circumstances, with a view to prove that dangerous hæmorrhage proceeded, not from the placenta, but from the uterus. It was not in anæmic subjects that hæmorrhage occurred most frequently; indeed, it had been stated to occur in an inverse ratio to the debility of the patient, and arose from the want of controlling power of the arteries to withstand the shock of the blood as impelled by the heart. In cases like those mentioned by Dr. Murphy, he believed galvanism would be useful in restraining hæmorrhage. The action of galvanism on the uterus was remarkable, not producing sudden violent jerks of the muscular structure, as in the case of the voluntary muscles, but a general slow, continuous, tonic contraction. It was also useful in developing the opening of the os uteri until the period arrived at which it might be presumed hæmorrhage would be arrested.

Dr. Murphy referred to the statements of Dr. Hamilton and Dr. Simpson, respecting the proceeding of blood from the placenta, which, he believed, often occurred.

Dr. Mackenzie said, he did not doubt that a certain amount of hæmorrhage came from the placenta, but that that was not the source of dangerous hæmorrhage.

Dr. Rogers expressed his obligations to the author of the paper, and said he should in future adopt the plan which he had recommended.

Dr. Chowne expressed his dissent from some of the author's views, observing, that it was during the inaction of the uterus that the worst hæmorrhage took place. In some cases, indeed, the child's head might press down upon the vessels in the way described; but in other cases it would not descend, owing to the languid state of the uterus, or, having descended, would recede, so as to remove all pressure from the vessels. The worst cases occurred before the patient was fairly in labour, often coming on at the seventh month. Such cases could scarcely be met by the plan of partial separation recommended by the author.

The author having replied, the Society adjourned.

MEDICAL OFFICERS UNDER THE BOARD OF HEALTH.

The following instructions from the General Board of Health to Local Boards, on the duties and qualifications of Medical Officers of Health, may be useful in relation to the pending choice of Officers of Health by the new Metropolitan authorities:—

"The Officer of Health is appointed in order that through him the local sanitary authority may be duly informed of such influences as are acting against the healthiness of the population of his district, and of such steps as Medical science can advise for their removal; secondly, to execute such special functions as may devolve upon him by the statute under which he is appointed; and, thirdly, to contribute to that general stock of knowledge with regard to the sanitary condition of the people and to the preventible causes of sickness and mortality, which, when collected, methodized, and reported to Parliament by the General Board of Health, may guide the Legislature in the extension and amendment of sanitary law.

"The duties of the Officer of Health will be to the following effect:—

"1. He will make himself familiar with the natural and acquired features of the place, with the social and previous sanitary state of its population, and with all its existing provisions for health—namely, with the levels, inclinations, soil, wells, and watersprings of the district; with its meteorological peculiarities; with the distribution of its buildings and open spaces, paved or unpaved, of its burial-grounds and laystalls; with the plan of its drains, sewers, and water supply; with the nature of its manufacturing and other industrial establishments; with the house accommodation of the poorer classes, and their opportunities for bathing and washing; with the arrangements for burial of the dead, and with the regulations in force for lodging-houses and slaughtering-places, for the cleansing of public ways and markets, and for the removal of domestic refuse. And if he be the first Officer of Health appointed in his district he will, without unnecessary delay, furnish to the local authority a connected account of these matters so far as they relate to the public health, making thereon such practical suggestions as he may think applicable.

"2. He will invite communications relating to the sanitary wants of the district from the resident clergy, the Medical practitioners, registrars, relieving officers, and other persons or societies engaged in the visitation of the poor.

"3. He will take the best means in his power to become acquainted from week to week, and in times of severe disease from day to day, with the deaths and sicknesses in his district; and he will inquire to what extent they have depended on removable causes.

"4. With the assistance of such subordinate officers as the Local Board may empower him to direct and superintend, he will watch his district, taking care to bring its several parts under examination as often as their sanitary circumstances shall require, and especially observing those places which have previously given occasion of complaint, or been subject to sickness. He will inquire as to the cleanly, wholesome, and weather-proof condition of houses; as to their due ventilation and not overcrowded condition; as to the efficiency of their drainage and water supply; and as to the absence of dampness and offensive effluvia in and about them. He will examine from time to time the drinking waters of the place, and will observe whether provisions are offered for sale in any damaged or adulterated state that is hurtful or illegal. He will occasionally visit all burial-places, and see whether they give any ground for complaint, and he will habitually observe the slaughtering-houses of the district, and other industrial establishments which are liable to emit offensive (especially animal) effluvia.

"5. He will report to the Local Board weekly, annually, and at such intervening times as may require it:—

"Weekly, on all deaths (classified according to age, cause, and locality,) and, so far as may be practicable, on all important sickness of the district; on such newly-observed, unwholesome conditions as the Local Board can remove; and on the completion, progress, or neglect of improvement, in matters previously reported on.

"Annually, on the sanitary transactions of the year (especially as to the removal of former evils, or the creation of new establishments for sanitary purposes), on whatever incidental changes have been wrought in the physical state of the district, and on the sickness, mortality, and atmospheric conditions of the period—using for these reports, as far as convenient, tabular forms and other compendious arrangements; and, in every case where he refers to an existing evil, stating what sanitary rule, measure, or appliance, he deems best for its mitigation.

"6. He will attend the Local Board when required, will be present at some convenient appointed place as often as may be needful for the receiving of complaints, and in whatever is to be done for the abatement of unwholesome conditions, will give all fitting instructions, superintendence, and aid.

"For the proper performance of these duties special qualifications in science are required. These lie in pathology, including vital statistics, and in chymistry, with natural philosophy:—

"In pathology, because the science implies an exact study of the causes of diseases in their relation to the living body—a study of what they are, and how they act, and why they seem to vary in operation.

"In vital statistics (properly a section of pathology), because, by analyzing the composition of various death rates, and by learning how the pressure of particular diseases differs under different circumstances of climate, season, dwelling, age, sex, and occupation, definite standards of comparison are gained, without which the Officer of Health could not estimate the healthiness or unhealthiness of the population under his charge.

"In chymistry (accompanied by microscopical observation), because without such aid there can be no accurate judgment as to impurities of air and water, dangerous impregnations of soil, or poisonous admixtures in food; and because the same science also guides the application of deodorizing and disinfectant agents.

"In natural philosophy, because many nuisances are traced

and many questions as to ventilation and overcrowding are answered by its laws; further, because by its aid the Officer of Health studies the atmospheric changes, and learns the climate of his district, important steps in proceeding to speak of its diseases; and, finally, because natural philosophy, in conjunction with chymistry, renders him competent to report on many manufacturing processes alleged to be hurtful to health, and on the sufficiency of such means as are employed to reduce the evils ascribed to them.

"The branches of knowledge here spoken of are parts of every extended Medical education, for curative and preventive medicine are founded on a common basis; but they are not the parts which have most direct relation to the treatment of disease. The most distinguished practitioner of a neighbourhood may, indeed, happen to be also the person best qualified for a sanitary appointment; but the reverse must often be the case, for not all members of the Medical profession can afford equal leisure to cultivate those distinctive studies; and it will imply no disparagement of men, actively and skilfully engaged in the treatment of disease, if the special qualifications in question should sometimes be found in other members of their profession rather than in them.

"On the other hand, it is important for Local Boards to know that the best training for the general duties of the Medical profession is also the best training for the duties of an Officer of Health; and, in choosing among candidates who have not previously held sanitary appointments, those who have to elect may properly rest on the evidences of general aptitude for a Medical career, especially where testifying to methodical and industrious habits, to competent powers, with some previous discipline in scientific observations, to sober judgment, and to thorough conscientiousness in the investigation and statement of facts.

"The duties of an Officer of Health will not usually be inconsistent with his devoting a portion of his time to certain other Professional engagements. But, where possible, it will be well to debar him from the private practice of his Profession—1. Because the claims of such practice would be constantly adverse to those of his public appointment, the duties of which (especially at times of epidemic disease, when his official activity would be most needed) private practice could scarcely fail to interrupt and embarrass; 2. Because the personal relations of private practice might render it difficult for him to fulfil his frequent functions of complainant; and 3. Because, with a view to the cordial goodwill and co-operation of his Medical brethren, it is of paramount importance that the Officer of Health should not be their rival in practice, and that his opportunities of admonitory intercourse with sick families should not even be liable to abuse, for the purposes of Professional competition.

"Objections of this nature will not generally hold against the Officer of Health being professionally connected with the Medical School or Hospital of his town. Provided such engagements are not of too engrossing an amount, it will conduce to the efficiency and public estimation of an Officer of Health that he be thus kept conversant with the practical aspects of his Profession, and have given some security for keeping pace with its scientific progress.

"It may happen that the extent of duty to be required from the Officer of Health in a particular district would not justify the Local Board in allotting such a salary to the office as would enable its holder to dispense with the income derivable from private practice. But, in cases of this description, the object would be equally fulfilled if the Local Boards of neighbouring towns or districts would combine in engaging and remunerating a properly qualified person, on the understanding that he should be precluded from private practice, and should act as Officer of Health for the two or more Boards concurring in the appointments.

"Dec. 20, 1855." W. Cowper, President."

HEALTH OF THE ARMY IN THE CRIMEA.

The Inspector-General of Hospitals, serving with the Army in the Crimea, in forwarding his Weekly Report of Sick to the 2nd December, 1855, states:—

The favourable state of health of the Army still continues. The weather has been boisterous, wet, cold, and changeable, which has occasioned an increase of catarrhal affections, and added some cases of catarrhal ophthalmia to our list; but the admissions under this head have decreased nearly one-half during the present week, and it is to be hoped by care, and removal of those labouring under the complaint to the monastery, that the disease will not extend.

There has been a decrease in the number of admissions from fever, but an increase of mortality, confined chiefly to the Land Transport Corps, as 14 out of the 19 deaths that occurred during the week took place in that branch of the service alone. This corps has a heavier sick list than any division of the Army, which is not to be wondered at, as many of the Europeans have recently arrived in the country, and are not yet acclimated; and the natives bear fatigue, and the vicissitudes of the weather, like that which we now have, but ill.

The following are the ratios of sickness and mortality during the week:—

The admissions to strength have been	2·01 per cent.
Deaths to strength	0·07 ,,
Exclusive of Land Transport	0·04 ,,
Proportion of sick to well	6·08 ,,
Exclusive of wounds and injuries	4·90 ,,

The admissions have been

	This Week. Admitted.	This Week. Died.	Last Week. Admitted.	Last Week. Died.
Fevers	196	19	234	13
Pulmonic	172	2	142	2
Diarrhœa	173	4	182	5
Cholera	9	4	14	9
Dysentery	29	1	49	3
Rheumatism	56	—	45	—
Ophthalmia	31	—	60	—
Wounds and Injuries	43	4	63	11
Other diseases	350	3	410	6
	1059	37	1199	49

MEDICAL NEWS.

Royal College of Physicians.—At the quarterly meeting of the Comitia Majora, held on Saturday, December 22, Dr. Richardson, Tunbridge Wells, having undergone the necessary examinations for diploma, was admitted a member of the College. Also the following gentlemen, having likewise passed the examinations, were admitted as extra-licentiates:—

Dr. Henry Hinxman, Victoria Park, Manchester.
Dr. Charles Muller, from Sidney, New South Wales.
Dr. William Sankey, Rainham, Kent.
Dr. Caleb Williams, York.

Apothecaries' Hall.—Names of gentlemen who passed their Examination in the Science and Practice of Medicine, and received Certificates to practise, on Thursday, December 20, 1855:—

Aldridge, Charles Joseph, Myddelton-square.
Beale, Thomas Miles, Upton-on-Severn.
Benson, John, Sheffield.
Brook, William Frederick, Isle of Wight.
Garman, Wm. Chancellor, Wednesbury, Staffordshire.
Hadow, Edward Ash, Clifton Down, Bristol.
Hall, John, Sheffield Infirmary.
Macloghlin, John, Wigan, Lancashire.
Reeve, Edmund, Branston, Norfolk.
Wilson, John Wise, Rotherham, Yorkshire.

DEATHS.

Hunter.—Dec. 19, at Downham-market, Norfolk, after a few hours' illness, Christopher T. A. Hunter, Esq., F.R.C.S., aged 65.

Mott.—Dec. 21, of disease of the heart, Isaac H. R. Mott, M.D., late of Blyth House, Hammersmith, and 76, Strand, in his 66th year, deeply lamented.

Boxall.—Nov. 15, at Yenikale, of dysentery, aged 24, Robert Boxall, Esq., of Guildford, Surrey, Surgeon to the Turkish Contingent, and late House-Surgeon at University College Hospital.

COLSON.—Dec. 21, Philip H. S. Colson, Esq., Surgeon, of Hackney-road.

CREMER.—Dec. 23, Richard Cremer, Esq., Surgeon, of Chelmsford, aged 58.

APPOINTMENTS.

THE Queen has been pleased to appoint William Fergusson, Esq., F.R.S., to be Surgeon Extraordinary to Her Majesty.

DR. MARSHALL HALL.—Dr. Marshall Hall has been elected a Foreign Correspondent of the Aeadémie des Sciences de France.

PROFESSOR OWEN has received the decoration of the Legion of Honour, holding the rank of Chevalier.

ON Monday, December 17, the Académie des Sciences in Paris proceeded to the nomination of two candidates for the chair occupied by the late M. Magendie at the Collège de France. M. Bernard had 41 votes, M. Longet 7, and M. Littré 1. Bernard was therefore declared the first candidate. Longet having obtained afterwards 43 votes, while Brown-Séquard had only 7, the former was declared seeond candidate. The *Moniteur* of the 22nd instant published the nomination of Bernard by the Minister of Public Instruction. This election has excited much interest in the Medieal world of Paris.

A DEPUTATION of the Provincial Medical and Surgical Association, on the subject of Medical reform, had an interview with Sir George Grey on Thursday of last week, at the Home Office.

MR. GORDON CUMMING has added to his Collection two new Pictures, illustrative of two of his hunting adventures in the interior of South Africa. Mr. Cumming's entertainment has deservedly become very popular, and, independently of its pictorial and literary merits, the skeletons, horns, and skins of the animals killed by the huntsman in his adventurous exploits, form one of the most interesting collections of Natural History which we have ever seen.

MORTALITY NOTABILIA.—In the week that ended last Saturday, though the rigour of the weather was not mitigated, but augmented, the number of deaths registered was not quite equal to that of the preceding week; the numbers in the two periods having been 1271 and 1257. The rate of mortality, which prevailed last week, approaches very nearly the average rate of London in the third week of December.

BOOKS RECEIVED.

Surgical Cases, with Observations. By James Spence. Edinburgh. 1854.
Case of Femoral Hernia. By James Spence. Edinburgh: Murray. 1855.
Remarks on Insolatio, or Heat Apoplexy. By Marcus G. Hill. Reprinted from the Indian Annals. Calcutta. 1855.
Medical Testimony and Evidence in Cases of Lunacy. By Thomas Mayo, M.D., F.R.S. London: Parker and Son. 1856.
The Diseases of the Testis. By T. B. Curling, F.R.S. Second Edition. London: Churchill. 1855.
Quarterly Return of the Births, Deaths, and Marriages registered in the Divisions, Counties, and Districts of Scotland, Quarter ending 30th September, 1855. Edinburgh.
The Influence of Tropical Climates on European Constitutions. By James Ranald Martin, F.R.S. A New Edition. London: Churchill. 1856.

TO CORRESPONDENTS.

Suggestions for the Reform of the Medical Profession.—We have received a printed paper with the above heading, together with a letter from the author. We find no fault with any of the suggestions made, and willingly admit that the proposed scheme is founded upon a competent knowledge of the evils which now afflict our Profession, and of the remedial measures which are imperatively demanded. But the "Suggestions" do not essentially differ from the provisions of the Reform Bill now in the hands of Mr. Headlam; and if, as our Correspondent may perceive, the Bill in question has very faint chances of success, can it be expected that a measure emanating from a single individual will be more prosperous? We do not wish to discourage any one from undertaking the Herculean task of reforming the Profession, but we cannot help thinking that the object would be better attained by co-operation in some existing scheme, than by an individual effort in such a mighty cause.

A Village Surgeon, with an income under £200 per annum, writes a letter to the Profession, inviting them to contribute to the funds of the Royal Medical Benevolent College, by laying by the Sunday Professional earnings throughout the year 1856. He shows that the Medical man would not miss the sum so expended, because the lawyer, the mechanic, and the labouring man live without earning anything on Sunday. The sentiments expressed by our correspondent do him infinite credit, though we fear that his proposition might in many quarters be considered Utopian.

Mrs. L. Buchanan.—We have referred your communication on Vegetable Charcoal to Mr. Bird.

Studens.—The Preliminary Examination in Classics and Mathematics is at present optional. It is very doubtful whether it will ever become compulsory. In any reform of the Medical Profession, a preliminary examination will no doubt form an essential feature in the scheme.

S. of U., Manchester.—We do not know of any Surgeon in Manchester who exclusively practises the specialty alluded to.

Dr. Brodie, Detroit, Michigan.—With many thanks for the flattering manner in which our Journal is mentioned, we are sorry to decline the proposal for an exchange of Journals, as we never adopt such a custom unless under very special circumstances.

Dr. Kahn's Museum.—We have visited this exhibition, but we regret to say that we cannot speak in terms of approval of this attempt to popularize certain details of physiology and pathology. We willingly acknowledge the beauty and accuracy of many of the models, and if they were reserved for the inspection of Medical men, they might forward the ends of science; but the exposure of the horrible features of loathsome diseases and of surgical operations to non-Professional spectators can tend to no good purpose, and should by no means be encouraged. We understand that ladies are admitted to view this Museum at certain stated hours; but we cannot understand how any lady, who is not a Midwife, can take any interest in such a spectacle, and we feel sure that in ninety-nine cases out of a hundred, the attempt to familiarize the female mind with anatomical and physiological details, does far more harm than good.

Mr. Husband, York.—We should be glad to receive the particulars of the case referred to.

J. L. W.—We are informed that the person named Palmer, who was charged with the murder of Mr. Cook, is not a member of the Medical Profession. He has no claim to the title of Surgeon.

We are compelled to postpone the letter of our Edinburgh Correspondent until next week.

M.R.C.S. Eng.—We are utterly at a loss to account for the mysterious uncertainty as to the delivery of the Hunterian Oration. If the Council think that John Hunter has been sufficiently bespattered, why not give up the Oration with a good grace?

COMMUNICATIONS have been received from—

INQUIRER, M.D.; Mr. BENJAMIN TRAVERS; Mr. I. B. BROWN; Mr. GORDON CUMMING; Dr. KAHN; THE ROYAL COLLEGE OF PHYSICIANS; Mr. S. NEWHAM; Dr. C. J. HARE; Dr. ANDREW SMITH; A VILLAGE SURGEON; Dr. BRODIE; Mr. G. A. HUTTON; Dr. R. U. WEST; Mr. JOHN KEARNS; M.B.; Dr. CAMPS; Mr. FOTHERGILL; L. BUCHANAN; JUNIUS; Mr. W. J. ANDERSON; Mr. OWEN; STUDENS; Dr. RAMSKILL; Mr. J. L. WORSHIP.

APPOINTMENTS FOR THE WEEK.

DEC. & JAN.	MISCELLANEOUS REGISTER.	SOCIETY MEETINGS.
SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.	MEDICAL SOCIETY OF LONDON, 8 p.m. ROYAL INSTITUTION, 3 p.m.: Professor Faraday "On the Common Metals," (adapted to a juvenile auditory).
31. MONDAY.....		
1. TUESDAY	Operations at Guy's, 1 p.m.	PATHOLOGICAL SOCIETY, 8 p.m. Anniversary.
2. WEDNESDAY ..	Operations at University College Hospital, 2 p.m.; St. Mary's, 1 p.m.	PHARMACEUTICAL SOCIETY, 8 p.m. HUNTERIAN SOCIETY, 8 p.m.: Mr. Daldy "On Diabetes, associated with Cerebral and Spinal Lesion."
3. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.	HARVEIAN SOCIETY, 8 p.m.: Mr. W. J. Anderson "On the Importance of the Study of Insanity, more particularly with regard to Obstetric Practice." PHOTOGRAPHIC SOCIETY, 8 p.m.
4. FRIDAY	Operations at the London, 1½ p.m.; Moorfields' Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.	BOTANICAL SOCIETY, 8 p.m.

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